DEATHS FROM SUICIDE among U.S. Veterans & Armed Forces in 16 States

A Special Report with Data from the National Violent Death Reporting System, 2010-2014

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

SAFE STATES
www.safestates.org

March 2018
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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# TABLE OF CONTENTS

1. Introduction .................................................. 4

2. NVDRS Overview ............................................. 6

3. Key Findings .................................................. 8
   Infographic: Suicide among Veterans and Armed Forces 12
   Table 1: Suicide Rates among Veteran and Armed Forces 13
   and Non-Veteran Civilians 18 Years and Older in 13 NVDRS  
   States, 2010-2014 14
   Table 2: Toxicology Testing and Results for Veteran and Armed  
   Forces Suicide Victims in 16 NVDRS States, 2010-2014 14

4. State Profiles ............................................... 15
   Alaska .................................................................. 16
   Colorado ................................................................ 18
   Georgia .................................................................. 20
   Kentucky .................................................................. 22
   Maryland .................................................................. 24
   New Jersey .......................................................... 26
   New Mexico .......................................................... 28
   North Carolina ...................................................... 30
   Ohio ..................................................................... 32
   Oklahoma ............................................................ 34
   Oregon ................................................................... 36
   Rhode Island ........................................................ 38
   South Carolina ...................................................... 40
   Utah .................................................................... 42
   Virginia ............................................................... 44
   Wisconsin ............................................................ 46

5. Analysis Considerations ....................................... 48

6. Appendix A: Definition of Terms ......................... 51

7. Appendix B: Methods ......................................... 55

8. References ....................................................... 57

9. Acknowledgements ............................................. 58
1 INTRODUCTION

Suicide is a significant public health problem in the United States. In 2015, there were more than 44,000 deaths from suicide, accounting for two-thirds of the more than 62,000 people who died from acts of violence.1 In addition:

- The age-adjusted suicide death rate in the U.S. rose from 10.5 per 100,000 population in 1999 to 13.0 in 2014 – a 24% increase.2
- The average annual percent increase was greater from 2006-2014 (about 2% per year) than from 1999-2006 (about 1% per year).2
- While overall mortality is generally declining, suicide rates are increasing among both males and females and in nearly all age groups.2

An average of 20 veterans died by suicide each day in 2014, with veterans accounting for about one-fifth (18%) of all suicide deaths.

U.S. Department of Veterans Affairs

Each year, thousands of veterans and active duty U.S. military personnel die by suicide. Historically, suicide rates in the U.S. military have been lower than in the U.S. population. However, since 2001, suicide rates have steadily increased for both active duty military personnel and veterans (persons who served in the armed forces but are no longer serving).3,7

- From 2001-2011, since the beginning of combat operations in Iraq and Afghanistan, suicide rates among active duty U.S. Army personnel doubled, and in 2008, surpassed the suicide rate for the U.S. population. These higher rates of suicide continue to persist.4,5,6
- Suicide among veterans has also increased, particularly among younger veterans. In 2014, the U.S. Department of Veterans Affairs estimated an average of 20 veterans died by suicide each day, with veterans accounting for 18% of all suicide deaths.1
- Male and female veterans have a higher suicide risk than their U.S. civilian counterparts.7

Many of these deaths can be prevented. The development of effective prevention strategies relies on complete, accurate and timely information about populations at risk and the circumstances and factors that contribute to deaths from violence. The National Violent Death Reporting System (NVDRS) provides this essential information. The NVDRS is the only national state-based surveillance reporting system that compiles data from multiple sources on all deaths from violence, including veteran/military status data from death certificates (see pages 6-7 for more information on the NVDRS).

This report provides a detailed snapshot of veteran and active duty armed forces suicide deaths in 16 states that reported 2010-2014 data to the NVDRS. The report examines circumstances surrounding veteran and armed forces suicide deaths among various demographic groups, and draws comparisons between veteran/armed forces and non-veteran civilian suicide deaths. The NVDRS Restricted Access Database (RAD) was used to conduct analysis for 16 NVDRS states that completed data collection during 2010 through 2014. These states are Alaska, Colorado, Georgia, Kentucky, Maryland, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.
The report is a companion piece to *Deaths from Suicide: A Look at 18 States*, published in 2016. Both reports build upon previous NVDRS-based reports with a similar approach and format. A 2008 report addressed the overall picture of violence using 2004-2005 data collected from NVDRS-reporting states, and a 2014 report using 2009-2010 data from NVDRS-reporting states included a special focus on intimate partner violence.

This examination of veteran and armed forces suicide deaths includes:

- An overview of the NVDRS, its data sources, and key variables, including how veteran and armed forces status is captured in the system.
- Key findings, including demographics and circumstances of veteran and armed forces suicide deaths.
- An infographic depicting the overall picture of veteran and armed forces suicide deaths in the 16 states combined.
- An overview (Table 1) of suicide rates among veterans and armed forces, and non-veteran civilians, in the 13 NVDRS states with complete (<10% missing/unknown) veteran status data collected for all five years (2010-2014).* Occurrent suicide rates for veterans and armed forces, and non-veteran civilians, are provided by sex and age group (for males) for each state.
- Toxicology testing and results that reflect the involvement of alcohol and drugs in suicide deaths among veterans and armed forces (Table 2).
- State profiles for the 16 states.
- A brief description of factors to consider when analyzing NVDRS data — particularly when analyzing veteran and armed forces status data — to orient readers to some subtleties and complexities of working with NVDRS data and the veteran/military status variable collected in the NVDRS. The results presented on veteran and armed forces suicide deaths in this report may differ from those derived from other sources or analysis methodologies.

* Three states with a high degree of missing or unknown veteran status data for certain years were not included in rate calculations.

**SUICIDE CRISIS & PREVENTION RESOURCES**

*Suicide is not inevitable for anyone.* The National Suicide Prevention Lifeline states that we can help prevent suicides and save lives by starting the conversation, providing support, and directing help to those who need it.

*For both the National Suicide Prevention Lifeline and the Veterans Crisis Line*

Call **1-800-273-8255** and **Press 1**, chat online, or send a text message to **838255** to receive free and confidential support 24 hours a day, 7 days a week, 365 days a year. Support for deaf and hard of hearing individuals is available.

The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress through a national network of over 160 local crisis centers, combining custom local care and resources with national standards and best practices.

The Veterans Crisis Line connects veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text (see box above).
The National Violent Death Reporting System (NVDRS) is the only national state-based surveillance reporting system that compiles data from multiple sources on all deaths from violence — including homicides, suicides, and legal intervention deaths.11,12 (See Appendix A for definitions of these terms.) The Centers for Disease Control and Prevention (CDC) established the NVDRS in 2002.11 NVDRS data collection began in 2003 with just six states. Since then, additional appropriations have increased NVDRS participation to 40 states, the District of Columbia, and Puerto Rico.13 The goal is to expand NVDRS participation to all 50 states and U.S. territories.

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

6 types of violent deaths
All NVDRS states use standard coding practices developed by the CDC to collect information about:
- Homicides
- Suicides
- Legal intervention deaths
- Unintentional firearm deaths
- Deaths of undetermined intent

More than 600 variables in six categories
Six categories of information are collected for each type of violent death:
- Demographics
- Injury and death information
- Circumstances
- Weapon
- Suspects
- Toxicology

Data sources
The primary NVDRS data sources are listed below, as well as additional sources that some states may incorporate.11,12 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.

Primary sources
- Death certificates
- Coroner/medical examiner reports
- Toxicology reports
- Law enforcement reports

Additional sources
- Child Fatality Reviews
- Domestic Violence Fatality Reviews

Types of circumstances collected
The types of circumstances collected are:
- Mental health (e.g., current diagnosed mental health problem, substance abuse, and other addictions)
- Relationship and life stressors (e.g., intimate partner problems)
- Crime and criminal activity (e.g., the death being precipitated by another crime)
- Homicide and legal intervention death specific circumstances (e.g., a hate crime)
- Suicide and undetermined specific circumstances (e.g., history of suicide attempts)
- Unintentional firearm specific circumstances (e.g., gun defect or malfunction)
The NVDRS creates a more complete picture of violent deaths by collecting data on the entire violent incident, and then linking all victims and alleged suspects associated with the incident in a single record.

- **NVDRS collects veteran and military status from death certificates**
  
  The NVDRS collects veteran/military status data from death certificates. The U.S. Standard Certificate of Death form used by most states includes a box “Ever a member of U.S. Armed Forces?” The box is completed as “Yes,” “No,” or “Unknown” based on information provided by the informant.

  Ever a member of U.S. Armed Forces includes both veterans and persons actively serving in the U.S. Armed Forces. The U.S. Armed Forces comprises five armed service branches: Air Force, Army, Coast Guard, Marine Corps, and Navy. This data can be used to better understand risk factors related to veteran/armed forces suicide and help guide prevention efforts.

- **The NVDRS links data to create a more complete picture of violent deaths**
  
  The NVDRS links data from multiple sources to provide a more complete picture of violent deaths in the U.S., states and local communities. Unlike other surveillance systems that collect data on individual deaths (e.g., vital statistics), the NVDRS is an incident-based system. The NVDRS collects data on the entire violent incident and links all victims and alleged suspects associated with the incident in one record. For example, the NVDRS can identify and link all victims and suspects in multiple homicide cases, as well as in homicide-suicide cases.

- **Linking data in one database places a death into context and provides information not previously possible, such as:**
  
  - the relationship between the victim and suspect, including if they knew each other
  - information about the suspect, including relevant criminal acts
  - 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

Select NVDRS data are available on the CDC Web-based Injury Statistics Query and Reporting System (WISQARS). Additionally, the NVDRS Restricted Access Database (RAD) — a de-identified, multi-state, case-level micro dataset available from the CDC — is available for use by researchers and other investigators who meet certain criteria. (See Appendix A: Definition of Terms)
3 KEY FINDINGS

The key findings illustrate the public health problem of suicide deaths among veterans and armed forces members in the 16 states that reported 2010-2014 data to the National Violent Death Reporting System (NVDRS). Key findings include circumstances surrounding these suicide deaths, and draw comparisons between veteran and armed forces and non-veteran civilian suicide deaths. Also refer to the infographic and tables on pages 12-13.

VETERAN AND ARMED FORCES STATUS AMONG SUICIDE VICTIMS
In the 16 states, 10,039 (19%) of suicide victims were identified as veterans or currently serving in the armed forces.
- Among male suicide victims, 23% were identified as veterans or currently serving in the armed forces, 74% were non-veteran civilians, and 3% had an unknown or missing veteran/armed forces status.
- Among female suicide victims, 3% were identified as veterans or currently serving in the armed forces, 95% were non-veteran civilians, and 2% had an unknown or missing veteran/armed forces status.

VIOLENT DEATH TYPES AMONG VETERANS AND ARMED FORCES MEMBERS
Suicides outnumbered homicides among veterans and armed forces members in all 16 NVDRS states included in this report.
- Among males, suicides accounted for 83% of all violent deaths, followed by homicides (10%), deaths of undetermined intent (6%), deaths due to legal intervention (1%), and unintentional firearm deaths (<1%).
- Among females, suicides accounted for 70% of all violent deaths, followed by homicides (19%), deaths of undetermined intent (11%), deaths due to legal intervention (<1%), and unintentional firearm deaths (<1%).

ANALYSIS CONSIDERATIONS
In reviewing all findings in this report, please refer to the Analysis Considerations section (pages 48-50) 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 occurrence rates rather than mortality rates based on residency status because occurrence rates provide a more comprehensive description of a state’s burden of deaths from violence (see pages 48-49 for further details). These rates are presented per 100,000 veteran and armed forces residents and per 100,000 non-veteran civilian residents.

+ Complete (<10% missing/unknown) veteran variable data was available for 13 of the 16 states included in this report. Only states with complete veteran variable data for all five years (2010-2014) were included in overall rate calculations. Therefore, analyses noted with “+” include 13 states only (AK, CO, KY, MD, NJ, NM, NC, OK, OR, RI, UT, VA, WI).
HOMICIDE-SUICIDE INCIDENTS
A total of 222 homicide-suicide incidents were identified involving male veterans and armed forces members, totaling 485 deaths.

- In these incidents, 197 male veterans and armed forces members committed homicide followed by suicide, and 34 were victims of homicide.

- The 485 total deaths consisted of 263 homicides and 222 suicides.

- 71% of the homicide victims were female.

- 67% of these homicide-suicide incidents were related to intimate partner problems.

SUICIDE
Occurrent suicide rate*+
All rates are presented as either per “100,000 veteran and armed forces residents” or per “100,000 non-veteran civilian residents”.

- The overall suicide rate among veterans and armed forces members in the 13 states (33.7 per 100,000 veteran and armed forces residents) was 2.2 times higher than the non-veteran civilian suicide rate (15.5 per 100,000 non-veteran civilian residents).

- In all of these 13 states, the veteran and armed forces suicide rate was higher than the non-veteran civilian suicide rate.
  - The difference ranged from 1.5 times higher in Alaska to 2.5 times higher in Oregon.
  - The lowest veteran and armed forces suicide rate was 22.6/100,000 in New Jersey, while the highest was 54.4/100,000 in Utah.
  - New Jersey also had the lowest non-veteran civilian suicide rate (9.3/100,000), while Alaska had the highest non-veteran civilian suicide rate (25.4/100,000).

Males and females*
- The overall male veteran and armed forces suicide rate in the 13 states (35.7/100,000) was 2.6 times higher than the female veteran and armed forces suicide rate (13.6/100,000).
  - The male veteran and armed forces suicide rate was higher than the female veteran and armed forces suicide rate in all 13 states, ranging from 1.6 times higher in Kentucky and Rhode Island to 4.1 times higher in Maryland.
  - Among males, the veteran and armed forces suicide rate in the 13 states was 38% higher than the rate among non-veteran civilians (35.7/100,000 and 25.9/100,000, respectively).
    - The male suicide rate was higher among veterans and armed forces members in all states except for Alaska, where the male non-veteran civilian suicide rate was slightly higher than the veteran and armed forces rate (42.6/100,000 and 41.7/100,000, respectively).
    - The largest difference was in Oregon, where the male veteran and armed forces suicide rate of 52.0 was 1.6 times higher than the non-veteran civilian suicide rate of 32.4/100,000.
    - The lowest male veteran and armed forces suicide rate was 23.4/100,000 in New Jersey, while the highest was 55.7/100,000 in Utah.
  - Among male veterans and armed forces members, the highest suicide rate was among those ages 18-34 years at 43.6/100,000, followed by ages 35-54 (36.4/100,000), ages 65+ (34.6/100,000); the lowest was among ages 55-64 (32.4/100,000).
    - The states with the highest rates in each age group were Wisconsin for ages 18-34 (67.5/100,000), Oregon for ages 35-54 (63.9/100,000), Utah for ages 55-64 (60.5/100,000), and New Mexico for ages 65+ (56.2/100,000).

- In the 13 states, the female suicide rate was higher among veterans and armed forces members than among non-veteran civilians.
  - The largest difference was in Kentucky, where the female veteran and armed forces suicide rate was 3.4 times higher than the rate for non-veteran civilians.
  - The smallest difference was in Colorado, where the female veteran and armed forces suicide rate was 1.2 times higher than the rate for non-veteran civilians.
  - The lowest female veteran and armed forces suicide rate was 6.2/100,000 in Maryland, while the highest was 35.5/100,000 in Utah.
Suicide Methods
Firearm Use
- Firearms were used in the overwhelming majority (70%) of veteran and armed forces suicide deaths.

Frequency among males
- Among male veteran and armed forces suicide victims, firearms were the most frequent suicide method used in all states (71% overall).
  - Alaska had the highest percentage of suicide deaths among males due to firearms (82%), while New Jersey and Rhode Island had the lowest (49%).

- Firearms accounted for 54% of non-veteran civilian male suicide deaths.

Frequency among females
- Firearms were also the most frequent suicide method (43%) among female veteran and armed forces members, while they were the second most frequent suicide method (33%) of female non-veteran civilians.

Firearm suicide rate
- The overall firearm suicide rate among male veterans and armed forces members in the 13 states was higher than male non-veteran civilians (25.3 and 13.8/100,000, respectively).

- In each of the 13 states, the firearm suicide rate was higher among male veterans and armed forces members than among male non-veteran civilians.
  - The smallest difference was in Alaska, where the male veteran and armed forces firearm suicide rate was 1.2 times higher than male non-veteran civilians.
  - The largest difference was in Rhode Island, where the male veteran and armed forces firearm suicide rate was 3.0 times higher than male non-veteran civilians.

- Among the 13 states, Oregon and Utah had the highest firearm suicide rate among male veteran and armed forces members (39.6/100,000), while New Jersey had the lowest firearm suicide rate among this population (11.7/100,000).

Other suicide methods
Poisoning
- Among veterans and armed forces members, poisoning accounted for 33% of suicide deaths among females and 9% of suicide deaths among males.

- Among non-veteran civilians, poisoning accounted for 37% of suicide deaths among females and 11% of suicide deaths among males.

Hanging/suffocation
- Among veterans and armed forces members, hanging/suffocation accounted for 17% of suicide deaths among females and 15% of suicide deaths among males.

- Among non-veteran civilians, hanging/suffocation accounted for 22% of suicide deaths among females and 28% of suicide deaths among males.

Toxicology
- Toxicology test results among veteran and armed forces suicide victims who were tested showed that 32% were positive for alcohol, 24% for antidepressants, and 21% for opiates. (See Table 2 on page 14)

Race/Ethnicity
- Among veteran and armed forces suicide victims, 89% were white (non-Hispanic), 6% were black (non-Hispanic), 3% were Hispanic, 1% were American Indian/Alaska Native (non-Hispanic), 1% were Asian/Pacific Islander (non-Hispanic), 1% were two or more races (non-Hispanic), and <1% were other/unknown race.

- Among non-veteran civilian suicide victims, 84% were white (non-Hispanic), 6% were black (non-Hispanic), 5% were Hispanic, 1% were American Indian/Alaska Native (non-Hispanic), 2% were Asian/Pacific Islander (non-Hispanic), 2% were two or more races (non-Hispanic), and <1% had other or unknown race.
Among veteran and armed forces suicide victims with known circumstances, more than half (58%) of females and 39% of males were identified as currently having a mental health problem.

**Marital status**

**Males**
- Among male veteran and armed forces suicide victims, 45% were married, 15% were never married, 24% were divorced, 12% were widowed, 2% were married but separated, 1% were single, not otherwise specified, and 1% had an unknown or missing marital status.
- Among male non-veteran civilian suicide victims, 33% were married, 38% were never married, 20% were divorced, 4% were widowed, 3% were married but separated, 2% were single, not otherwise specified, and 1% had an unknown or missing marital status.

**Females**
- Among female veteran and armed forces suicide victims, 39% were married, 21% were never married, 31% were divorced, 4% were widowed, 2% were married but separated, 1% were single, not otherwise specified, and 1% had an unknown or missing marital status.
- Among female non-veteran civilian suicide victims, 36% were married, 24% were never married, 29% were divorced, 8% were widowed, 2% were married but separated, 1% were single, not otherwise specified, and 1% had an unknown or missing marital status.

**Education**
- Among veteran and armed forces suicide victims, 8% had less than a high school degree, 42% were a high school or GED graduate, 44% had some college credit or a college degree, and 6% had an unknown education level.
- Among non-veteran civilian suicide victims, 14% had less than a high school degree, 39% were a high school or GED graduate, 40% had some college credit or a college degree, and 6% had an unknown education level.

**Homelessness**
- Of the 10,309 veteran and armed forces suicide victims in the analysis, 0.6% (61) were identified as homeless, which was less than the 0.9% of non-veteran civilian suicide victims identified as homeless.

**Mental Health Problems**
- Among veteran and armed forces suicide victims with known circumstances, more than half (58%) of females and 39% of males were identified as currently having a mental health problem.
- Among veteran and armed forces suicide victims identified as currently having a mental health problem, 73% had a diagnosis of depression/dysthymia, 14% had post-traumatic stress disorder (PTSD), 13% had anxiety disorder, 10% had bipolar disorder, 3% had schizophrenia, and 16% had other or unknown diagnoses.
- Among non-veteran civilian suicide victims identified as currently having a mental health problem, 76% had a diagnosis of depression/dysthymia, 2% had PTSD, 15% had anxiety disorder, 16% had bipolar disorder, 6% had schizophrenia, and 17% had other or unknown diagnoses.

* Data excludes Rhode Island, where 95% of suicide victims had an unknown or missing education level.
SUICIDE AMONG VETERANS AND ARMED FORCES:
A look at 16 NVDRS states, 2010-2014

Data from the National Violent Death Reporting System, 2010-2014

MANNER OF DEATH

<table>
<thead>
<tr>
<th>MANNER OF DEATH</th>
<th>Non-Veteran Civilian</th>
<th>Veteran/Armed Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>892 Legal Intervention</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>363 Unintentional Firearm</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>16,318 Homicide</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>8,092 Suicides</td>
<td>64%</td>
<td>82%</td>
</tr>
<tr>
<td>7,176 Undetermined</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>779 Undetermined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>124 Legal Intervention</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>90 Undetermined</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RACE/ETHNICITY OF SUICIDE VICTIMS

- **White (Non-Hispanic):**
  - Male: 89%
  - Female: 84%
- **Black (Non-Hispanic):**
  - Male: 6%
  - Female: 6%
- **Hispanic:**
  - Male: 3%
  - Female: 5%
- **AI/AN (Non-Hispanic):**
  - Male: 1%
  - Female: 1%
- **Asian/Pacific Islander (Non-Hispanic):**
  - Male: 2%
  - Female: 1%
- **Two or more races, other or unknown (Non-Hispanic):**
  - Male: 1%
  - Female: 2%

HAS VICTIM EVER SERVED IN THE U.S. ARMED FORCES?

- **Veteran/Armed Forces:**
  - 23% Males
  - 3% Females
  - 19% Total
- **Non-Veteran Civilian:**
  - 20% Males
  - 2% Females
  - 11% Total

SUICIDE RATES* (13 States)

<table>
<thead>
<tr>
<th></th>
<th>Veteran/Armed Forces</th>
<th>Non-Veteran Civilian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>35.7</td>
<td>25.9</td>
</tr>
<tr>
<td>Female</td>
<td>13.6</td>
<td>7.4</td>
</tr>
</tbody>
</table>

SUICIDE RATES AMONG MALES* By Age (13 States)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>43.6</td>
<td>23.1</td>
</tr>
<tr>
<td>35-54</td>
<td>36.4</td>
<td>27.7</td>
</tr>
<tr>
<td>55-64</td>
<td>32.4</td>
<td>27.3</td>
</tr>
<tr>
<td>65+</td>
<td>34.5</td>
<td>26.7</td>
</tr>
</tbody>
</table>

HOMICIDE-SUICIDE

TWO HUNDRED TWENTY-TWO
222 homicide-suicide incidents involved male veterans/armed forces and resulted in 485 deaths
(263 homicides, 222 suicides)

- 197 (89%) incidents had a male veteran/armed forces member who was the perpetrator and died by suicide
- 71% of homicide victims were male
- 67% of cases with known circumstances involved intimate partner problems

NOTE: This data represents the following 16 states: Alaska, Colorado, Georgia (2010-2011, 2013-2014 only), Kentucky, Maryland, New Jersey, New Mexico, North Carolina, Ohio (2012-2014 only), Oklahoma, Oregon, Rhode Island, South Carolina (2010-2012 only), Utah, Virginia, Wisconsin. * Complete veteran variable data for all five years (2010-2014) was available for 13 of the 16 states included in this report (AK, CO, KY, MD, NJ, NM, NC, OK, OR, RI, UT, VA, WI). Only these states with complete data were included in overall rate calculations.
### TABLE 1. SUICIDE RATES AMONG VETERAN/ARMED FORCES AND NON-VETERAN CIVILIANS AGE 18 AND OLDER IN 13 NVDRS STATES, 2010-2014

Table 1 provides a quick look at the magnitude of suicide deaths among veterans and armed forces compared to non-veteran civilians in 13 states that collected 2010-2014 NVDRS data and had complete (<10% missing/unknown) veteran status data for all five years necessary for the calculations presented below.

Suicide death measures shown are: (1) the total number of suicide deaths that occurred in each state over the five-year period 2010-2014, (2) the annual occurrent suicide rate per 100,000 residents population, (3) the percent of occurrent suicide deaths among males and state residents, (4) the annual occurrent suicide rate among males by age group, and females (all ages). Age-specific rates were not possible for females due to small numbers in some states. **All rates are five-year average rates.**

<table>
<thead>
<tr>
<th>State</th>
<th># of occurant suicides</th>
<th>Occurrent suicide rate</th>
<th>% males</th>
<th>% residents</th>
<th>18-34</th>
<th>35-54</th>
<th>55-64</th>
<th>65+</th>
<th>All ages</th>
<th>Occurrent suicide rate (All ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>170</td>
<td>39.0</td>
<td>94%</td>
<td>96%</td>
<td>62.4</td>
<td>36.7</td>
<td>26.3</td>
<td>37.5</td>
<td>41.7</td>
<td>20.1**</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>576</td>
<td>25.4</td>
<td>77%</td>
<td>98%</td>
<td>58.6</td>
<td>35.1</td>
<td>24.6</td>
<td>30.9</td>
<td>42.6</td>
<td>10.9</td>
</tr>
<tr>
<td>Colorado</td>
<td>910</td>
<td>42.6</td>
<td>97%</td>
<td>97%</td>
<td>47.2</td>
<td>49.2</td>
<td>43.8</td>
<td>44.3</td>
<td>45.9</td>
<td>13.3</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>3852</td>
<td>21.8</td>
<td>72%</td>
<td>97%</td>
<td>30.4</td>
<td>38.5</td>
<td>38.7</td>
<td>32.3</td>
<td>34.9</td>
<td>11.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>552</td>
<td>34.6</td>
<td>96%</td>
<td>98%</td>
<td>46.7</td>
<td>36.3</td>
<td>27.6</td>
<td>36.5</td>
<td>35.6</td>
<td>22.1</td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2413</td>
<td>15.8</td>
<td>77%</td>
<td>97%</td>
<td>23.7</td>
<td>29.4</td>
<td>27.8</td>
<td>36.1</td>
<td>27.9</td>
<td>6.4</td>
</tr>
<tr>
<td>Maryland</td>
<td>913</td>
<td>23.2</td>
<td>97%</td>
<td>96%</td>
<td>30.6</td>
<td>23.3</td>
<td>21.1</td>
<td>27.7</td>
<td>25.5</td>
<td>6.2**</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2143</td>
<td>10.5</td>
<td>75%</td>
<td>95%</td>
<td>15.0</td>
<td>19.4</td>
<td>21.3</td>
<td>20.7</td>
<td>18.2</td>
<td>4.5</td>
</tr>
<tr>
<td>New Jersey</td>
<td>478</td>
<td>22.6</td>
<td>98%</td>
<td>96%</td>
<td>35.2</td>
<td>29.6</td>
<td>24.3</td>
<td>20.1</td>
<td>23.4</td>
<td>8.5**</td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2995</td>
<td>9.3</td>
<td>74%</td>
<td>96%</td>
<td>12.3</td>
<td>16.7</td>
<td>17.7</td>
<td>17</td>
<td>15.4</td>
<td>4.4</td>
</tr>
<tr>
<td>New Mexico</td>
<td>226</td>
<td>49.9</td>
<td>95%</td>
<td>96%</td>
<td>39.2</td>
<td>51.6</td>
<td>41.4</td>
<td>56.2</td>
<td>52.1</td>
<td>27.8</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>1626</td>
<td>23.4</td>
<td>70%</td>
<td>96%</td>
<td>37.9</td>
<td>40.3</td>
<td>36.1</td>
<td>29.7</td>
<td>37.6</td>
<td>12.4</td>
</tr>
<tr>
<td>North Carolina</td>
<td>703</td>
<td>43.6</td>
<td>97%</td>
<td>99%</td>
<td>58.6</td>
<td>49.7</td>
<td>42.5</td>
<td>41.6</td>
<td>45.8</td>
<td>17.4</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2579</td>
<td>20.2</td>
<td>74%</td>
<td>98%</td>
<td>32.0</td>
<td>38.4</td>
<td>32.3</td>
<td>29.1</td>
<td>34.1</td>
<td>17.4</td>
</tr>
<tr>
<td>Oregon</td>
<td>790</td>
<td>50.0</td>
<td>96%</td>
<td>99%</td>
<td>60.9</td>
<td>63.9</td>
<td>46.3</td>
<td>48.6</td>
<td>52.0</td>
<td>24.2</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2684</td>
<td>19.7</td>
<td>72%</td>
<td>95%</td>
<td>27.7</td>
<td>35.6</td>
<td>33.3</td>
<td>36.1</td>
<td>32.4</td>
<td>9.8</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>88</td>
<td>24.5</td>
<td>97%</td>
<td>97%</td>
<td>26.0**</td>
<td>36.2</td>
<td>26.4**</td>
<td>20.2</td>
<td>25.3</td>
<td>—*</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>486</td>
<td>12.7</td>
<td>75%</td>
<td>94%</td>
<td>17.6</td>
<td>28.4</td>
<td>24.1</td>
<td>11.3</td>
<td>22.1</td>
<td>5.5</td>
</tr>
<tr>
<td>Utah</td>
<td>395</td>
<td>54.4</td>
<td>96%</td>
<td>96%</td>
<td>67.4</td>
<td>62.0</td>
<td>60.5</td>
<td>47.7</td>
<td>55.7</td>
<td>35.5**</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>2037</td>
<td>22.3</td>
<td>74%</td>
<td>98%</td>
<td>33.5</td>
<td>38.6</td>
<td>38.6</td>
<td>32.5</td>
<td>35.9</td>
<td>10.7</td>
</tr>
<tr>
<td>Virginia</td>
<td>1150</td>
<td>27.8</td>
<td>96%</td>
<td>98%</td>
<td>31.7</td>
<td>25.2</td>
<td>27.3</td>
<td>36.6</td>
<td>30.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>3898</td>
<td>14.2</td>
<td>73%</td>
<td>98%</td>
<td>20.6</td>
<td>25.4</td>
<td>27.3</td>
<td>27.7</td>
<td>24.1</td>
<td>6.8</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>697</td>
<td>35.0</td>
<td>97%</td>
<td>99%</td>
<td>67.5</td>
<td>41.6</td>
<td>36.8</td>
<td>29.4</td>
<td>36.2</td>
<td>18.2</td>
</tr>
<tr>
<td>Veteran/AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Veteran Civilian</td>
<td>3000</td>
<td>15.0</td>
<td>75%</td>
<td>98%</td>
<td>24.1</td>
<td>27.9</td>
<td>23.8</td>
<td>20.2</td>
<td>25.1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

**FOOTNOTES**

Definitions of terms are found in Appendix A. Methodology is described in Appendix B. Occurrent deaths are those in which the fatal injury occurred in the specified state, regardless of the person’s state of residence.

*Rates are not calculated for cells containing fewer than five deaths.

**Rates based on fewer than 20 deaths may be unstable and should be interpreted with caution.
Table 2 presents toxicology testing and results for veteran and armed forces suicide victims. Of those tested, toxicology test results show that 32% were positive for alcohol, 24% for antidepressants, and 21% for opiates.

<table>
<thead>
<tr>
<th>SUBSTANCE NAME</th>
<th># Tested</th>
<th># of Tests with Positive Result</th>
<th>% Positive (of those tested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>5904</td>
<td>1876</td>
<td>32%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3478</td>
<td>93</td>
<td>3%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>2856</td>
<td>687</td>
<td>24%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3562</td>
<td>117</td>
<td>3%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2775</td>
<td>258</td>
<td>9%</td>
</tr>
<tr>
<td>Opiates</td>
<td>3721</td>
<td>769</td>
<td>21%</td>
</tr>
<tr>
<td><strong>TOTAL # or AVERAGE %</strong></td>
<td><strong>22296</strong></td>
<td><strong>3800</strong></td>
<td><strong>17%</strong></td>
</tr>
</tbody>
</table>
Profiles for each of the 16 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 16 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.
Suicide among Veterans and Armed Forces
ALASKA, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)


Population estimates for Alaska¹
(Average annual estimate, 2010-2014)

<table>
<thead>
<tr>
<th>Group</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
<td>70,370</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
<td>16,776</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
<td>453,064</td>
</tr>
</tbody>
</table>

Percent of all suicide victims in Alaska in 2010-2014 identified as veterans or armed forces

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>170</td>
</tr>
<tr>
<td>Homicide</td>
<td>20</td>
</tr>
<tr>
<td>Unintentional firearm</td>
<td>9</td>
</tr>
<tr>
<td>Legal intervention</td>
<td>2</td>
</tr>
<tr>
<td>Undetermined</td>
<td>20</td>
</tr>
</tbody>
</table>

9% Homicide (20 deaths)
4% Unintentional firearm (9 deaths)
1% Legal intervention (2 deaths)
9% Undetermined (20 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in Alaska, occurring more than eight times as often as homicide during 2010-2014.

Percent of all suicide victims in Alaska in 2010-2014 identified as veterans or armed forces

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>25%</td>
</tr>
<tr>
<td>Females</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>22%</td>
</tr>
</tbody>
</table>

Suicide rates among veterans and armed forces were slightly lower for males and higher for females in Alaska in 2010-2014

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>41.7</td>
</tr>
<tr>
<td>Females</td>
<td>20.1***</td>
</tr>
<tr>
<td>Total</td>
<td>39.0</td>
</tr>
</tbody>
</table>

*** Rate based on <20 deaths

Demographics of veterans and armed forces suicide victims in Alaska (N=170)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>78% White, Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8% American Indian/Alaska Native, non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>6% Black, non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>5% Hispanic</td>
<td></td>
</tr>
<tr>
<td>2% Two or more races, other, or unknown race</td>
<td></td>
</tr>
<tr>
<td>6% Asian/Pacific Islander, non-Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>44% Married*</th>
</tr>
</thead>
<tbody>
<tr>
<td>29% Never married</td>
<td></td>
</tr>
<tr>
<td>20% Divorced</td>
<td></td>
</tr>
<tr>
<td>6% Widowed</td>
<td></td>
</tr>
<tr>
<td>1% Other/unknown status</td>
<td><strong>Includes civil unions and domestic partnerships</strong></td>
</tr>
</tbody>
</table>
In 96% of Alaska’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=152). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

**Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Alaska**

**Firearm suicide rates** in Alaska, 2010-2014

<table>
<thead>
<tr>
<th>Males, All Ages</th>
<th>VETERAN/ARMED FORCES</th>
<th>Firearm use 34.6</th>
<th>Non-firearm use 7.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-VETERAN CIVILIAN</td>
<td>Firearm use 28.0</td>
<td>Non-firearm use 14.7</td>
<td></td>
</tr>
</tbody>
</table>

- or = 2 deaths per 100,000 residents

**Suicide circumstances by life stage among male veterans and armed forces in Alaska**

<table>
<thead>
<tr>
<th>AGE 18-34</th>
<th>AGE 35-54</th>
<th>AGE 55-64</th>
<th>AGE 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>39%</td>
<td>27%</td>
<td>13%</td>
<td>22%</td>
</tr>
<tr>
<td>(N=59)</td>
<td>(N=41)</td>
<td>(N=19)</td>
<td>(N=33)</td>
</tr>
</tbody>
</table>

- 59% Intimate partner problems
- 37% Job/financial problems
- 34% Current mental health problem
- 34% Ever treated for mental health or substance abuse problem
- 32% Recent/imminent crisis
- 56% Suicide intent disclosed within last month
- 37% Left a suicide note

- 39% Current mental health problem
- 37% Job/financial problems
- 34% Ever treated for mental health or substance abuse problem
- 24% Physical health problems
- 26% Ever treated for mental health or substance abuse problem
- 37% Ever treated for mental health or substance abuse problem
- 42% Physical health problems
- 48% Recent/imminent crisis
- 79% Physical health problems
- 30% Ever treated for mental health or substance abuse problem
- 79% Physical health problems
- 48% Recent/imminent crisis
- 30% Ever treated for mental health or substance abuse problem
- 32% Ever treated for mental health or substance abuse problem
- 37% Ever treated for mental health or substance abuse problem
- 24% Physical health problems
- 21% Other death of friend or family member
- 30% Suicide intent disclosed within last month
- 47% Left a suicide note
- 52% Left a suicide note

**Diagnoses among suicide victims with a current mental health problem in Alaska**

<table>
<thead>
<tr>
<th>Depression/dysthymia</th>
<th>Post-traumatic stress disorder</th>
<th>Schizophrenia</th>
<th>Anxiety disorder</th>
<th>Bipolar disorder</th>
<th>Other/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>66%</td>
<td>22%</td>
<td>12%</td>
<td>17%</td>
<td>7%</td>
<td>24%</td>
</tr>
<tr>
<td>71%</td>
<td>3%</td>
<td>8%</td>
<td>15%</td>
<td>15%</td>
<td>36%</td>
</tr>
</tbody>
</table>

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces
COLORADO, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Population estimates for Colorado
(Average annual estimate, 2010-2014)

<table>
<thead>
<tr>
<th>Group</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
<td>395,007</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
<td>31,757</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
<td>3,536,136</td>
</tr>
</tbody>
</table>

Homeless Veterans (estimated)

Veteran Health Administration facilities in Colorado

86% Suicide (910 deaths)

> 10 times

SUICIDE was the most common type of violent death among veterans and armed forces in Colorado, occurring more than ten times as often as homicide during 2010-2014.

Percent of all suicide victims in Colorado in 2010-2014 identified as veterans or armed forces

- 24% Males
- 3% Females
- 19% Total

Suicide rates in Colorado**

Suicide rates were higher among veterans and armed forces in Colorado in 2010-2014

- **Includes civil unions and domestic partnerships

Demographics of veterans and armed forces suicide victims in Colorado (N=910)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90% White, Non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>6% Hispanic</td>
<td></td>
</tr>
<tr>
<td>2% Black, non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>1% Two or more races, other, or unknown race</td>
<td></td>
</tr>
<tr>
<td>&lt;1% American Indian/Alaska Native, non-Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>47% Married*</td>
<td></td>
</tr>
<tr>
<td>25% Divorced</td>
<td></td>
</tr>
<tr>
<td>16% Never married</td>
<td></td>
</tr>
<tr>
<td>10% Widowed</td>
<td></td>
</tr>
<tr>
<td>1% Other/unknown status</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>56% Some college credit or college degree</td>
<td></td>
</tr>
<tr>
<td>38% High school or GED graduate</td>
<td></td>
</tr>
<tr>
<td>4% Less than a high school education</td>
<td></td>
</tr>
<tr>
<td>1% Unknown or missing education level</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of suicide deaths among veterans and armed forces in Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>69%</td>
</tr>
</tbody>
</table>

Statistics

Percent of all suicide victims in Colorado in 2010-2014 identified as veterans or armed forces

Homeless Veterans (estimated)

Veteran Health Administration facilities in Colorado

Veterans/Armed Forces Non-Veteran/Civilian

Males  45.9  34.9
Females 13.3  11.0
Total  42.6  21.8

Percent of all suicide victims in Colorado in 2010-2014 identified as veterans or armed forces

- 24% Males
- 3% Females
- 19% Total

Suicide rates in Colorado**

Suicide rates were higher among veterans and armed forces in Colorado in 2010-2014

Demographics of veterans and armed forces suicide victims in Colorado (N=910)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90% White, Non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>6% Hispanic</td>
<td></td>
</tr>
<tr>
<td>2% Black, non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>1% Two or more races, other, or unknown race</td>
<td></td>
</tr>
<tr>
<td>&lt;1% American Indian/Alaska Native, non-Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>47% Married*</td>
<td></td>
</tr>
<tr>
<td>25% Divorced</td>
<td></td>
</tr>
<tr>
<td>16% Never married</td>
<td></td>
</tr>
<tr>
<td>10% Widowed</td>
<td></td>
</tr>
<tr>
<td>1% Other/unknown status</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>56% Some college credit or college degree</td>
<td></td>
</tr>
<tr>
<td>38% High school or GED graduate</td>
<td></td>
</tr>
<tr>
<td>4% Less than a high school education</td>
<td></td>
</tr>
<tr>
<td>1% Unknown or missing education level</td>
<td></td>
</tr>
</tbody>
</table>

Percents may not equal 100% due to rounding. *All rates are occurrent ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. *Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: ¹U.S. Census Bureau, American Community Survey, 2010-2014; ²U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; ³U.S. Department of Veteran Affairs
Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Colorado**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Firearm use</th>
<th>Non-firearm use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males 18-54</td>
<td>VETERAN/ARMED FORCES</td>
<td>Non-VETERAN CIVILIAN</td>
</tr>
<tr>
<td>Males 55+</td>
<td>29.9</td>
<td>18.6</td>
</tr>
<tr>
<td>Males 55+</td>
<td>33.4</td>
<td>10.7</td>
</tr>
<tr>
<td>Males 18-54</td>
<td>16.6</td>
<td>17.9</td>
</tr>
<tr>
<td>Males 18-54</td>
<td>23.4</td>
<td>13.1</td>
</tr>
</tbody>
</table>

Suicide circumstances by life stage among male veterans and armed forces in Colorado

In 91% of Colorado’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=801). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

Male veterans/armed forces had:
- The highest firearm suicide rate
- A firearm suicide rate 1.8 times higher compared to non-veteran civilians

Suicide intentions disclosed within last month:
- Suicide intent disclosed within last month: 29% Veterans/Armed Forces, 33% Non-Veteran Civilians
- Left a suicide note: 39% Veterans/Armed Forces, 38% Non-Veteran Civilians

Diagnoses among suicide victims with a current mental health problem in Colorado:

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians
- Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
GEORGIA, 2010-2011, 2013-2014

Data from the National Violent Death Reporting System (NVDRS)

Georgia Violent Death Reporting System (GVDRS)    Joined the NVDRS: 2003    First year of data collection: 2004

Georgia has 159 counties covering 57,000 square miles. It is the 8th most populated state.

Types of violent deaths among veterans and armed forces (N=1003)

- **78% Suicide** (786 deaths)
  - 18% Homicide (177 deaths)
  - 1% Unintentional firearm (8 deaths)
  - 1% Legal intervention (11 deaths)
  - 2% Undetermined (21 deaths)

**SUICIDE** was the most common type of violent death among veterans and armed forces in Georgia, occurring more than four times as often as homicide during the combined years 2010-2011 and 2013-2014.

Annual number of suicide deaths among veterans and armed forces in Georgia

<table>
<thead>
<tr>
<th>Year</th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>179</td>
<td>206</td>
</tr>
<tr>
<td>2011</td>
<td>206</td>
<td>174</td>
</tr>
<tr>
<td>2012</td>
<td>227</td>
<td>174</td>
</tr>
</tbody>
</table>

Method of suicide deaths among veterans and armed forces in Georgia

- 74% Firearm
- 12% Hanging
- 8% Poisoning
- 5% Other

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1. U.S. Census Bureau, American Community Survey, 2010-2014; 2. U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3. U.S. Department of Veteran Affairs

Suicide rates in Georgia**

Suicide rates were higher among veterans and armed forces in Georgia in 2010-2011, 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>28.9</td>
<td>21.7</td>
</tr>
<tr>
<td>Females</td>
<td>14.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Total</td>
<td>27.4</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Demographics of veterans and armed forces suicide victims in Georgia (N=786)

- **83% White, Non-Hispanic**
  - 12% Black, non-Hispanic
  - 3% Two or more races, other, or unknown race
  - 1% Hispanic
  - 1% Asian/Pacific Islander, non-Hispanic
  - <1% American Indian/Alaska Native, non-Hispanic

- **47% Married**
  - 21% Divorced
  - 15% Never married
  - 11% Widowed
  - 7% Other/unknown status

- **35% Some college credit or college degree**
  - 31% High school or GED graduate
  - 5% Less than a high school education
  - 28% Unknown or missing education level

National Violent Death Reporting System (NVDRS) Special Report on Veteran Suicide 20
Suicide circumstances by life stage among male veterans and armed forces in Georgia

In 79% of Georgia’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=586). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age</th>
<th>Circumstance</th>
<th>Veteran/Army</th>
<th>Non-Veteran</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>Intimate partner problem</td>
<td>19% (N=109)</td>
<td>50%</td>
<td>0.50</td>
</tr>
<tr>
<td>35-54</td>
<td>Current mental health problem</td>
<td>34% (N=152)</td>
<td>38%</td>
<td>0.38</td>
</tr>
<tr>
<td>55-64</td>
<td>Current mental health problem</td>
<td>38% (N=112)</td>
<td>38%</td>
<td>0.38</td>
</tr>
<tr>
<td>65+</td>
<td>Physical health problems</td>
<td>35% (N=204)</td>
<td>67%</td>
<td>0.67</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Circumstance</th>
<th>Veteran/Army</th>
<th>Non-Veteran</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>Current mental health problem</td>
<td>30% (N=109)</td>
<td>30%</td>
<td>0.30</td>
</tr>
<tr>
<td>35-54</td>
<td>Intimate partner problems</td>
<td>27% (N=152)</td>
<td>30%</td>
<td>0.30</td>
</tr>
<tr>
<td>55-64</td>
<td>Intimate partner problems</td>
<td>21% (N=112)</td>
<td>21%</td>
<td>0.21</td>
</tr>
<tr>
<td>65+</td>
<td>Recent/imminent crisis</td>
<td>19% (N=204)</td>
<td>24%</td>
<td>0.24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Circumstance</th>
<th>Veteran/Army</th>
<th>Non-Veteran</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>Intimate partner problem</td>
<td>21% (N=109)</td>
<td>21%</td>
<td>0.21</td>
</tr>
<tr>
<td>35-54</td>
<td>Ever treated for mental or substance abuse problem</td>
<td>19% (N=152)</td>
<td>26%</td>
<td>0.26</td>
</tr>
<tr>
<td>55-64</td>
<td>Ever treated for mental or substance abuse problem</td>
<td>21% (N=112)</td>
<td>21%</td>
<td>0.21</td>
</tr>
<tr>
<td>65+</td>
<td>Recent/imminent crisis</td>
<td>13% (N=204)</td>
<td>19%</td>
<td>0.19</td>
</tr>
</tbody>
</table>

**Diagnoses among suicide victims with a current mental health problem in Georgia**

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims.
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians.

Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces
KENTUCKY, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Kentucky Violent Death Reporting System (KVDRS)  Joined the NVDRS: 2004  First year of data collection: 2005

Kentucky has 120 counties covering 39,000 square miles. It is the 26th most populated state.

Types of violent deaths among veterans and armed forces in Kentucky (N=674)

- 82% Suicide (552 deaths)
- 9% Homicide (64 deaths)
- 2% Unintentional firearm (13 deaths)
- 1% Legal intervention (6 deaths)
- 6% Undetermined (39 deaths)

> 8 times

SUICIDE was the most common type of violent death among veterans and armed forces in Kentucky, occurring more than eight times as often as homicide during 2010-2014.

Percent of all suicide victims in Kentucky in 2010-2014 identified as veterans or armed forces

- 21% Males
- 4% Females
- 17% Total

Suicide rates in Kentucky**

Suicide rates were higher among veterans and armed forces in Kentucky in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>35.6</td>
<td>27.9</td>
</tr>
<tr>
<td>Females</td>
<td>22.1</td>
<td>6.4</td>
</tr>
<tr>
<td>Total</td>
<td>34.6</td>
<td>15.8</td>
</tr>
</tbody>
</table>

Annual number of suicide deaths among veterans and armed forces in Kentucky

Method of suicide deaths among veterans and armed forces in Kentucky

Demographics of veterans and armed forces suicide victims in Kentucky (N=552)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>94% White, Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4% Black, non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Two or more races, other, or unknown race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1% Asian/Pacific Islander, non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0% American Indian/Alaska Native, non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45% Married*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27% Divorced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13% Widowed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11% Never married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5% Other/unknown status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Status</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50% High school/GED graduate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36% Some college credit or college degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14% Less than a high school education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Unknown or missing education level</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1. U.S. Census Bureau, American Community Survey, 2010-2014; 2. U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3. U.S. Department of Veteran Affairs
Suicide circumstances by life stage among male veterans and armed forces in Kentucky

In 68% of Kentucky’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=357). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age 18-54</th>
<th>Age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15%</strong> (N=53)</td>
<td><strong>43%</strong> (N=152)</td>
</tr>
</tbody>
</table>

- **32%** Intimate partner problems
- **28%** Current mental health problem
- **21%** Recent/imminent crisis
- **21%** Non-alcohol substance abuse problem
- **17%** Job/financial problems
- **17%** Suicide intent disclosed within last month
- **13%** Left a suicide note

<table>
<thead>
<tr>
<th>AGE 35-54</th>
<th>AGE 55-64</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>25%</strong> (N=90)</td>
<td><strong>17%</strong> (N=62)</td>
</tr>
</tbody>
</table>

- **33%** Intimate partner problems
- **19%** Job/financial problems
- **19%** Current mental health problem
- **18%** Alcohol problem
- **16%** Recent/imminent crisis
- **17%** Suicide intent disclosed within last month
- **16%** Left a suicide note

<table>
<thead>
<tr>
<th>AGE 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17%</strong> (N=152)</td>
</tr>
</tbody>
</table>

- **49%** Physical health problems
- **23%** Current mental health problem
- **16%** Recent/imminent crisis
- **13%** Ever treated for mental health or substance abuse problem
- **10%** Other death of friend or family member

Diagnoses among suicide victims with a current mental health problem in Kentucky+

- **61%** Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- **16%** Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
MARYLAND, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Maryland Violent Death Reporting System (MVDRS)     Joined the NVDRS: 2002     First year of data collection: 2003

Maryland has 24 counties covering 9,700 square miles. It is the 19th most populated state.

Population estimates for Maryland
(Average annual estimate, 2010-2014)

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
<td>416,027</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
<td>26,322</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
<td>4,096,486</td>
</tr>
</tbody>
</table>

Homeless Veterans (estimated)         654
Veteran Health Administration facilities in Maryland (estimated) 25

Types of violent deaths among veterans and armed forces in Maryland (N=865)

- **59%** Suicide (513 deaths)
- **9%** Homicide (82 deaths)
- **0%** Unintentional firearm (0 deaths)
- **1%** Legal intervention (7 deaths)
- **30%** Undetermined (263 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in Maryland, occurring more than six times as often as homicide during 2010-2014.

Percent of all suicide victims in Maryland in 2010-2014 identified as veterans or armed forces:

- **17%** Males
- **1%** Females
- **14%** Total

Suicide rates were higher among veterans and armed forces in Maryland in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>25.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Females</td>
<td>6.2***</td>
<td>4.5</td>
</tr>
<tr>
<td>Total</td>
<td>23.2</td>
<td>10.5</td>
</tr>
</tbody>
</table>

***Rate based on <20 deaths

Annual number of suicide deaths among veterans and armed forces in Maryland

Method of suicide deaths among veterans and armed forces in Maryland

Demographics of veterans and armed forces suicide victims in Maryland (N=513)

Race/Ethnicity
- **81%** White, Non-Hispanic
- 15% Black, non-Hispanic
- 2% Two or more races, other, or unknown race
- 1% Hispanic
- 1% Asian/Pacific Islander, non-Hispanic
- <1% American Indian/Alaska Native, non-Hispanic

Marital Status
- **51%** Married
- 19% Divorced
- 16% Never married
- 12% Widowed
- 2% Other/unknown status

Education Status
- **46%** Some college credit or college degree
- 44% High school or GED graduate
- 9% Less than a high school education
- 1% Unknown or missing education level

Percent may not equal 100% due to rounding. **All rates are occurrent ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1. U.S. Census Bureau, American Community Survey, 2010-2014; 2. U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3. U.S. Department of Veteran Affairs.**
Suicide circumstances by life stage among male veterans and armed forces in Maryland

In 91% of Maryland’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=452). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age 18-34</th>
<th>Age 35-54</th>
<th>Age 55-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>26%</td>
<td>18%</td>
<td>44%</td>
</tr>
</tbody>
</table>

- 39% Current mental health problem
- 37% Intimate partner problems
- 30% Ever treated for mental health or substance abuse problem
- 27% Job/financial problems
- 26% Suicide intent disclosed within last month
- 19% Alcohol problem
- 19% Recent/imminent crisis

Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Maryland

<table>
<thead>
<tr>
<th>Age 55+</th>
<th>Age 18-54</th>
<th>Firearm use</th>
<th>Non-firearm use</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>15.1</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>44%</td>
<td>10.3</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>7.3</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>12%</td>
<td>11.9</td>
<td>9.2</td>
<td></td>
</tr>
</tbody>
</table>

- Depression/dysthymia
- Post-traumatic stress disorder
- Schizophrenia
- Anxiety disorder
- Bipolar disorder
- Other/Unknown

Diagnoses among suicide victims with a current mental health problem in Maryland

- Depression/dysthymia
- Post-traumatic stress disorder
- Schizophrenia
- Anxiety disorder
- Bipolar disorder
- Other/Unknown

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians.
Suicide among Veterans and Armed Forces
NEW JERSEY, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)


New Jersey has 21 counties covering 7,300 square miles. It is the 11th most populated state.

Types of violent deaths among veterans and armed forces in New Jersey (N=551)

- 87% Suicide (478 deaths)
- 10% Homicide (57 deaths)
- 0% Unintentional firearm (0 deaths)
- <1% Legal intervention (1 death)
- 3% Undetermined (15 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in New Jersey, occurring more than eight times as often as homicide during 2010-2014.

Suicide rates in New Jersey**

- Suicide rates were higher among veterans and armed forces in New Jersey in 2010-2014

Annual number of suicide deaths among veterans and armed forces in New Jersey

Method of suicide deaths among veterans and armed forces in New Jersey

Demographics of veterans and armed forces suicide victims in New Jersey (N=552)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilian</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Two or more races, other, or unknown race</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native, non-Hispanic</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander, non-Hispanic</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

Marital Status

- 46% Married*
- 21% Divorced
- 18% Never married
- 14% Widowed
- 1% Other/unknown status

*Includes civil unions and domestic partnerships

<table>
<thead>
<tr>
<th>Education Status</th>
<th>52% High school/GED graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some college credit or college degree</td>
</tr>
<tr>
<td></td>
<td>Less than a high school education</td>
</tr>
<tr>
<td></td>
<td>Unknown or missing education level</td>
</tr>
</tbody>
</table>

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1U.S. Census Bureau, American Community Survey, 2010-2014; 2U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3U.S. Department of Veteran Affairs
Suicide circumstances by life stage among male veterans and armed forces in New Jersey

In 89% of New Jersey’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=417). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

### Males age 18-54
- **Age 18-34**:
  - 8% Current mental health problem
  - 53% Ever treated for mental health or substance abuse problem
  - 38% Intimate partner problems
  - 32% Non-alcohol substance abuse problem
  - 29% Recent/imminent crisis

- **Age 35-54**:
  - 23% Current mental health problem
  - 44% Ever treated for mental health or substance abuse problem
  - 30% Intimate partner problems
  - 28% Job/financial problems

- **Age 55-64**:
  - 19% Current mental health problem
  - 37% Ever treated for mental health or substance abuse problem
  - 22% Job/financial problems
  - 20% Recent/imminent crisis

- **Age 65+**:
  - 50% Current mental health problem
  - 48% Physical health problems
  - 34% Ever treated for mental health or substance abuse problem
  - 24% Recent/imminent crisis

### Males age 55+
- **Age 55-64**:
  - 16% Suicide intent disclosed within last month
  - 32% Left a suicide note

### Diagnoses among suicide victims with a current mental health problem in New Jersey

- **Depression/dysthymia**: 74% Veteran/Armed Forces, 75% Non-Veteran Civilian
- **Post-traumatic stress disorder**: 13% Veteran/Armed Forces, 0% Non-Veteran Civilian
- **Schizophrenia**: 5% Veteran/Armed Forces, 5% Non-Veteran Civilian
- **Anxiety disorder**: 9% Veteran/Armed Forces, 11% Non-Veteran Civilian
- **Bipolar disorder**: 10% Veteran/Armed Forces, 11% Non-Veteran Civilian
- **Other/Unknown**: 15% Veteran/Armed Forces, 21% Non-Veteran Civilian

Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces
NEW MEXICO, 2010 - 2014
Data from the National Violent Death Reporting System (NVDRS)

New Mexico Violent Death Reporting System (NMVDRS)  Joined the NVDRS: 2004  First year of data collection: 2005

New Mexico has 33 counties covering 121,000 square miles. It is the 36th most populous state.

Types of violent deaths among veterans and armed forces in New Mexico (N=535)

- **83% Suicide** (446 deaths)
- 10% Homicide (52 deaths)
- <1% Unintentional firearm (1 death)
- 2% Legal intervention (11 deaths)
- 5% Undetermined (25 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in New Mexico, occurring more than eight times as often as homicide during 2010-2014.

Percent of all suicide victims in New Mexico in 2010-2014 identified as veterans or armed forces

- 27% Males
- 5% Females
- 21% Total

Suicide rates in New Mexico**

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>52.1</td>
<td>37.6</td>
</tr>
<tr>
<td>Females</td>
<td>27.8</td>
<td>12.4</td>
</tr>
<tr>
<td>Total</td>
<td>49.9</td>
<td>23.4</td>
</tr>
</tbody>
</table>

Suicide rates were higher among veterans and armed forces in New Mexico in 2010-2014

Demographics of veterans and armed forces suicide victims in New Mexico (N=446)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>76% White, Non-Hispanic</th>
<th>19% Hispanic</th>
<th>2% American Indian/Alaska Native, non-Hispanic</th>
<th>2% Two or more races, other, or unknown race</th>
<th>1% Black, non-Hispanic</th>
<th>&lt;1% Asian/Pacific Islander, non-Hispanic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>42% Married*</th>
<th>28% Divorced</th>
<th>18% Never married</th>
<th>10% Widowed</th>
<th>2% Other/unknown status</th>
</tr>
</thead>
</table>

| Education Status        | 61% Some college credit or college degree | 31% High school or GED graduate | 5% Less than a high school education | 3% Unknown or missing education level |

Percents may not equal 100% due to rounding.  *All rates are occurrent ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population.  **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant.  Sources: 1. U.S. Census Bureau, American Community Survey, 2010-2014; 2. U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3. U.S. Department of Veteran Affairs

National Violent Death Reporting System (NVDRS) Special Report on Veteran Suicide 28
In 91% of New Mexico’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=385). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

### Diagnoses among suicide victims with a current mental health problem in New Mexico

- **Depression/dysthymia** was similar among veteran/armed forces and non-veteran civilian suicide victims.
- **Post-traumatic stress disorder** was higher among veteran/armed forces suicide victims compared to non-veteran civilians.

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Veteran/Armed Forces (N=154)</th>
<th>Non-Veteran Civilians (N=631)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/dysthymia</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>22%</td>
<td>4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces
NORTH CAROLINA, 2010-2014

Data from the National Violent Death Reporting System (NVDRS)

North Carolina Violent Death Reporting System (NCVDRS)  Joined the NVDRS: 2003  First year of data collection: 2004

North Carolina has 100 counties covering 48,000 square miles. It is the 9th most populous state.

Types of violent deaths among veterans and armed forces in North Carolina (N=1,353)

- 82% Suicide (1,109 deaths)
- 14% Homicide (186 deaths)
- 1% Unintentional firearm (7 deaths)
- 1% Legal intervention (15 deaths)
- 3% Undetermined (36 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in North Carolina, occurring more than five times as often as homicide during 2010-2014.

Percent of all suicide victims in North Carolina in 2010-2014 identified as veterans or armed forces

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>23%</td>
</tr>
<tr>
<td>Females</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>18%</td>
</tr>
</tbody>
</table>

Suicide rates in North Carolina**

Suicide rates were higher among veterans and armed forces in North Carolina in 2010-2014

<table>
<thead>
<tr>
<th>Group</th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>29.6</td>
<td>24.9</td>
</tr>
<tr>
<td>Females</td>
<td>10.8</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>27.9</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Demographics of veterans and armed forces suicide victims in North Carolina (N=1,109)

Race/Ethnicity

- 89% White, Non-Hispanic
- 8% Black, non-Hispanic
- 1% Hispanic
- 1% Two or more races, other, or unknown race
- <1% American Indian/Alaska Native, non-Hispanic
- <1% Asian/Pacific Islander, non-Hispanic

Marital Status

- 50% Married
- 23% Divorced
- 15% Never married
- 10% Widowed
- 3% Other/unknown status

**Includes civil unions and domestic partnerships

Homeless Veterans

Veteran Health Administration facilities in North Carolina

<table>
<thead>
<tr>
<th>Year</th>
<th>Suicide Deaths</th>
<th>Homeless Veterans</th>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>156</td>
<td>1,164</td>
<td>39</td>
</tr>
<tr>
<td>2011</td>
<td>176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>253</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>277</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>247</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Method of suicide deaths among veterans and armed forces in North Carolina

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>74%</td>
</tr>
<tr>
<td>Hanging</td>
<td>13%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

National Violent Death Reporting System (NVDRS) Special Report on Veteran Suicide
In 92% of North Carolina’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=981). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

**Suicide circumstances by life stage among male veterans and armed forces in North Carolina**

In 2010-2014, firearm suicide rates among male veterans/armed forces and non-veteran civilians in North Carolina varied by age group. Males age 18-54 had a firearm suicide rate similar to non-veteran civilians, while males age 55+ had a rate 1.6 times higher compared to non-veteran civilians.

**Diagnoses among suicide victims with a current mental health problem in North Carolina**

In North Carolina, post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians. Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims. Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces

OHIO, 2011 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Ohio Violent Death Reporting System (OHVDRS)  Joined the NVDRS: 2009  First year of data collection: 2010 (66% of deaths)

Ohio has 88 counties covering 40,800 square miles. It is the 7th most populous state.

- Types of violent deaths among veterans and armed forces in Ohio (N=1,291)
  - 85% Suicide (1,095 deaths)
  - 10% Homicide (128 deaths)
  - >1% Unintentional firearm (6 deaths)
  - 1% Legal intervention (7 deaths)
  - 4% Undetermined (55 deaths)
  - > 8 times

- Population estimates for Ohio
  (Average annual estimate, 2011-2014)
    - Veteran (Age 18+) 819,311
    - Armed Forces (Age 16+) 8,415
    - Non-Veteran/Civilian (Age 18+) 8,076,630

- Homeless Veterans (estimated)
  - Veterans Administration facilities in Ohio 1,236

- Method of suicide deaths among veterans and armed forces in Ohio
  - 70% Firearm
  - 15% Hanging
  - 10% Poisoning
  - 5% Other

- Annual number of suicide deaths among veterans and armed forces in Ohio
  

- Suicide rates in Ohio
  - Suicide rates were higher among veterans and armed forces in Ohio in 2011-2014
  - Percent of all suicide victims in Ohio in 2010-2014 identified as veterans or armed forces
    - 23% Males
    - 2% Females
    - 18% Total

- Veterans/Armed Forces
  - 2011 2012 2013 2014
  

- Demographics of veterans and armed forces suicide victims in Ohio (N=1,095)
  - Race/Ethnicity
    - 95% White, Non-Hispanic
    - 4% Black, non-Hispanic
    - 1% Hispanic
    - 1% Asian/Pacific Islander, non-Hispanic
    - <1% Two or more races, other, or unknown race
    - 0% American Indian/Alaska Native, non-Hispanic
  
  - Marital Status
    - 44% Married
    - 25% Divorced
    - 15% Widowed
    - 13% Never married
    - 3% Other/unknown status
  
  - Education Status
    - 57% High school/GED graduate
    - 32% Some college credit or college degree
    - 9% Less than a high school education
    - 1% Unknown or missing education level

Per cents may not equal 100% due to rounding. *All rates are occurrent ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1 U.S. Census Bureau, American Community Survey, 2010-2014; 2 U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3 U.S. Department of Veteran Affairs
Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Ohio**

<table>
<thead>
<tr>
<th>Males age 18-54</th>
<th>Males age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VETERAN/ARMED FORCES</strong></td>
<td><strong>VETERAN/ARMED FORCES</strong></td>
</tr>
<tr>
<td>Firearm use</td>
<td>Firearm use</td>
</tr>
<tr>
<td>20.7</td>
<td>25.9</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>Non-firearm use</td>
</tr>
<tr>
<td>17.7</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>NON-VETERAN CIVILIAN</strong></td>
<td><strong>NON-VETERAN CIVILIAN</strong></td>
</tr>
<tr>
<td>Firearm use</td>
<td>Firearm use</td>
</tr>
<tr>
<td>11.8</td>
<td>16.5</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>Non-firearm use</td>
</tr>
<tr>
<td>13.8</td>
<td>8.2</td>
</tr>
</tbody>
</table>

* or o = 2 deaths per 100,000 residents

Suicide circumstances by life stage among male veterans and armed forces in Ohio

In 87% of Ohio’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=933). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

Diagnoses among suicide victims with a current mental health problem in Ohio*

* = Veteran/Armed Forces (N=455)
= Non-Veteran Civilians (N=2233)

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
OKLAHOMA, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Oklahoma Violent Death Reporting System (OKVDRS)  Joined the NVDRS: 2003  First year of data collection: 2004

Oklahoma has 77 counties covering 68,000 square miles. It is the 28th most populous state.

Types of violent deaths among veterans and armed forces in Oklahoma (N=837)

84% Suicide (703 deaths)

10% Homicide (81 deaths)
1% Unintentional firearm (8 deaths)
1% Legal intervention (7 deaths)
5% Undetermined (38 deaths)

Suicide was the most common type of violent death among veterans and armed forces in Oklahoma, occurring more than eight times as often as homicide during 2010-2014.

Percent of all suicide victims in Oklahoma in 2010-2014 identified as veterans or armed forces

- 26% Males
- 3% Females
- 21% Total

Suicide rates in Oklahoma**

Suicide rates were higher among veterans and armed forces in Oklahoma in 2010-2014

Annual number of suicide deaths among veterans and armed forces in Oklahoma

Method of suicide deaths among veterans and armed forces in Oklahoma

Demographics of veterans and armed forces suicide victims in Oklahoma (N=703)

Race/Ethnicity
- 87% White, Non-Hispanic
- 4% Black, non-Hispanic
- 5% Two or more races, other, or unknown race
- 3% American Indian/Alaska Native, non-Hispanic
- 2% Hispanic
- <1% Asian/Pacific Islander, non-Hispanic

Marital Status
- 45% Married
- 27% Divorced
- 13% Widowed
- 7% Never married
- 8% Other/unknown status

Education Status
- 47% Some college credit or college degree
- 43% High school or GED graduate
- 10% Less than a high school education
- 1% Unknown or missing education level

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1. U.S. Census Bureau, American Community Survey, 2010-2014; 2. U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3. U.S. Department of Veteran Affairs
In 96% of Oklahoma’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=656). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

**Suicide circumstances by life stage among male veterans and armed forces in Oklahoma**

In 96% of Oklahoma’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=656). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

**Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims**

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Veteran/Armed Forces (N=278)</th>
<th>Non-Veteran Civilians (N=1091)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner problems</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td>Current mental health problem</td>
<td>51%</td>
<td>47%</td>
</tr>
<tr>
<td>Ever treated for mental health or substance abuse problem</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Recent/imminent crisis</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Job/financial problems</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>Ever treated for mental health or substance abuse problem</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Suicide intent disclosed within last month</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Left a suicide note</td>
<td>37%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians**

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Veteran/Armed Forces (N=278)</th>
<th>Non-Veteran Civilians (N=1091)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner problems</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Current mental health problem</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Ever treated for mental health or substance abuse problem</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>Recent/imminent crisis</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Job/financial problems</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Alcohol problem</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Suicide intent disclosed within last month</td>
<td>11%</td>
<td>28%</td>
</tr>
<tr>
<td>Left a suicide note</td>
<td>12%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Percentages will not add up to 100% as individuals may have had more than one diagnosis

**Diagnoses among suicide victims with a current mental health problem in Oklahoma**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Veteran/Armed Forces (N=278)</th>
<th>Non-Veteran Civilians (N=1091)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/dysthymia</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>7%</td>
<td>17%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>11%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
OREGON, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Oregon Violent Death Reporting System (OVDRS)  
Joined the NVDRS: 2002  
First year of data collection: 2003

Oregon has 36 counties covering 96,000 square miles. It is the 27th most populous state.

| Population estimates for Oregon¹  
(Average annual estimate, 2010-2014) |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+): 313,261</td>
</tr>
<tr>
<td>Armed Forces (Age 16+): 2,739</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+): 2,724,254</td>
</tr>
</tbody>
</table>

Homeless Veterans²  
Veteran Health Administration facilities in Oregon³  
1,292  
28

Types of violent deaths among veterans and armed forces in Oregon (N=919)

86% Suicide (790 deaths)

5% Homicide (47 deaths)

<1% Unintentional firearm (4 deaths)

2% Legal intervention (19 deaths)

6% Undetermined (59 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in Oregon, occurring more than 16 times as often as homicide during 2010-2014.

Percent of all suicide victims in Oregon in 2010-2014 identified as veterans or armed forces:

28% Males

4% Females

23% Total

Suicide rates in Oregon**

Suicide rates were higher among veterans and armed forces in Oregon in 2010-2014

<table>
<thead>
<tr>
<th>Suicide rates were higher among veterans and armed forces in Oregon (N=790)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans/Armed Forces</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Males</td>
</tr>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Annual number of suicide deaths among veterans and armed forces in Oregon

<table>
<thead>
<tr>
<th>Annual number of suicide deaths among veterans and armed forces in Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
</tr>
<tr>
<td>151</td>
</tr>
</tbody>
</table>

Method of suicide deaths among veterans and armed forces in Oregon

Demographics of veterans and armed forces suicide victims in Oregon (N=790)

Race/Ethnicity
96% White, Non-Hispanic
2% Hispanic
1% Black, non-Hispanic
1% Two or more races, other, or unknown race
1% American Indian/Alaska Native, non-Hispanic
<1% Asian/Pacific Islander, non-Hispanic

Marital Status
41% Married
30% Divorced
15% Never married
13% Widowed
1% Other/unknown status

Education Status
48% Some college credit or college degree
41% High school or GED graduate
9% Less than a high school education
2% Unknown or missing education level

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: ¹U.S. Census Bureau, American Community Survey, 2010-2014; ²U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; ³U.S. Department of Veteran Affairs
Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Oregon**

<table>
<thead>
<tr>
<th></th>
<th>Males age 18-54</th>
<th>Males age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VETERAN/ARmed FORCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm use</td>
<td>41.6</td>
<td>38.8</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>21.6</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>NON-VETERAN CIVILIAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm use</td>
<td>15.8</td>
<td>22.4</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>15.9</td>
<td>11.9</td>
</tr>
</tbody>
</table>

- or ● = 2 deaths per 100,000 residents

Suicide circumstances by life stage among male veterans and armed forces in Oregon

In 92% of Oregon’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=702). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age</th>
<th>Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-54</td>
<td>8%</td>
</tr>
<tr>
<td>(N=58)</td>
<td></td>
</tr>
<tr>
<td>43%</td>
<td>Intimate partner problems</td>
</tr>
<tr>
<td>43%</td>
<td>Current mental health problem</td>
</tr>
<tr>
<td>36%</td>
<td>Recent/imminent crisis</td>
</tr>
<tr>
<td>24%</td>
<td>Ever treated for mental health or substance abuse problem</td>
</tr>
<tr>
<td>24%</td>
<td>Non-alcohol substance abuse problem</td>
</tr>
<tr>
<td>36%</td>
<td>Suicide intent disclosed within last month</td>
</tr>
<tr>
<td>17%</td>
<td>Left a suicide note</td>
</tr>
</tbody>
</table>

Diagnoses among suicide victims with a current mental health problem in Oregon

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran citizens

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces

RHODE ISLAND, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Rhode Island Violent Death Reporting System (RIVDRS)  Joined the NVDRS: 2003  First year of data collection: 2004

Rhode Island has 5 counties covering 1,000 square miles. It is the 43rd most populous state.

Types of violent deaths among veterans and armed forces in Rhode Island (N=104)

85% Suicide (88 deaths)

6% Homicide (6 deaths)
0% Unintentional firearm (0 deaths)
0% Legal intervention (0 deaths)
10% Undetermined (10 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in Rhode Island, occurring more than 14 times as often as homicide during 2010-2014.

Annual number of suicide deaths among veterans and armed forces in Rhode Island

Method of suicide deaths among veterans and armed forces in Rhode Island

Suicide rates in Rhode Island**

Suicide rates were higher among veterans and armed forces in Rhode Island in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>25.3</td>
<td>22.1</td>
</tr>
<tr>
<td>Females</td>
<td>—***</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>24.5</td>
<td>12.7</td>
</tr>
</tbody>
</table>

** Rate not calculated, cell <5

Suicide rates in Rhode Island**

Demographics of veterans and armed forces suicide victims in Rhode Island (N=88)

Race/Ethnicity
94% White, Non-Hispanic
3% Hispanic
1% Black, non-Hispanic
1% Two or more races, other, or unknown race
0% American Indian/Alaska Native, non-Hispanic
0% Asian/Pacific Islander, non-Hispanic

Marital Status
49% Married
22% Divorced
17% Never married
10% Widowed
2% Other/unknown status

Education Status
98% Unknown/missing educational level
1% Some college credit or college degree
1% Less than a high school education
0% High school or GED graduate

Percent may not equal 100% due to rounding. ◇ Rhode Island is unable to confirm the number of accidental firearm deaths due to a limitation in its data system.

*All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. *Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: ◇U.S. Census Bureau, American Community Survey, 2010-2014; ◇U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; ◇U.S. Department of Veteran Affairs

National Violent Death Reporting System (NVDRS) Special Report on Veteran Suicide 38
Male veterans/armed forces had:
A firearm suicide rate 3 times higher compared to non-veteran civilians

Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Rhode Island**

<table>
<thead>
<tr>
<th>Males, All Ages</th>
<th>VETERAN/ARMED FORCES</th>
<th>Firearm use 12.5</th>
<th>Non-firearm use 12.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-VETERAN CIVILIAN</td>
<td>Firearm use 4.2</td>
<td>Non-firearm use 17.9</td>
<td></td>
</tr>
</tbody>
</table>

● or ◘ = 2 deaths per 100,000 residents

Suicide circumstances by life stage among male veterans and armed forces in Rhode Island

In 95% of Rhode Island’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=81). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

Diagnoses among suicide victims with a current mental health problem in Rhode Island†

Depression/dysthymia was higher among veteran/armed forces suicide victims compared to non-veteran civilian suicide victims

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
SOUTH CAROLINA, 2010-2012
Data from the National Violent Death Reporting System (NVDRS)

South Carolina Violent Death Reporting System (SCVDRS)  Joined the NVDRS: 2002  First year of data collection: 2003

South Carolina has 46 counties covering 30,000 square miles. It is the 23rd most populous state.

Types of violent deaths among veterans and armed forces in South Carolina (N=521)

- **82%** Suicide (427 deaths)
- **15%** Homicide (80 deaths)
- **2%** Unintentional firearm (8 deaths)
- **<1%** Legal intervention (1 death)
- **1%** Undetermined (5 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in South Carolina, occurring more than five times as often as homicide during 2010-2012.

Percent of all suicide victims in South Carolina in 2010-2014 identified as veterans or armed forces:

- **28%** Males
- **3%** Females
- **22%** Total

Suicide rates were higher among veterans and armed forces in South Carolina in 2010-2012

### Demographics of veterans and armed forces suicide victims in South Carolina (N=427)

**Race/Ethnicity**
- **89%** White, Non-Hispanic
  - 8% Black, non-Hispanic
  - 2% Two or more races, other, or unknown race
  - <1% Hispanic
  - <1% American Indian/Alaska Native, non-Hispanic
  - 0% Asian/Pacific Islander, non-Hispanic

**Marital Status**
- **48%** Married
  - 16% Divorced
  - 13% Widowed
  - 13% Never married
  - 10% Other/unknown status

**Education Status**
- **48%** Some college credit or college degree
  - 43% High school or GED graduate
  - 8% Less than a high school education
  - 1% Unknown or missing education level

### Method of suicide deaths among veterans and armed forces in South Carolina

- **76%** Firearm
- **11%** Hanging
- **10%** Poisoning
- **4%** Other

### Population estimates for South Carolina*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
<td>399,931</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
<td>34,066</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
<td>3,165,466</td>
</tr>
</tbody>
</table>

### Annual number of suicide deaths among veterans and armed forces in South Carolina

- **2010**: 132
- **2011**: 140
- **2012**: 155

### Population estimates for South Carolina*

<table>
<thead>
<tr>
<th>Average annual estimate, 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
</tr>
</tbody>
</table>

Percent of all suicide victims in South Carolina in 2010-2014 identified as veterans or armed forces:

- **28%** Males
- **3%** Females
- **22%** Total

**Notes:** Percentages may not equal 100% due to rounding. **All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population.** Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: *U.S. Census Bureau, American Community Survey, 2010-2014; U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; U.S. Department of Veteran Affairs.

**Veteran Health Administration facilities in South Carolina:**
- **703** Veterans
- **21** Homeless

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**National Violent Death Reporting System (NVDRS) Special Report on Veteran Suicide** 40
Suicide circumstances by life stage among male veterans and armed forces in South Carolina

In 79% of South Carolina’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=328). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age 18-34</th>
<th>Age 35-54</th>
<th>Age 55-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N=41)</td>
<td>(N=78)</td>
<td>(N=69)</td>
<td>(N=140)</td>
</tr>
<tr>
<td>37% Intimate partner problems</td>
<td>41% Current mental health problem</td>
<td>30% Physical health problems</td>
<td>61% Physical health problems</td>
</tr>
<tr>
<td>24% Job/financial problems</td>
<td>37% Intimate partner problems</td>
<td>26% Current mental health problem</td>
<td>18% Current mental health problem</td>
</tr>
<tr>
<td>22% Current mental health problem</td>
<td>26% Job/financial problems</td>
<td>25% Job/financial problems</td>
<td>11% Intimate partner problems</td>
</tr>
<tr>
<td>12% Ever treated for mental health or substance abuse problem</td>
<td>21% Ever treated for mental health or substance abuse problem</td>
<td>16% History of attempting suicide</td>
<td>11% Ever treated for mental health or substance abuse problem</td>
</tr>
<tr>
<td>12% History of attempting suicide</td>
<td>21% History of attempting suicide</td>
<td>14% Alcohol problem</td>
<td>8% Alcohol problem</td>
</tr>
<tr>
<td>29% Suicide intent disclosed within last month</td>
<td>26% Suicide intent disclosed within last month</td>
<td>20% Suicide intent disclosed within last month</td>
<td>28% Suicide intent disclosed within last month</td>
</tr>
<tr>
<td>27% Left a suicide note</td>
<td>26% Left a suicide note</td>
<td>30% Left a suicide note</td>
<td>30% Left a suicide note</td>
</tr>
</tbody>
</table>

Diagnoses among suicide victims with a current mental health problem in South Carolina

Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
UTAH, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Utah Violent Death Reporting System (UTVDRS)  Joined the NVDRS: 2004  First year of data collection: 2005

Utah has 29 counties covering 82,000 square miles. It is the 31st most populous state.

Types of violent deaths among veterans and armed forces in Utah (N=496)

- 80% Suicide (395 deaths)
- 3% Homicide (14 deaths)
- >1% Unintentional firearm (2 deaths)
- 1% Legal intervention (7 deaths)
- 16% Undetermined (78 deaths)

SUCIDE was the most common type of violent death among veterans and armed forces in Utah, occurring more than 28 times as often as homicide during 2010-2014.

Percent of all suicide victims in Utah in 2010-2014 identified as veterans or armed forces

- 19% Males
- 3% Females
- 15% Total

Suicide rates in Utah**

Suicide rates were higher among veterans and armed forces in Utah in 2010-2014

- Veterans/Armed Forces: 55.7
- Non-Veteran/Civilian: 35.9

Demographics of veterans and armed forces suicide victims in Utah (N=395)

Race/Ethnicity
- 96% White, Non-Hispanic
- 2% Hispanic
- 1% Black, non-Hispanic
- 1% American Indian/Alaska Native, non-Hispanic
- 1% Asian/Pacific Islander, non-Hispanic
- 1% Two or more races, other, or unknown race

Marital Status
- 45% Married
- 28% Divorced
- 16% Never married
- 7% Widowed
- 4% Other/unknown status

Education Status
- 61% Some college credit or college degree
- 32% High school or GED graduate
- 6% Less than a high school education
- 2% Unknown or missing education level

Population estimates for Utah
(Average annual estimate, 2010-2014)

<table>
<thead>
<tr>
<th>Population</th>
<th>Veteran (Age 18+)</th>
<th>Armed Forces (Age 16+)</th>
<th>Non-Veteran/Civilian (Age 18+)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>140,942</td>
<td>4,396</td>
<td>1,823,842</td>
</tr>
</tbody>
</table>

Homeless Veterans (estimated)
Veteran Health Administration facilities in Utah

- 317
- 11

Method of suicide deaths among veterans and armed forces in Utah

<table>
<thead>
<tr>
<th>Method</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>70%</td>
<td>13%</td>
<td>14%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Hanging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographic percentages may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant.

Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Utah**

<table>
<thead>
<tr>
<th>Age 18-54</th>
<th>Males age 18-54</th>
<th>Males age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>VETERAN/ ARMED FORCES</td>
<td>Firearm use 42.6</td>
<td>Firearm use 38.2</td>
</tr>
<tr>
<td></td>
<td>Non-firearm use 21.1</td>
<td>Non-firearm use 13.6</td>
</tr>
<tr>
<td>NON-VETERAN CIVILIAN</td>
<td>Firearm use 19.0</td>
<td>Firearm use 25.1</td>
</tr>
<tr>
<td></td>
<td>Non-firearm use 16.9</td>
<td>Non-firearm use 11.1</td>
</tr>
</tbody>
</table>

Suicide circumstances by life stage among male veterans and armed forces in Utah

In 98% of Utah’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=370). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

| AGE 18-34 (N=47) | 13% Recent/imminent crisis | 57% Recent/imminent crisis | 55% Current mental health problem | 51% Ever treated for mental health or substance abuse problem | 49% Intimate partner problems | 28% Job/financial problems | 45% Suicide intent disclosed within last month | 34% Left a suicide note |
| AGE 35-54 (N=93) | 25% Recent/imminent crisis | 67% Recent/imminent crisis | 56% Intimate partner problems | 48% Current mental health problem | 48% Ever treated for mental health or substance abuse problem | 34% Job/financial problems | 39% Suicide intent disclosed within last month | 45% Left a suicide note |
| AGE 55-64 (N=84) | 23% Recent/imminent crisis | 48% Recent/imminent crisis | 46% Current mental health problem | 46% Ever treated for mental health or substance abuse problem | 44% Physical health problems | 27% Job/financial problems | 29% Suicide intent disclosed within last month | 39% Left a suicide note |
| AGE 65+ (N=146) | 39% Physical health problems | 68% Physical health problems | 66% Recent/imminent crisis | 40% Current mental health problem | 39% Ever treated for mental health or substance abuse problem | 17% Intimate partner problems | 38% Suicide intent disclosed within last month | 39% Left a suicide note |

Diagnoses among suicide victims with a current mental health problem in Utah

Depression/dysthymia was higher among non-veteran civilian suicide victims compared to veteran/armed forces suicide victims.

Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians.

Percentages will not add up to 100% as individuals may have had more than one diagnosis.
Suicide among Veterans and Armed Forces
VIRGINIA, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Virginia Violent Death Reporting System (VVDRS)     Joined the NVDRS: 2002     First year of data collection: 2003

Virginia has 95 counties and 38 independent cities covering 39,000 square miles. It is the 12th most populous state.

Types of violent deaths among veterans and armed forces in Virginia (N=1,345)

10% Homicide (130 deaths)
1% Unintentional firearm (10 deaths)
1% Legal intervention (10 deaths)
3% Undetermined (45 deaths)

86% Suicide (1,150 deaths)

SUICIDE was the most common type of violent death among veterans and armed forces in Virginia, occurring more than eight times as often as homicide during 2010-2014.

Percent of all suicide victims in Virginia in 2010-2014 identified as veterans or armed forces

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>27%</td>
<td>4%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Suicide rates in Virginia**

Suicide rates were higher among veterans and armed forces in Virginia in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran/Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td>30.5</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>24.1</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.8</td>
<td>14.2</td>
</tr>
</tbody>
</table>

Method of suicide deaths among veterans and armed forces in Virginia

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>71%</td>
<td>15%</td>
<td>9%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Hanging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual number of suicide deaths among veterans and armed forces in Virginia

Veteran Health Administration facilities in Virginia

<table>
<thead>
<tr>
<th></th>
<th>620</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

Population estimates for Virginia1
(Average annual estimate, 2010-2014)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Veteran (Age 18+)</td>
<td>718,034</td>
</tr>
<tr>
<td>Armed Forces (Age 16+)</td>
<td>108,658</td>
</tr>
<tr>
<td>Non-Veteran/Civilian (Age 18+)</td>
<td>5,496,232</td>
</tr>
</tbody>
</table>

Veterans/Armed Forces suicide victims in Virginia (N=1,150)

Race/Ethnicity
87% White, Non-Hispanic
9% Black, non-Hispanic
2% Hispanic
1% Asian/Pacific Islander, non-Hispanic
<1% Two or more races, other, or unknown race
0% American Indian/Alaska Native, non-Hispanic

Marital Status
40% Married*
20% Divorced
17% Never married
12% Widowed
11% Other/unknown status

*Includes civil unions and domestic partnerships

Education Status
47% Some college credit or college degree
41% High school or GED graduate
11% Less than a high school education
1% Unknown or missing education level

Percent of all suicide victims in Virginia in 2010-2014 identified as veterans or armed forces

Percents may not equal 100% due to rounding. *All rates are occurrent ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. **Statistical testing was not conducted. Differences between veterans/armed forces and non-veteran civilians may not be statistically significant. Sources: 1U.S. Census Bureau, American Community Survey, 2010-2014; 2U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; 3U.S. Department of Veteran Affairs

Population estimates for Virginia1
(Average annual estimate, 2010-2014)

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</tbody>
</table>

Veteran Health Administration facilities in Virginia

<table>
<thead>
<tr>
<th></th>
<th>620</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

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2% Hispanic
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20% Divorced
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Suicide rates in Virginia**

Suicide rates were higher among veterans and armed forces in Virginia in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/ Armed Forces</th>
<th>Non-Veteran Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td>30.5</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>24.1</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.8</td>
<td>14.2</td>
</tr>
</tbody>
</table>

Method of suicide deaths among veterans and armed forces in Virginia

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>71%</td>
<td>15%</td>
<td>9%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Hanging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Virginia**

<table>
<thead>
<tr>
<th></th>
<th>Males age 18-54</th>
<th>Males age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VETERAN/ ARMED FORCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm use</td>
<td>17.8</td>
<td>26.7</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>9.7</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>NON-VETERAN CIVILIAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm use</td>
<td>12.7</td>
<td>18.7</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>10.4</td>
<td>8.7</td>
</tr>
</tbody>
</table>

or ⬜ = 2 deaths per 100,000 residents

Suicide circumstances by life stage among male veterans and armed forces in Virginia

In 96% of Virginia’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=1060). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age 18-54 (N=189)</th>
<th>Age 35-54 (N=270)</th>
<th>Age 55-64 (N=181)</th>
<th>Age 65+ (N=420)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>25%</td>
<td>17%</td>
<td>40%</td>
</tr>
<tr>
<td>49% Intimate partner problems</td>
<td>52% Current mental health problem</td>
<td>55% Current mental health problem</td>
<td>57% Physical health problems</td>
</tr>
<tr>
<td>47% Recent/imminent crisis</td>
<td>49% Recent/imminent crisis</td>
<td>46% Ever treated for mental health or substance abuse problem</td>
<td>41% Current mental health problem</td>
</tr>
<tr>
<td>47% Current mental health problem</td>
<td>48% Intimate partner problems</td>
<td>36% Job/financial problems</td>
<td>30% Ever treated for mental health or substance abuse problem</td>
</tr>
<tr>
<td>39% Ever treated for mental health or substance abuse problem</td>
<td>42% Ever treated for mental health or substance abuse problem</td>
<td>35% Recent/imminent crisis</td>
<td>28% Recent/imminent crisis</td>
</tr>
<tr>
<td>27% Job/financial problems</td>
<td>30% Job/financial problems</td>
<td>26% Alcohol problem</td>
<td>10% Intimate partner problems</td>
</tr>
<tr>
<td>31% Suicide intent disclosed within last month</td>
<td>22% Suicide intent disclosed within last month</td>
<td>23% Suicide intent disclosed within last month</td>
<td>24% Suicide intent disclosed within last month</td>
</tr>
<tr>
<td>39% Left a suicide note</td>
<td>43% Left a suicide note</td>
<td>45% Left a suicide note</td>
<td>35% Left a suicide note</td>
</tr>
</tbody>
</table>

Diagnoses among suicide victims with a current mental health problem in Virginia*

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
Suicide among Veterans and Armed Forces
WISCONSIN, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

Wisconsin Violent Death Reporting System (WIVDRS)  Joined the NVDRS: 2003  First year of data collection: 2004

Wisconsin has 72 counties and 54,000 square miles. It is the 20th most populous state.

Types of violent deaths among veterans and armed forces in Wisconsin (N=779)

- 89% Suicide (697 deaths)
- 6% Homicide (44 deaths)
- 1% Unintentional firearm (5 deaths)
- 1% Legal intervention (8 deaths)
- 3% Undetermined (25 deaths)

> 15 times

SUICIDE was the most common type of violent death among veterans and armed forces in Wisconsin, occurring more than 15 times as often as homicide during 2010-2014.

Percent of all suicide victims in Wisconsin in 2010-2014 identified as veterans or armed forces:

- 23% Males
- 3% Females
- 19% Total

Suicide rates in Wisconsin**

Suicide rates were higher among veterans and armed forces in Wisconsin in 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Veterans/Armed Forces</th>
<th>Non-Veteran Civilians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>36.2</td>
<td>25.1</td>
</tr>
<tr>
<td>Females</td>
<td>18.2</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>35.0</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Annual number of suicide deaths among veterans and armed forces in Wisconsin

Method of suicide deaths among veterans and armed forces in Wisconsin

Demographics of veterans and armed forces suicide victims in Wisconsin (N=552)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Marital Status</th>
<th>Education Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% White, Non-Hispanic</td>
<td>44% Married*</td>
<td>47% High school/GED graduate</td>
</tr>
<tr>
<td>2% Black, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% American Indian/Alaska Native, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Two or more races, other, or unknown race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0% Asian/Pacific Islander, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25% Divorced</td>
<td></td>
<td>43% Some college credit or college degree</td>
</tr>
<tr>
<td>18% Never married</td>
<td></td>
<td>10% Less than a high school education</td>
</tr>
<tr>
<td>11% Widowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Other/unknown status</td>
<td></td>
<td>1&lt;% Unknown or missing education level</td>
</tr>
</tbody>
</table>

**Includes civil unions and domestic partnerships

Percents may not equal 100% due to rounding. *All rates are occurrence ratios based on the number of resident and non-resident deaths that occurred in the state per 100,000 resident population. Sources: "U.S. Census Bureau, American Community Survey, 2010-2014; "U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report (AHAR) to Congress; "U.S. Department of Veteran Affairs
In 93% of Wisconsin’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=628). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

**Suicide circumstances by life stage among male veterans and armed forces in Wisconsin**

In 93% of Wisconsin’s suicide deaths among male veterans and armed forces, circumstances were documented in the records (N=628). More than one circumstance may have been noted in the record. The five most frequent circumstances by age group, as well as information about suicide intent, and a suicide note, are shown below. Circumstances by age group were not calculated for females due to small numbers.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Circumstances</th>
<th>Suicide Intent Disclosed Within Last Month</th>
<th>Left a Suicide Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE 18-34</strong></td>
<td>15% Recent/imminent crisis</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>(N=78)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE 35-54</strong></td>
<td>25% Ever treated for mental health or substance abuse problem</td>
<td>43%</td>
<td>41%</td>
</tr>
<tr>
<td>(N=158)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE 55-64</strong></td>
<td>17% ever treated for mental health or substance abuse problem</td>
<td>31%</td>
<td>41%</td>
</tr>
<tr>
<td>(N=141)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE 65+</strong></td>
<td>43% Physical health problems</td>
<td>29%</td>
<td>43%</td>
</tr>
<tr>
<td>(N=251)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Firearm suicide rates among male veterans/armed forces and non-veteran civilians in Wisconsin**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males 18-54</th>
<th>Males 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VETERAN/ARMED FORCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm use</td>
<td>28.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Non-firearm use</td>
<td>19.7</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>NON-VETERAN CIVILIAN</strong></td>
<td></td>
<td></td>
</tr>
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<td>Firearm use</td>
<td>12.4</td>
<td>14.2</td>
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</tbody>
</table>

* or ** = 2 deaths per 100,000 residents

**Diagnoses among suicide victims with a current mental health problem in Wisconsin**

- Depression/dysthymia was similar among veteran/armed forces and non-veteran civilian suicide victims
- Post-traumatic stress disorder was higher among veteran/armed forces suicide victims compared to non-veteran civilians

Percentages will not add up to 100% as individuals may have had more than one diagnosis
VIOLENT DEATH CASE DEFINITION
The NVDRS case definition includes suicides, homicides, deaths from legal intervention (a subtype of homicide where the victim is killed by law enforcement acting in the line of duty), unintentional firearm fatalities, and deaths of undetermined intent.12

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.”12 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.”

In this report, the full NVDRS case definition was used to determine the total number of deaths due to violence, and the total includes deaths of undetermined intent and unintentional firearm-related deaths. The main focus of this report, however, is suicide, which is defined in the NVDRS Coding Manual as “a death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.”12

ABSTRACTOR-ASSIGNED MANNER OF DEATH
As previously mentioned, NVDRS data are captured from multiple sources, including death certificates, coroner and medical examiner reports, and law enforcement reports. A trained NVDRS state abstractor assigns a manner of death for each case based on these sources. Typically, each source assigns a manner (intent) of death, such as suicide, homicide, unintentional/accidental, or unknown/undetermined. 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 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 and medical examiner reports, or law enforcement records). The “abstractor-assigned manner of death” was used to analyze the data for this report. Use of the abstractor-assigned manner of death to code NVDRS cases can result in slight differences in counts compared to cases coded by ICD-1015 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]).

OCCURRENCE DEATHS AND OCCURRENCE RATE CALCULATIONS
The NVDRS captures both resident and occurrence 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 oc-
curred 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.

This report uses occurrent rates (number of occurrent deaths per 100,000 resident population) 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. The calculation includes 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 and multiplied by 100,000.

RATE CALCULATION FOR VETERAN AND CURRENT ARMED FORCES SUICIDE DEATHS
Suicide deaths among veterans and those currently serving in the armed forces were identified through the “veteran/military” variable in the NVDRS, which is defined as, “Has the person ever served in the U.S. Armed Forces?” It includes both veterans and persons currently serving in one of the five armed services branches. The variable does not distinguish between a decedent who was a veteran or one who was currently serving in the military at the time of death. For this reason, rates were calculated by combining American Community Survey (ACS) population estimates for veterans and current armed forces.14

The ACS provides one-year, three-year, and five-year state population estimates of veterans, non-veterans, and armed forces personnel. Data from the 2010-2014 ACS five-year estimates were used to calculate rates for the 13 states presented in Table 1. Data from the 2010-2012 ACS three-year estimates were used to calculate rates for South Carolina. ACS one-year estimates were used to calculate rates for Ohio (2011-2014) and Georgia (2010-2011 and 2013-2014).

Veteran and non-veteran civilian population estimates were obtained from the “Sex by Age by Veteran Status for the Civilian Population 18 Years and Over” table in the ACS. Current armed forces population estimates were obtained from the “Sex by Age by Employment Status for the Population 16 Years and Over” table in the ACS. In the format available from the website, 16 and 17-year-olds cannot be removed from the employment table, which presents a challenge for combining the data. Given that the minimum age to enlist in the military is 17 (with parental consent) and 18 (without parental consent), it can be assumed that the armed forces population cannot include 16-year-olds. The data will however include 17-year-olds and thus introduce error in the rate calculations.

The ACS data is the only source of comparable population data available for veterans and current armed forces personnel and provide the best estimates for veteran and current armed forces and non-veteran civilian rate calculations. Due to the limitation described above, veteran and armed forces suicide rates among persons 18-34 years of age will likely be underestimated. Additionally, the veteran/military question on the death certificate could possibly include those dishonorably discharged.

DATA QUALITY
Data used for this report are from the 2010-2014 NVDRS Restricted Access Database (RAD). Definitions and terms can be found in Appendix A.

• Seventeen states were included in the 2010-2014 RAD dataset, but one state and specific years for three other states were excluded from the analysis:
  - Massachusetts was excluded due to a high percentage of suicides with “Unknown” entries in the NVDRS veteran/military variable. Prior to September 2014, the Massachusetts death certificate only captured a subset of current and former military personnel and did not match the format of the NVDRS veteran/military variable.
  - Ohio 2010 data was excluded because 2010 was the state’s first year of data collection and only a subset of violent deaths in the state was collected for that year.
  - Georgia 2012 data was excluded because there was a disparately high number of suicides with “Unknown” veteran/military status for that year.
  - Data for 2013 and 2014 were also excluded for South Carolina because there was a disparately high number of suicides with “Unknown” veteran/military status for those two years.
• Only the 13 states with high quality data for all five years were included in Table 1.
RACE/ETHNICITY
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). If a race/ethnicity category was <1%, categories were collapsed.

ROUNDING PERCENTAGES
Each state profile contains percentages for manners of violent death, suicide methods, race/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 coroner/medical examiner (CME) reports and/or law enforcement records based on CDC guidance. If CME and law enforcement reports were unable to be obtained for the case or if limited information was documented in the reports, circumstances information will be unknown.

LIMITATIONS
For this report, crude rates were used to show general similarities and differences between the states and the combined state data. Use of crude rates instead of age-adjusted rates for comparisons of state overall suicide rates of veteran and armed forces and non-veteran civilian rates is a limitation of this report. This approach is consistent with the previous suicide report and the two previous reports from 2008 and 2014, which did not use age-adjusted death rates.8-10
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. at the time of injury. This circumstance can apply whether or not the person has a diagnosed mental health problem.

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

**Ever treated for mental health/substance abuse problem:** 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.
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 or plans. 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. Decisions about whether two or more deaths belong to the same incident are governed by the timing of the injuries, rather than the timing of the deaths. Specifically, deaths that occur within 24 hours of each other (i.e., the 24-hour rule) and are clearly linked by source documents would be considered part of the same incident.

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 law enforcement officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty. The term legal intervention is a classification from ICD-10 codes and does not denote the lawfulness or legality of the circumstances surrounding the death.

Non-veteran civilian: “Non-veteran civilian” includes cases where the NVDRS veteran/military variable entry was “No.” Non-veteran civilians includes individuals who have never served in the armed forces (non-veteran) and those not currently serving (civilian).

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 (March 2018), only data from the 16 NVDRS states that contributed 2010-2014 data to the Restricted Access Data-
base (RAD) are included in this report. These states are Alaska, Colorado, Georgia, Kentucky, Maryland, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. All states include four years of data (2010-2014) except Georgia (2010-2011, 2013-2014), Ohio (2011-2014) and South Carolina (2010-2012).

**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 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.

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

**Poisoning:** A state of illness caused by the presence of any substance that has been taken in excess (e.g. over-the-counter medicines) or any harmful or toxic substance that has been ingested, inhaled, applied to the skin, or resulted from any other form of contact.

**Restricted Access Database (RAD):** A de-identified, multi-state, case-level micro dataset (a subset of the national NVDRS database) available from the CDC for use by researchers and other investigators who meet certain criteria. To obtain the RAD, requestors must submit a proposal to CDC describing the intended use of the data. [https://www.cdc.gov/violenceprevention/nvdrs/rad.html](https://www.cdc.gov/violenceprevention/nvdrs/rad.html)

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

**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.

**Veteran and Armed Forces:** “Veteran and Armed Forces” includes cases where the NVDRS veteran/military variable entry was “Yes.” The NVDRS veteran/military data is collected from the death certificate in the section captioned, “Ever in the U.S. Armed Forces?” Veterans and armed forces includes individuals who served in the armed forces in the past but are no longer serving (veterans) and those currently in the armed forces. The 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.
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 reports. 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: Definition of Terms)

- 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 a name and street address, but they do include potentially sensitive 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 can be found in a Surveillance Summary published annually by the CDC in the Morbidity and Mortality Weekly Report. Additional information on data collection and definitions is available in the NVDRS Coding Manual.

DATA SOURCES
The NVDRS Restricted Access Database (RAD), a subset of the national database 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 for a special report on suicide using 2013-2014 data. A scientific panel at the CDC reviewed and approved the use of the RAD data for the report. An addendum to the proposal was submitted in June 2017 to examine suicide among veterans and armed forces members during 2010 through 2014. The CDC approved the addendum and provided the additional years of data for the study. The RAD data file used in these analyses was finalized in September 2016.

Basic state demographic data included in the state profiles was obtained from 2015 U.S. Census Bureau Population Estimates. Population estimates for calculating the number of occurrent deaths per 100,000 resident population were obtained from American Community Survey population estimates for veterans, non-veterans, and current armed forces.

CASE SELECTION
Cases included deaths that occurred during 2010-2014, regardless of the date of injury. Types of violent death (e.g., suicide or homicide) were categorized based on the abstractor-assigned 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 resident population (a rate).

Numbers and proportions/percentages 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 American Community Survey population estimates for veterans, non-veterans, and current armed forces for the appropriate state, sex, and age, when available. Rates were not age-adjusted.

State profiles include information on the percent of suicides having a given circumstance. These percentages 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. 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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