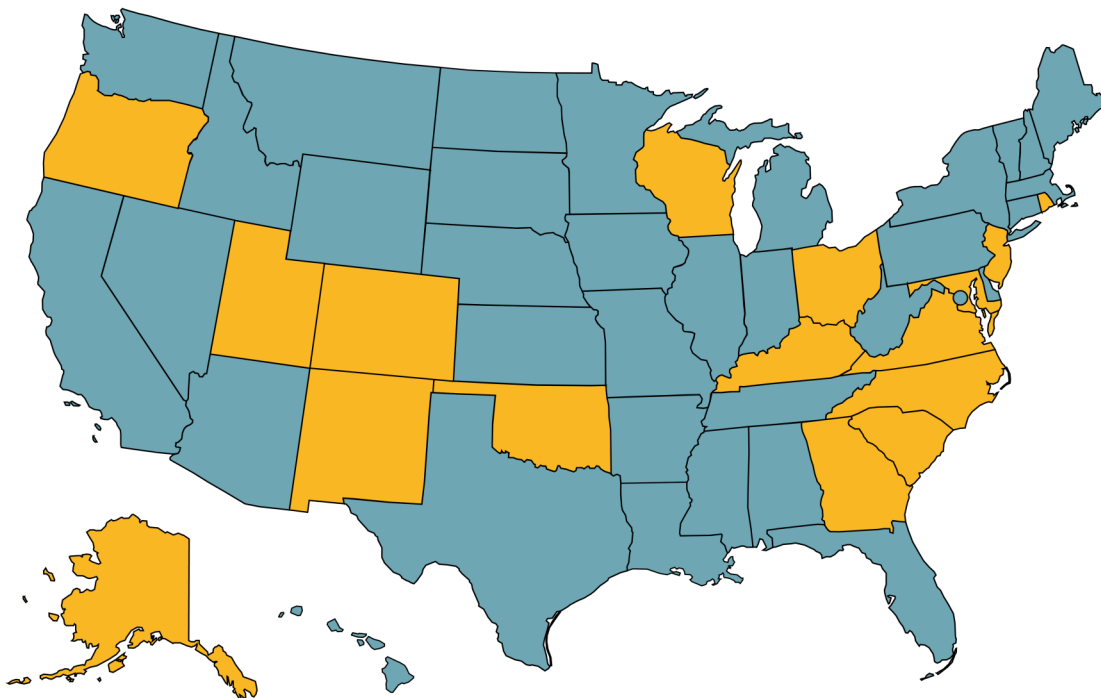


DEATHS FROM SUICIDE among U.S. Veterans & Armed Forces in 16 States

*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
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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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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**.⁷
- **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.

National Violent Death Reporting System (NVDRS) data provide a more comprehensive understanding of suicide deaths among veterans and armed forces, and can help guide prevention efforts.

The report is a companion piece to *Deaths from Suicide: A Look at 18 States*, published in 2016.⁸ 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.^{9,10}

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).

2 NVDRS OVERVIEW

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**

▶ **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

▶ **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**

▶ **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.**¹² For example, the NVDRS can identify and link all victims and suspects in multiple homicide cases, as well as in homicide-suicide cases.

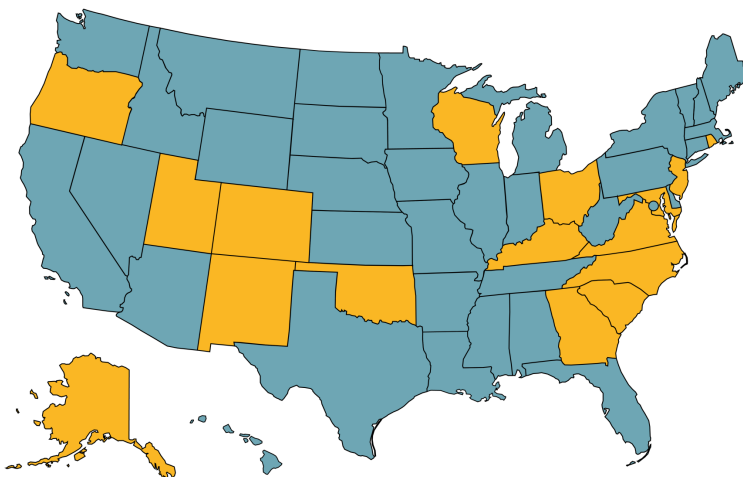
▶ **Linking data in one database places a death into context and provides information not previously possible, such as:**

- 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)

16 NVDRS STATES INCLUDED IN THIS REPORT

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



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 occurrent rates rather than mortality rates based on residency status because occurrent rates provide a more comprehensive description of a state's burden of deaths from violence (see pages 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).

in Kentucky and Rhode Island to 4.1 times higher in Maryland.

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

- **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.
- **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.
- **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).

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.**

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.

Firearms were used in the overwhelming majority (70%) of veteran and armed forces suicide deaths, and also among the majority of male (71%) and female (43%) veteran and armed forces suicide deaths.

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/

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

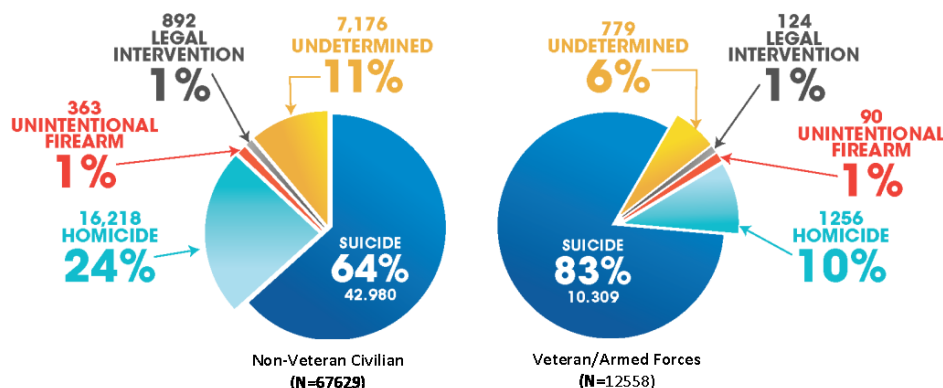
- **Among veteran and armed forces suicide victims with known circumstances, more than half (58%) of females and 39% of males were identified as currently having a mental health problem.**
- Among veteran and armed forces suicide victims identified as currently having a mental health problem, 73% had 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



SUICIDE METHODS

By Sex

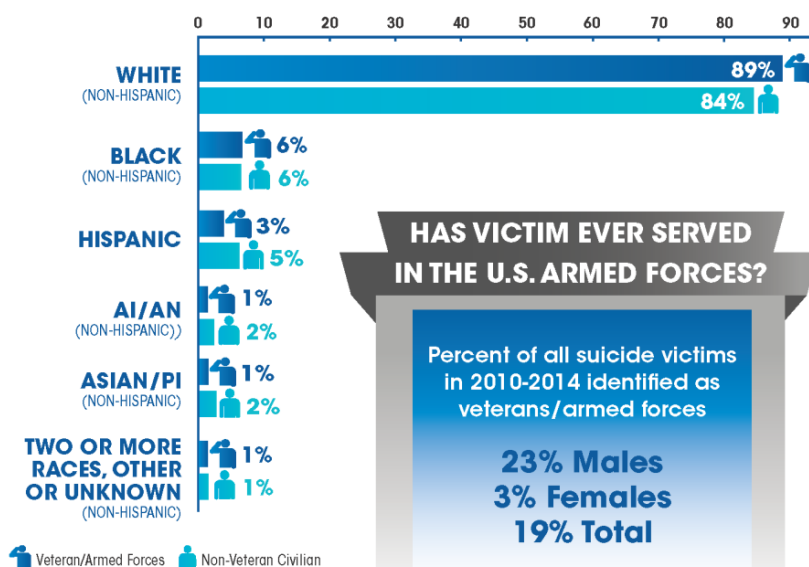
Male Veterans

FIREARM	71%
HANGING	15%
POISONING	9%
OTHER	5%

Female Veterans

FIREARM	43%
HANGING	17%
POISONING	33%
OTHER	6%

RACE/ETHNICITY OF SUICIDE VICTIMS



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

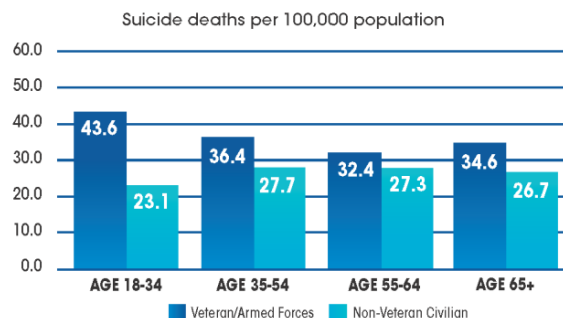
Percent of all suicide victims in 2010-2014 identified as veterans/armed forces

23% Males
3% Females
19% Total

SUICIDE RATES* (13 States)

	Veteran/Armed Forces	Non-Veteran Civilians
Male	35.7	25.9
Female	13.6	7.4

SUICIDE RATES AMONG MALES* By Age (13 States)



SUICIDE CIRCUMSTANCES AMONG VETERANS AND ARMED FORCES

CIRCUMSTANCE	MALES				FEMALES ALL AGES (N=349)
	AGE 18-34 (N=1274)	AGE 35-54 (N=2243)	AGE 55-64 (N=1724)	AGE 65+ (N=3648)	
Intimate Partner Problems	48%	40%	23%	10%	32%
Current mental health problem	42%	46%	44%	33%	50%
History of ever being treated for mental health or substance abuse problem	34%	39%	38%	25%	42%
Physical health problem	6%	15%	31%	61%	19%
Alcohol problem	16%	23%	22%	7%	14%
Job/financial problem	23%	29%	25%	7%	18%
Suicide intent disclosed within last month	30%	28%	27%	27%	34%
Left a suicide note	30%	37%	36%	35%	42%

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 female
- 67% of cases with known circumstances involved intimate partner problems


SAFE STATES
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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.**

State	# of occurrent suicides	Occurrent suicide rate	% males	% residents	Males					Females
					Age-specific occurrent suicide death rates					Occurrent suicide rate (All ages)
					18-34	35-54	55-64	65+	All ages	
Alaska										
Veteran/AF	170	39.0	94%	96%	62.4	36.7	26.3	37.5	41.7	20.1**
Non-Veteran Civilian	576	25.4	77%	98%	58.6	35.1	24.6	30.9	42.6	10.9
Colorado										
Veteran/AF	910	42.6	97%	97%	47.2	49.2	43.8	44.3	45.9	13.3
Non-Veteran Civilian	3852	21.8	72%	97%	30.4	38.5	38.7	32.3	34.9	11.0
Kentucky										
Veteran/AF	552	34.6	96%	98%	46.7	36.3	27.6	36.5	35.6	22.1
Non-Veteran Civilian	2413	15.8	77%	97%	23.7	29.4	27.8	36.1	27.9	6.4
Maryland										
Veteran/AF	513	23.2	97%	96%	30.6	23.3	21.1	27.7	25.5	6.2**
Non-Veteran Civilian	2143	10.5	75%	95%	15.0	19.4	21.3	20.7	18.2	4.5
New Jersey										
Veteran/AF	478	22.6	98%	96%	35.2	29.6	24.3	20.1	23.4	8.5**
Non-Veteran Civilian	2995	9.3	74%	96%	12.3	16.7	17.7	17	15.4	4.4
New Mexico										
Veteran/AF	446	49.9	95%	96%	59.2	51.6	41.4	56.2	52.1	27.8
Non-Veteran Civilian	1626	23.4	70%	96%	37.9	40.3	36.1	29.7	37.6	12.4
North Carolina										
Veteran/AF	1109	27.9	96%	98%	39.9	29.2	23.3	29.1	29.6	10.8
Non-Veteran Civilian	5015	15.0	71%	98%	19.9	26.1	28.9	31.3	24.9	7.6
Oklahoma										
Veteran/AF	703	43.6	97%	99%	58.6	49.7	42.5	41.6	45.8	17.4
Non-Veteran Civilian	2579	20.2	74%	98%	32.0	38.4	32.3	29.1	34.1	9.5
Oregon										
Veteran/AF	790	50.0	96%	99%	60.9	63.9	46.3	48.6	52.0	24.2
Non-Veteran Civilian	2684	19.7	72%	95%	27.7	35.6	33.3	36.1	32.4	9.8
Rhode Island										
Veteran/AF	88	24.5	97%	97%	26.0**	36.2	26.4**	20.2	25.3	—*
Non-Veteran Civilian	486	12.7	75%	94%	17.6	28.4	24.1	11.3	22.1	5.5
Utah										
Veteran/AF	395	54.4	96%	96%	67.4	62.0	60.5	47.7	55.7	35.5**
Non-Veteran Civilian	2037	22.3	74%	98%	33.5	38.6	38.6	32.5	35.9	10.7
Virginia										
Veteran/AF	1150	27.8	96%	98%	31.7	25.2	27.3	36.6	30.5	9.4
Non-Veteran Civilian	3898	14.2	73%	98%	20.6	25.4	27.3	27.7	24.1	6.8
Wisconsin										
Veteran/AF	697	35.0	97%	99%	67.5	41.6	36.8	29.4	36.2	18.2
Non-Veteran Civilian	3000	15.0	75%	98%	24.1	27.9	23.8	20.2	25.1	6.7

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. TOXICOLOGY TESTING AND RESULTS AND VETERAN AND ARMED FORCES SUICIDE VICTIMS IN 16 NVDRS STATES, 2010-2014

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.

SUBSTANCE NAME	TOXICOLOGY TESTING & RESULTS (Total number of veteran and armed forces suicide victims: N=10,309)		
	# Tested	# of Tests with Positive Result	% Positive (of those tested)
Alcohol	5904	1876	32%
Amphetamines	3478	93	3%
Antidepressants	2856	687	24%
Cocaine	3562	117	3%
Marijuana	2775	258	9%
Opiates	3721	769	21%
<i>TOTAL # or AVERAGE %</i>	<i>22296</i>	<i>3800</i>	<i>17%</i>

4 STATE PROFILES

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)

Alaska Violent Death Reporting System (AKVDRS) Joined the NVDRS: 2002

First year of data collection: 2003

Alaska is the largest state in the U.S. in land area, covering 570,000 square miles. It is the 48th most populated state.

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

Veteran (Age 18+)	70,370
Armed Forces (Age 16+)	16,776
Non-Veteran/Civilian (Age 18+)	453,064

Homeless Veterans²
(estimated)

89

Veteran Health Administration facilities in Alaska³

9

Types of violent deaths among veterans and armed forces in Alaska (N=221)



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

> 8 times

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

25% Males
7% Females
22% Total

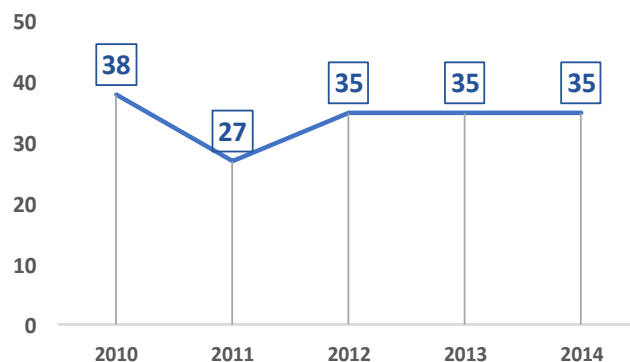
Suicide rates in Alaska**

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

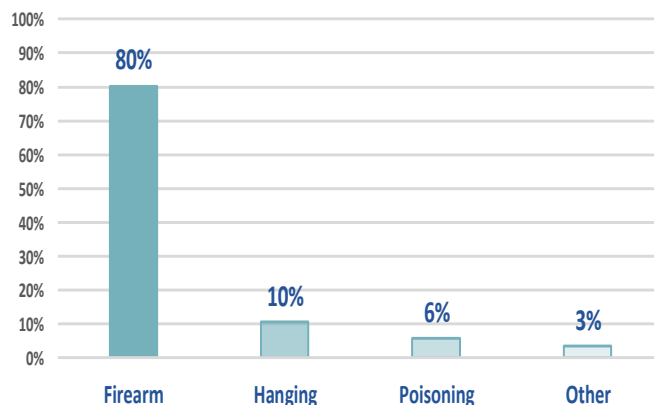
	Veterans/ Armed Forces	Non-Veteran Civilians
Males	41.7	42.6
Females	20.1***	10.9
Total	39.0	25.4

*** Rate based on <20 deaths

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



Method of suicide deaths among veterans and armed forces in Alaska



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

Race/Ethnicity

78% White, Non-Hispanic

- 8% American Indian/Alaska Native, non-Hispanic
- 6% Black, non-Hispanic
- 5% Hispanic
- 2% Two or more races, other, or unknown race
- 0% Asian/Pacific Islander, non-Hispanic

Marital Status

44% Married**

- 29% Never married
- 20% Divorced
- 6% Widowed
- 1% Other/unknown status

** includes civil unions and domestic partnerships

Education Status

42% High school/GED graduate

- 32% Some college credit or college degree
- 4% Less than a high school education
- 22% 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: 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 among Veterans and Armed Forces COLORADO, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

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

Colorado has 64 counties covering 103,000 square miles. It is the 22nd most populated state.

Population estimates for Colorado¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	395,007
Armed Forces (Age 16+)	31,757
Non-Veteran/Civilian (Age 18+)	3,536,136

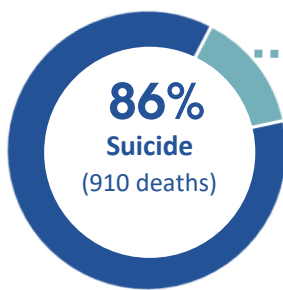
Homeless Veterans²
(estimated)

753

Veteran Health Administration facilities in Colorado³

27

Types of violent deaths among veterans and armed forces in Colorado (N=1064)



- 8% Homicide (88 deaths)
- 1% Unintentional firearm (9 deaths)
- 1% Legal intervention (12 deaths)
- 4% Undetermined (45 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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	45.9	34.9
Females	13.3	11.0
Total	42.6	21.8

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

Race/Ethnicity

90% White, Non-Hispanic

- 6% Hispanic
- 2% 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

47% Married**

- 25% Divorced
- 16% Never married
- 10% Widowed
- 1% Other/unknown status

**includes civil unions and domestic partnerships

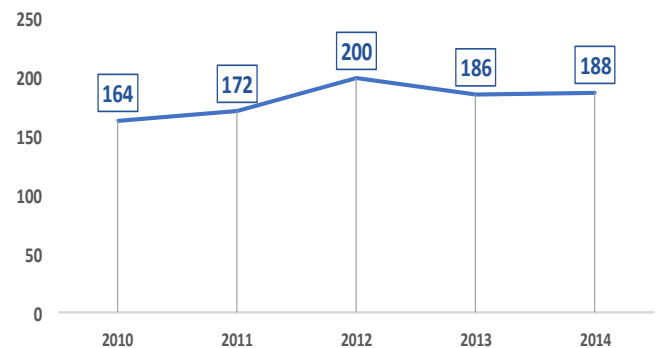
Education Status

56% Some college credit or college degree

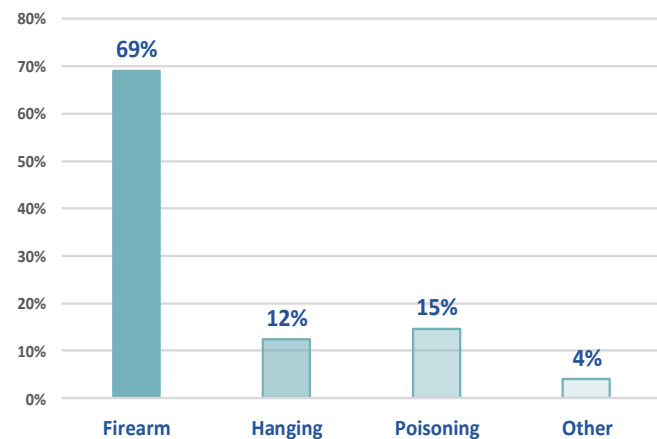
- 38% High school or GED graduate
- 4% Less than a high school education
- 1% Unknown or missing education level

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: 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

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



Method of suicide deaths among veterans and armed forces in Colorado



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.

Population estimates for Georgia (Average annual estimate, 2010-2011, 2013-2014)

Veteran (Age 18+)	670,135
Armed Forces (Age 16+)	47,427
Non-Veteran/Civilian (Age 18+)	6,695,741

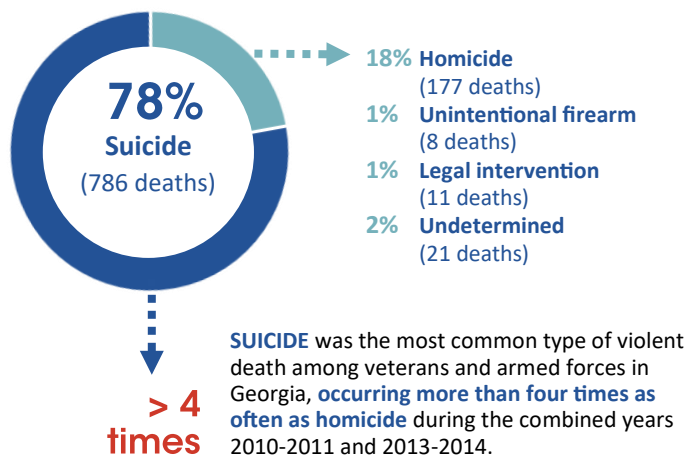
Homeless Veterans²
(estimated)

1,433

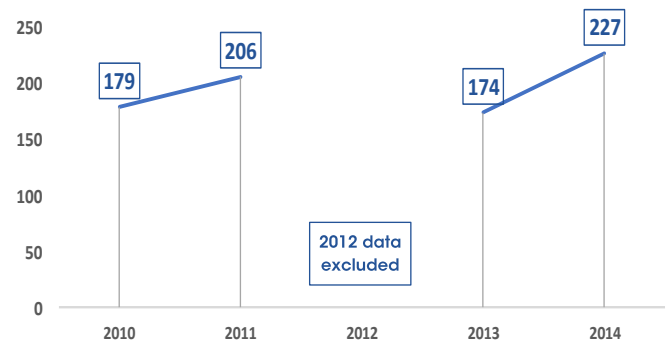
Veteran Health Administration facilities in Georgia³

39

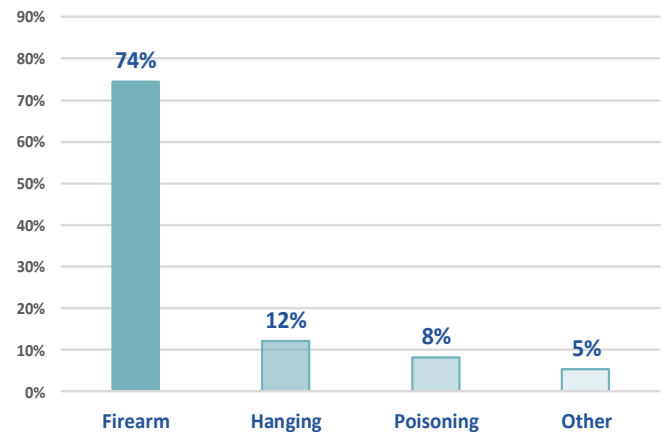
Types of violent deaths among veterans and armed forces in Georgia (N=1003)



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



Method of suicide deaths among veterans and armed forces in Georgia



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

20% Males
4% Females
17% Total

Suicide rates in Georgia**

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	28.9	21.7
Females	14.2	5.8
Total	27.4	12.7

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

Race/Ethnicity

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

Marital Status

47% Married**

21% Divorced
15% Never married
11% Widowed
7% Other/unknown status

**includes civil unions and domestic partnerships

Education Status

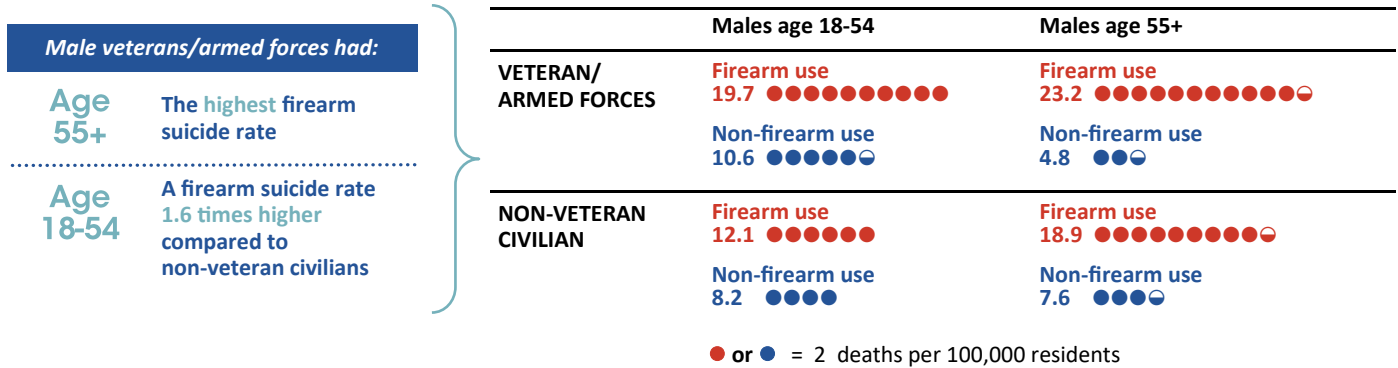
35% Some college credit or college degree

31% High school or GED graduate
5% Less than a high school education
28% Unknown or missing education level

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 Georgia**

Firearm suicide rates** in Georgia, 2010-2014



Male veterans/armed forces had:

Age 55+ The highest firearm suicide rate

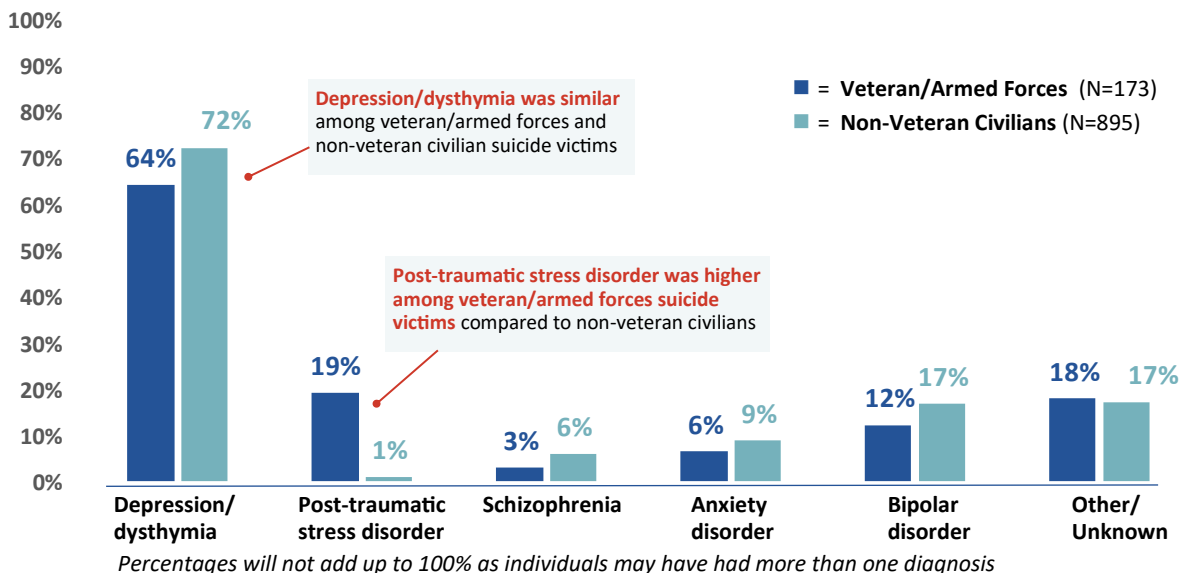
Age 18-54 A firearm suicide rate 1.6 times higher compared to non-veteran civilians

► 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.

AGE 18-34 19% (N=109)	AGE 35-54 26% (N=152)	AGE 55-64 21% (N=121)	AGE 65+ 35% (N=204)
50% Intimate partner problems	34% Current mental health problem	38% Physical health problems	67% Physical health problems
31% Current mental health problem	30% Intimate partner problems	30% Current mental health problem	24% Recent/imminent crisis
24% Recent/imminent crisis	27% Ever treated for mental health or substance abuse problem	26% Ever treated for mental health or substance abuse problem	19% Current mental health problem
21% Ever treated for mental health or substance abuse problem	19% Recent/imminent crisis	21% Intimate partner problems	13% Ever treated for mental health or substance abuse problem
17% Criminal legal problem	18% Job/financial problems	17% Recent/imminent crisis	10% Other death of friend or family member
24% Suicide intent disclosed within last month	18% Suicide intent disclosed within last month	25% Suicide intent disclosed within last month	10% Intimate partner problems
20% Left a suicide note	34% Left a suicide note	26% Left a suicide note	20% Suicide intent disclosed within last month
			25% Left a suicide note

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



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.

Population estimates for Kentucky¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	303,167
Armed Forces (Age 16+)	15,502
Non-Veteran/Civilian (Age 18+)	3,046,346

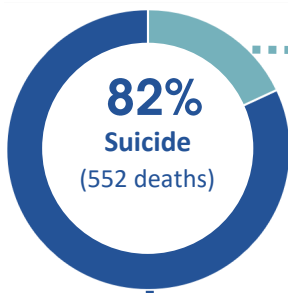
Homeless Veterans²
(estimated)

600

Veteran Health Administration facilities in Kentucky³

25

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



- 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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	35.6	27.9
Females	22.1	6.4
Total	34.6	15.8

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

Race/Ethnicity

94% White, Non-Hispanic

- 4% Black, non-Hispanic
- 1% Hispanic
- 1% Two or more races, other, or unknown race
- <1% Asian/Pacific Islander, non-Hispanic
- 0% American Indian/Alaska Native, non-Hispanic

Marital Status

45% Married**

- 27% Divorced
- 13% Widowed
- 11% Never married
- 5% Other/unknown status

**includes civil unions and domestic partnerships

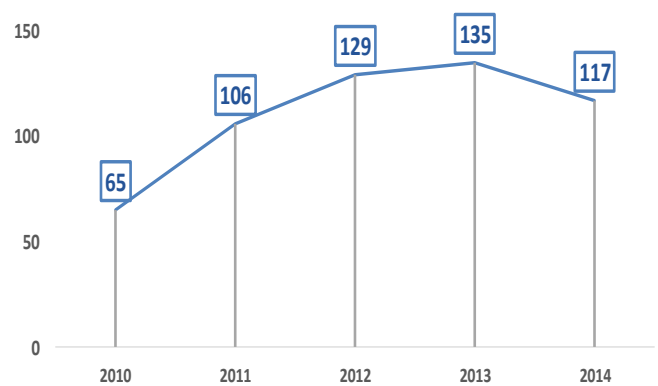
Education Status

50% High school/GED graduate

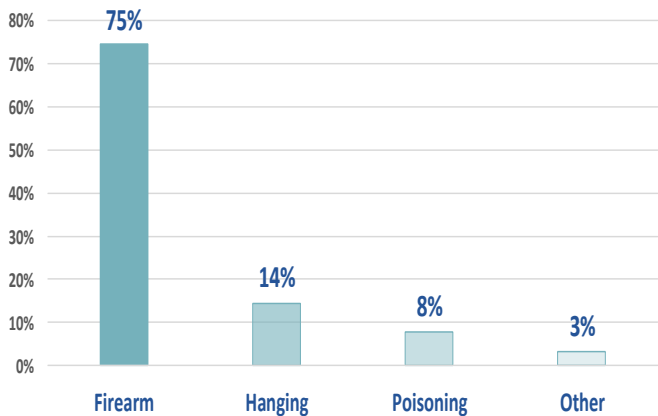
- 36% Some college credit or college degree
- 14% Less than a high school education
- 1% Unknown or missing education level

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: 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

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



Method of suicide deaths among veterans and armed forces in Kentucky



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 Maryland¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	416,027
Armed Forces (Age 16+)	26,322
Non-Veteran/Civilian (Age 18+)	4,096,486

Homeless Veterans²
(estimated)

654

Veteran Health Administration facilities in Maryland³

25

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



9%	Homicide (82 deaths)
0%	Unintentional firearm (0 deaths)
1%	Legal intervention (7 deaths)
30%	Undetermined (263 deaths)

> 6 times

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 in Maryland*+

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	25.5	18.2
Females	6.2***	4.5
Total	23.2	10.5

*** Rate based on <20 deaths

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

** includes civil unions and domestic partnerships

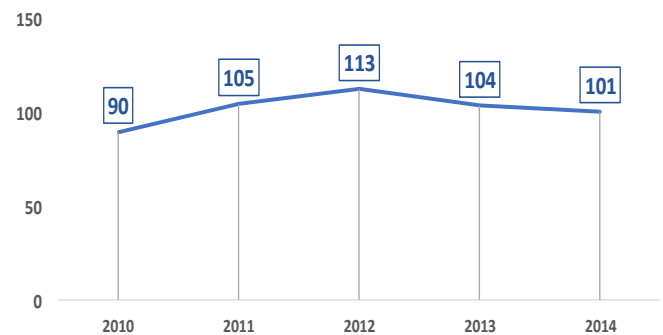
Education Status

46% Some college credit or college degree

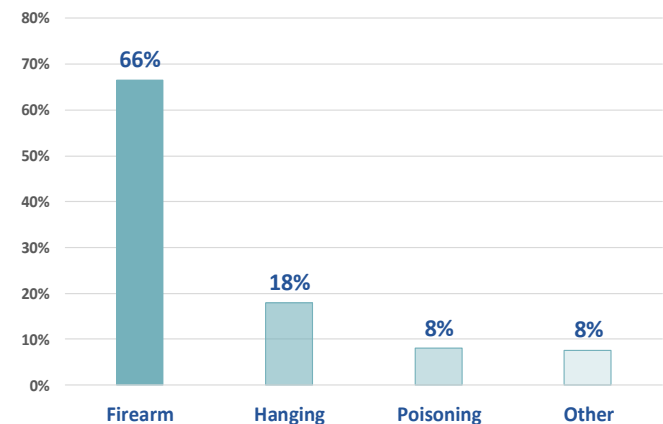
44%	High school or GED graduate
9%	Less than a high school education
1%	Unknown or missing education level

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

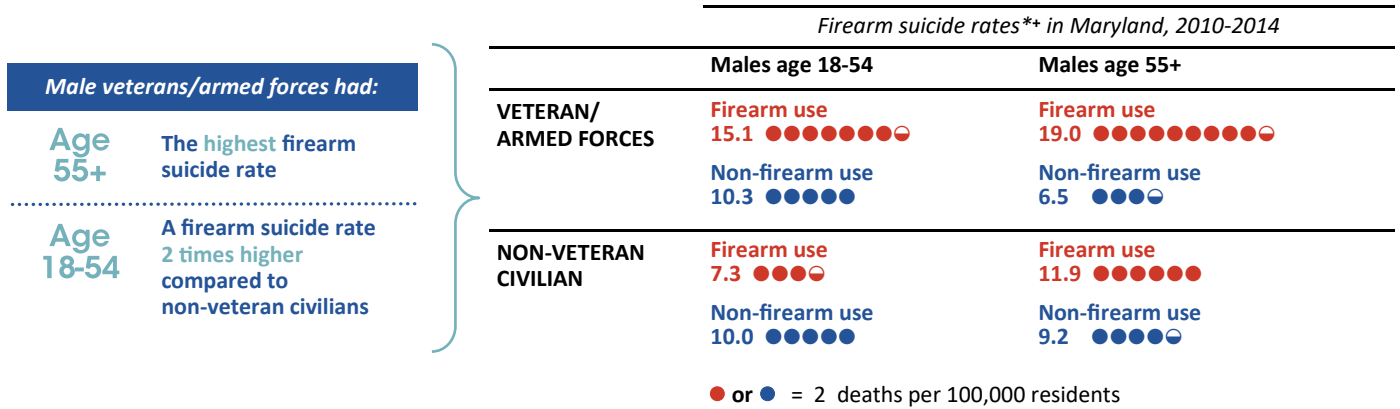
Annual number of suicide deaths among veterans and armed forces in Maryland



Method of suicide deaths among veterans and armed forces in Maryland



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



Male veterans/armed forces had:

Age 55+ The highest firearm suicide rate

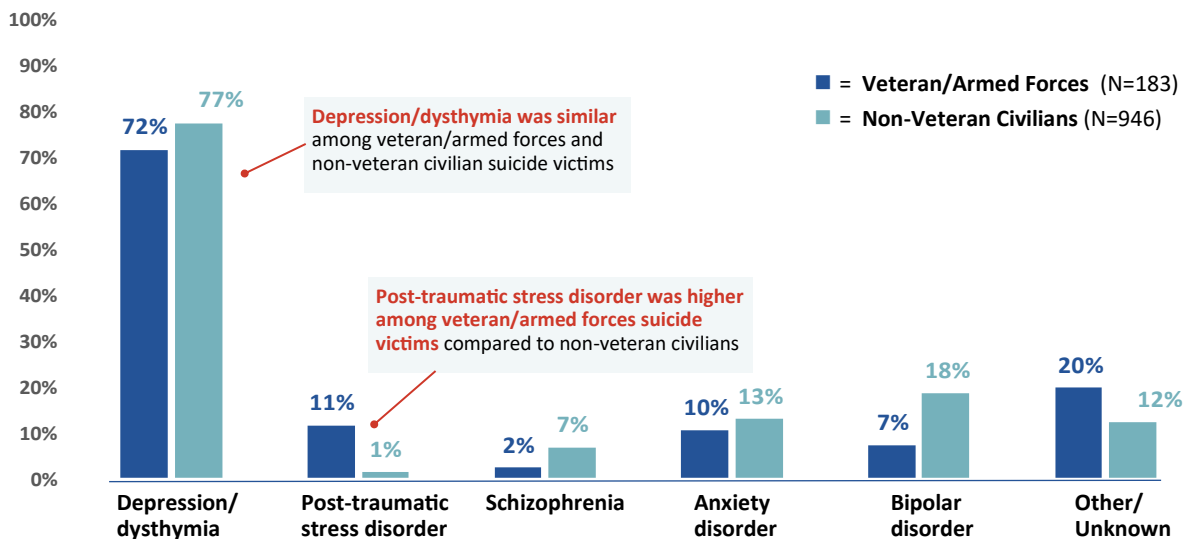
Age 18-54 A firearm suicide rate 2 times higher compared to non-veteran civilians

► 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.

AGE 18-34 12% (N=54)	AGE 35-54 26% (N=118)	AGE 55-64 18% (N=80)	AGE 65+ 44% (N=200)
39% Current mental health problem	38% Current mental health problem	44% Current mental health problem	50% Physical health problems
37% Intimate partner problems	34% Intimate partner problems	34% Job/financial problems	35% Current mental health problem
30% Ever treated for mental health or substance abuse problem	30% Ever treated for mental health or substance abuse problem	30% Physical health problems	22% Ever treated for mental health or substance abuse problem
20% History of attempting suicide	27% Job/financial problems	30% Ever treated for mental health or substance abuse problem	17% Recent/imminent crisis
17% Job/financial problems	19% Alcohol problem	20% Intimate partner problems	12% Intimate partner problems
17% Recent/imminent crisis			12% Other death of friend or family member
26% Suicide intent disclosed within last month	33% Suicide intent disclosed within last month	33% Suicide intent disclosed within last month	31% Suicide intent disclosed within last month
41% Left a suicide note	38% Left a suicide note	35% Left a suicide note	36% Left a suicide note

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



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

Suicide among Veterans and Armed Forces NEW JERSEY, 2010 - 2014

Data from the National Violent Death Reporting System (NVDRS)

New Jersey Violent Death Reporting System (NJVDRS) Joined the NVDRS: 2002 First year of data collection: 2003

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

Population estimates for New Jersey¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	416,037
Armed Forces (Age 16+)	6,970
Non-Veteran/Civilian (Age 18+)	6,415,283

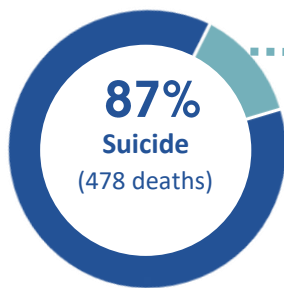
Homeless Veterans²
(estimated)

630

Veteran Health Administration facilities in New Jersey³

25

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



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

> 8 times

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.

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

17% Males
1% Females
14% Total

Suicide rates in New Jersey**

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	23.4	15.4
Females	8.5***	4.4
Total	22.6	9.3

*** Rate based on <20 deaths

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

Race/Ethnicity

89% White, Non-Hispanic

- 7% Black, non-Hispanic
- 2% Hispanic
- 2% Two or more races, other, or unknown race
- 0% American Indian/Alaska Native, non-Hispanic
- 0% Asian/Pacific Islander, non-Hispanic

Marital Status

46% Married**

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

** includes civil unions and domestic partnerships

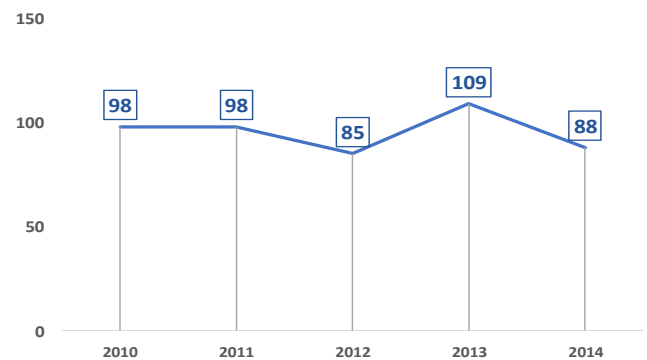
Education Status

52% High school/GED graduate

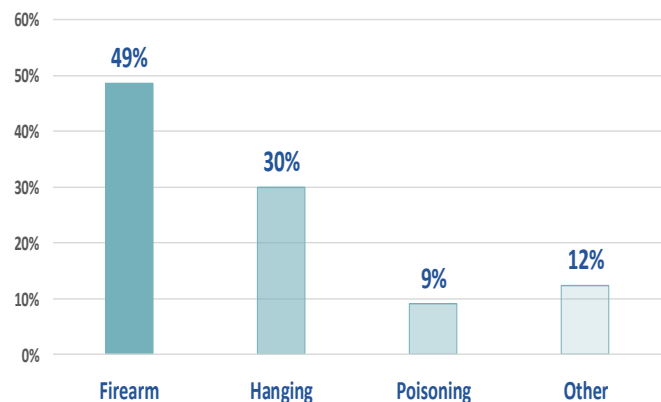
- 40% Some college credit or college degree
- 8% Less than a high school education
- 1% Unknown or missing education level

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: 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

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

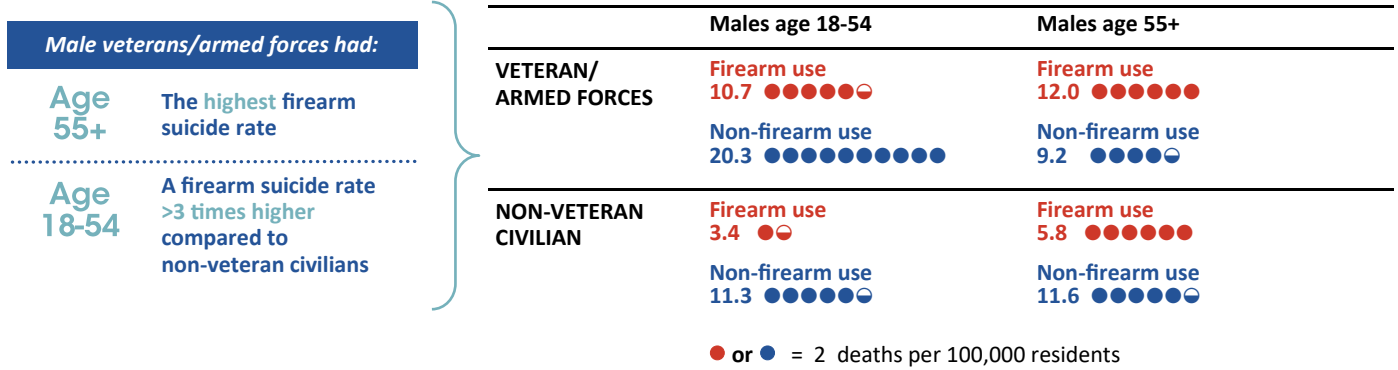


Method of suicide deaths among veterans and armed forces in New Jersey



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

Firearm suicide rates** in New Jersey, 2010-2014

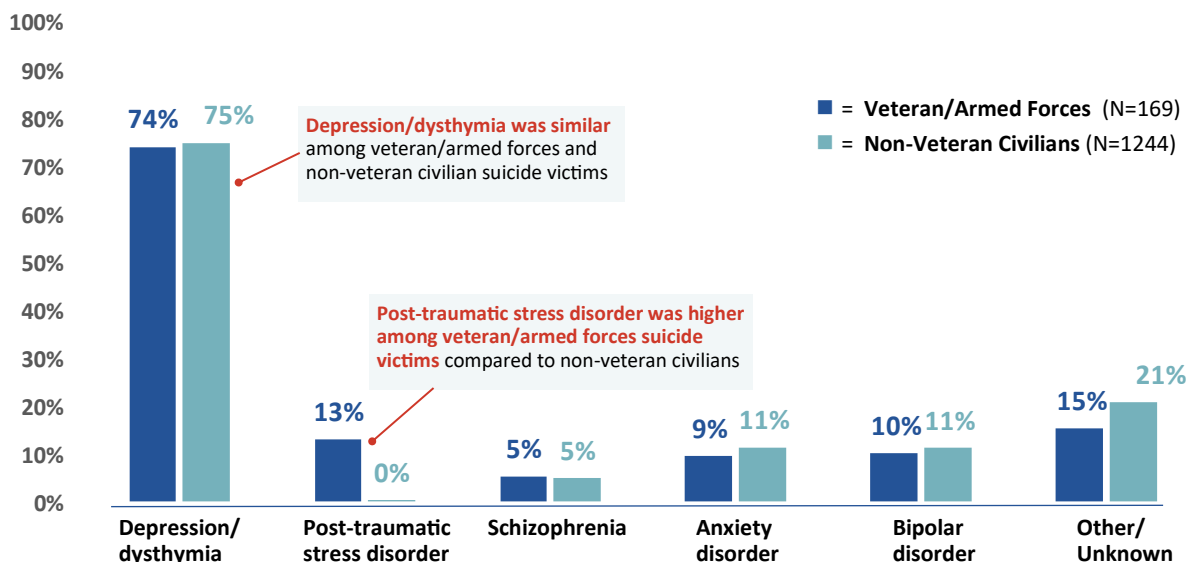


► Suicide circumstances by life stage among male veterans and armed forces in New Jersey

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.

AGE 18-34	AGE 35-54	AGE 55-64	AGE 65+
8% (N=34)	23% (N=94)	19% (N=81)	50% (N=208)
53% Current mental health problem	44% Current mental health problem	37% Current mental health problem	48% Physical health problems
50% Ever treated for mental health or substance abuse problem	44% Ever treated for mental health or substance abuse problem	35% Ever treated for mental health or substance abuse problem	37% Current mental health problem
38% Intimate partner problems	30% Intimate partner problems	22% Job/financial problems	34% Ever treated for mental health or substance abuse problem
32% Non-alcohol substance abuse problem	28% Job/financial problems	20% Recent/imminent crisis	24% Recent/imminent crisis
29% Recent/imminent crisis	23% Recent/imminent crisis	19% History of attempting suicide	10% Other death of friend or family member
15% Suicide intent disclosed within last month	16% Suicide intent disclosed within last month	10% Suicide intent disclosed within last month	16% Suicide intent disclosed within last month
32% Left a suicide note	32% Left a suicide note	42% Left a suicide note	35% Left a suicide note

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



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.

Population estimates for New Mexico¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	170,321
Armed Forces (Age 16+)	8,526
Non-Veteran/Civilian (Age 18+)	1,390,361

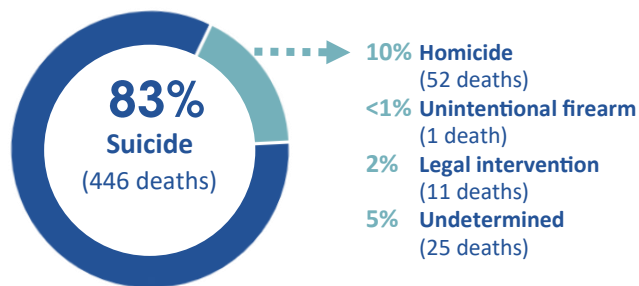
Homeless Veterans²
(estimated)

318

Veteran Health Administration facilities in New Mexico³

20

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



> 8 times

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 **

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	52.1	37.6
Females	27.8	12.4
Total	49.9	23.4

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

Race/Ethnicity

76% White, Non-Hispanic

19% Hispanic
2% American Indian/Alaska Native, non-Hispanic
2% Two or more races, other, or unknown race
1% Black, non-Hispanic
<1% Asian/Pacific Islander, non-Hispanic

Marital Status

42% Married**

28% Divorced
18% Never married
10% Widowed
2% Other/unknown status

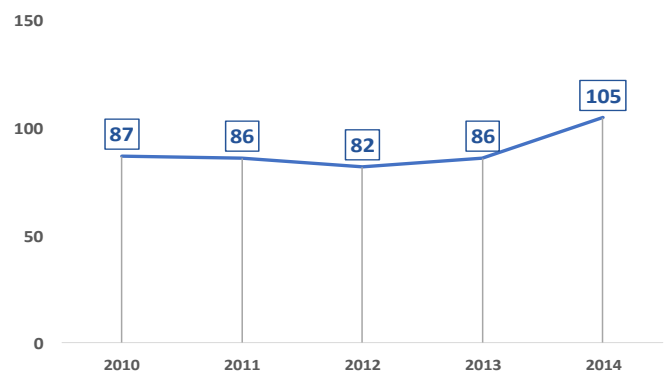
**includes civil unions and domestic partnerships

Education Status

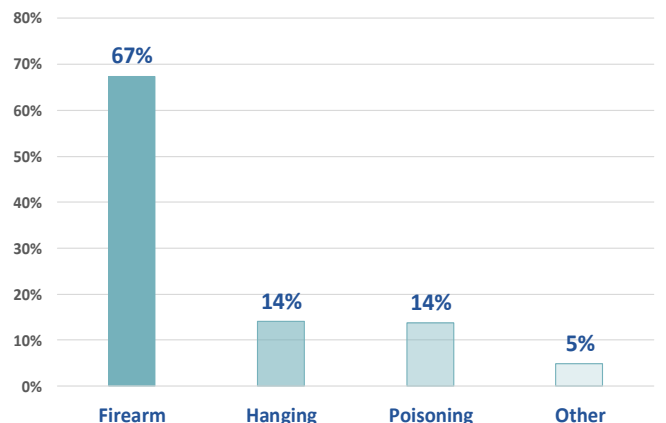
61% Some college credit or college degree

31% High school or GED graduate
5% Less than a high school education
3% Unknown or missing education level

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



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



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

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.

Population estimates for North Carolina¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	709,471
Armed Forces (Age 16+)	85,760
Non-Veteran/Civilian (Age 18+)	6,670,975

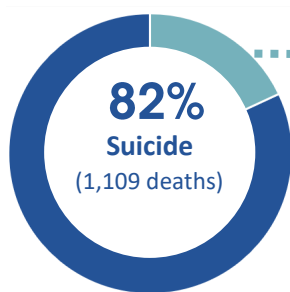
Homeless Veterans²
(estimated)

1,164

Veteran Health Administration facilities in North Carolina³

39

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



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

Almost 6 times

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

23% Males
3% Females
18% Total

Suicide rates in North Carolina * +

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	29.6	24.9
Females	10.8	7.6
Total	27.9	15.0

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

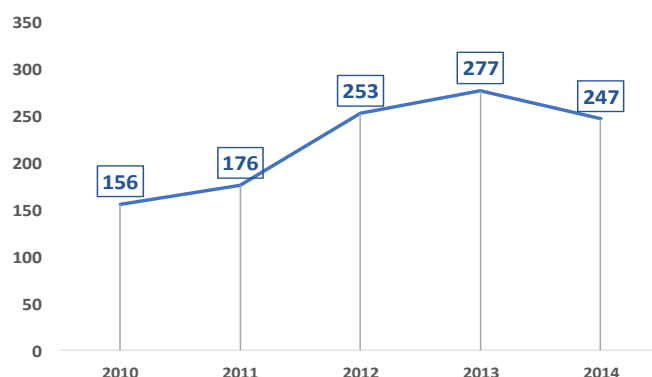
**includes civil unions and domestic partnerships

Education Status

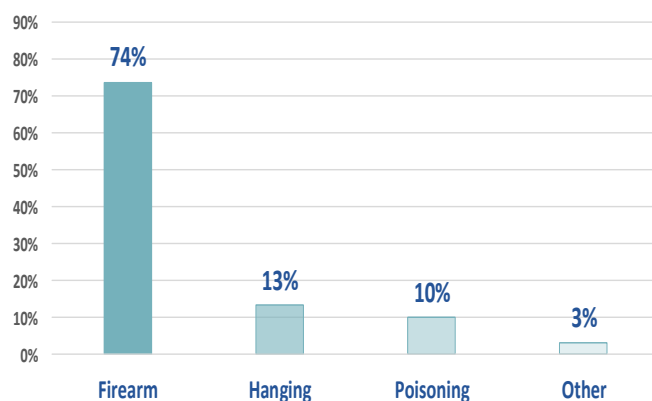
37% Some college credit or college degree

- 34% High school or GED graduate
- 6% Less than a high school education
- 23% Unknown or missing education level

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



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



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

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.

Population estimates for Ohio¹ (Average annual estimate, 2011-2014)

Veteran (Age 18+)	819,311
Armed Forces (Age 16+)	8,415
Non-Veteran/Civilian (Age 18+)	8,076,630

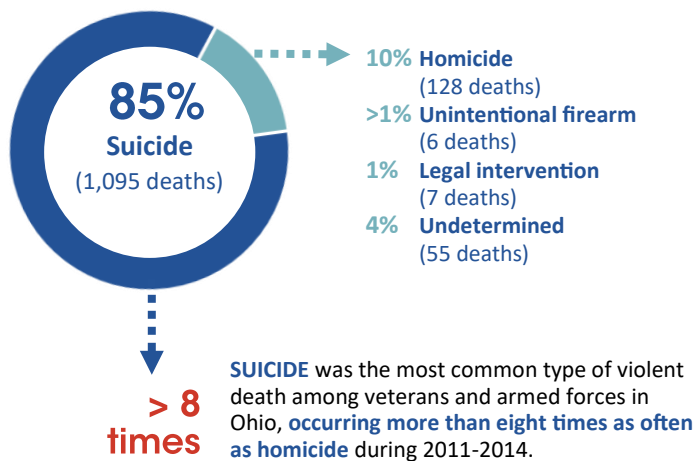
Homeless Veterans²
(estimated)

1,236

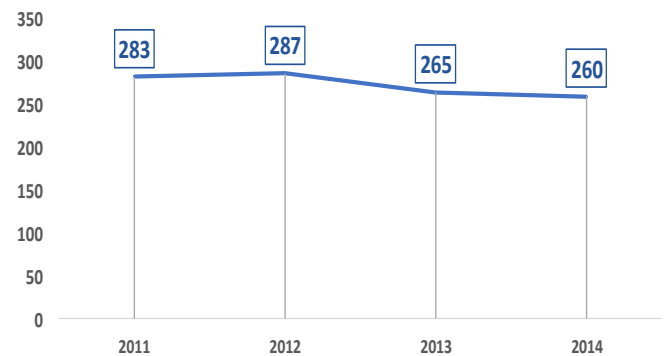
Veteran Health Administration facilities in Ohio³

47

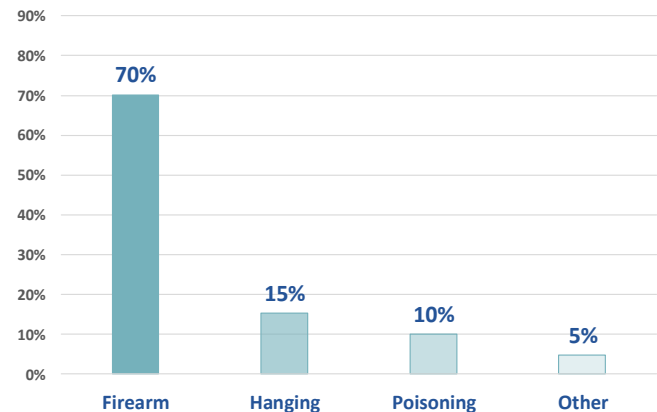
Types of violent deaths among veterans and armed forces in Ohio (N=1,291)



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



Method of suicide deaths among veterans and armed forces in Ohio



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

23%	Males
2%	Females
18%	Total

Suicide rates in Ohio**

Suicide rates were higher among veterans and armed forces in Ohio in 2011-2014

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	34.4	25.3
Females	13.0	6.7
Total	33.1	14.8

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

**includes civil unions and domestic partnerships

Education Status

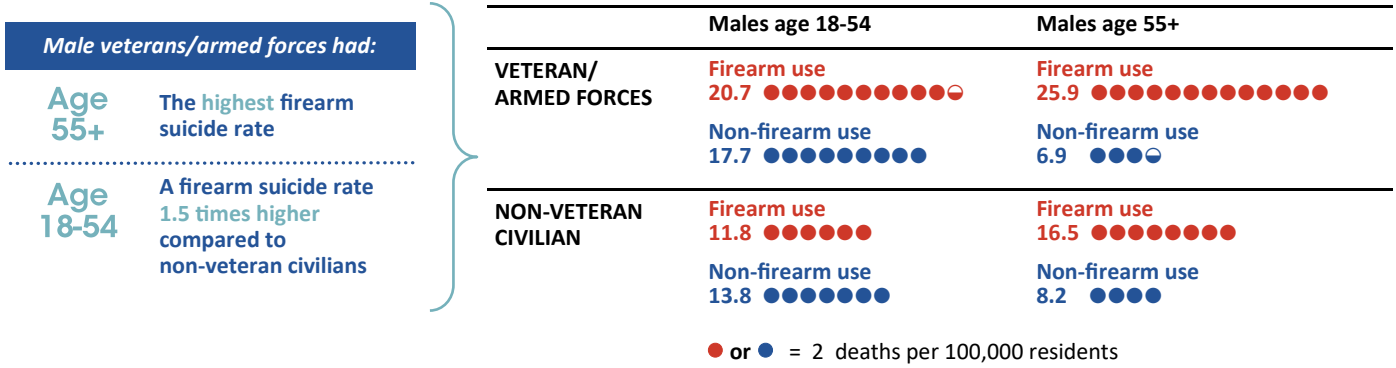
57% High school/GED graduate

- 32% Some college credit or college degree
- 9% Less than a high school education
- 1% Unknown or missing education level

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 Ohio**

Firearm suicide rates** in Ohio, 2010-2014

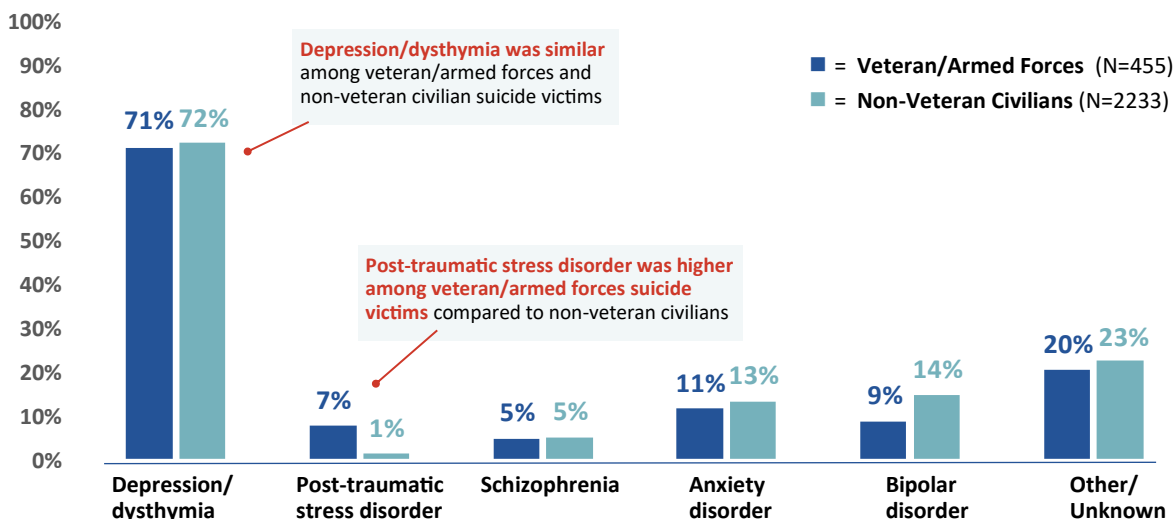


► Suicide circumstances by life stage among male veterans and armed forces in Ohio

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.

AGE 18-34 10% (N=93)	AGE 35-54 23% (N=215)	AGE 55-64 21% (N=193)	AGE 65+ 46% (N=432)
57% Current mental health problem	46% Current mental health problem	55% Current mental health problem	53% Physical health problems
48% Intimate partner problems	41% Intimate partner problems	44% Ever treated for mental health or substance abuse problem	42% Current mental health problem
40% Ever treated for mental health or substance abuse problem	36% Ever treated for mental health or substance abuse problem	33% Recent/imminent crisis	25% Recent/imminent crisis
39% Recent/imminent crisis	35% Recent/imminent crisis	24% Physical health problems	24% Ever treated for mental health or substance abuse problem
26% Argument or conflict	30% Job/financial problems	20% Job/financial problems	13% Other death of friend or family member
27% Suicide intent disclosed within last month	26% Suicide intent disclosed within last month	20% Suicide intent disclosed within last month	24% Suicide intent disclosed within last month
35% Left a suicide note	40% Left a suicide note	39% Left a suicide note	33% Left a suicide note

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



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.

Population estimates for Oklahoma¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	304,035
Armed Forces (Age 16+)	18,726
Non-Veteran/Civilian (Age 18+)	2,554,819

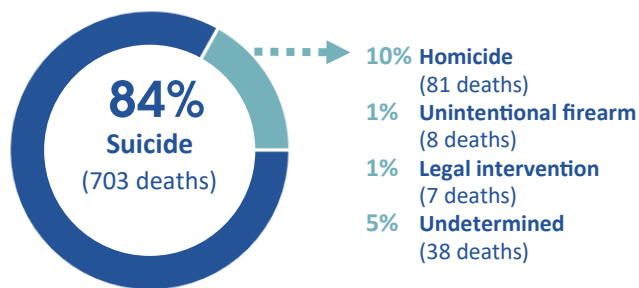
Homeless Veterans²
(estimated)

408

Veteran Health Administration facilities in Oklahoma³

21

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



> 8 times

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	45.8	34.1
Females	17.4	9.5
Total	43.6	20.2

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

**includes civil unions and domestic partnerships

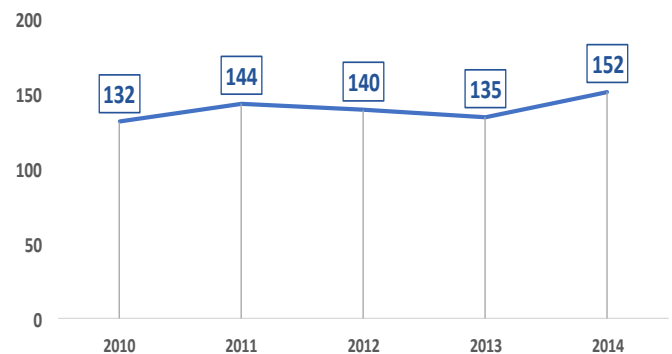
Education Status

47% Some college credit or college degree

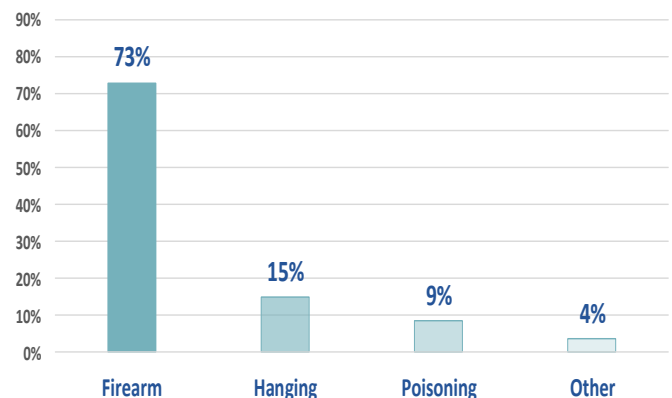
43% High school or GED graduate
10% Less than a high school education
1% Unknown or missing education level

Percents may not equal 100% due to rounding. *All rates are 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

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



Method of suicide deaths among veterans and armed forces in Oklahoma



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)

Veteran (Age 18+)	313,261
Armed Forces (Age 16+)	2,739
Non-Veteran/Civilian (Age 18+)	2,724,254

Homeless Veterans²
(estimated)

1,292

Veteran Health Administration facilities in Oregon³

28

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



- 5% Homicide (47 deaths)
- <1% Unintentional firearm (4 deaths)
- 2% Legal intervention (19 deaths)
- 6% Undetermined (59 deaths)

> 16 times

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	52.0	32.4
Females	24.2	9.8
Total	50.0	19.7

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

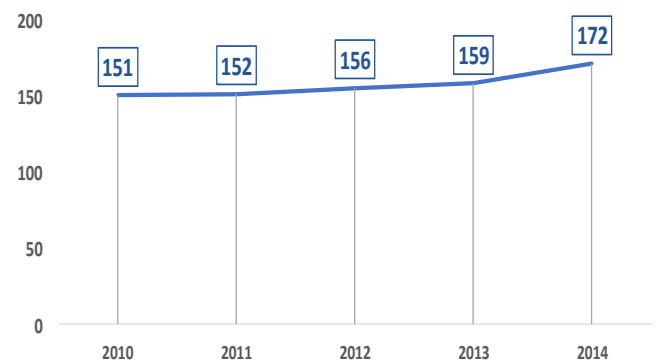
**includes civil unions and domestic partnerships

Education Status

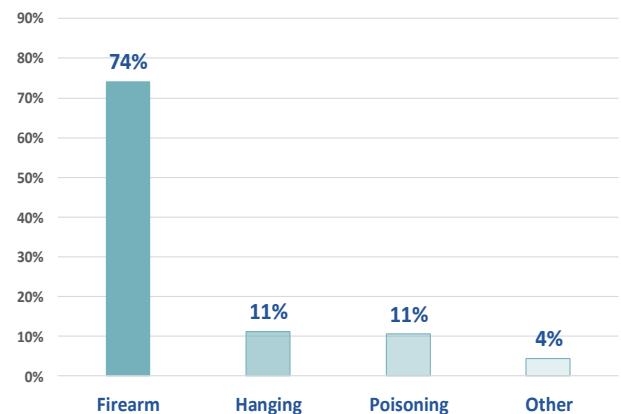
48% Some college credit or college degree

- 41% High school or GED graduate
- 9% Less than a high school education
- 2% Unknown or missing education level

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



Method of suicide deaths among veterans and armed forces in Oregon



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

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.

Population estimates for Rhode Island¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	68,506
Armed Forces (Age 16+)	3,316
Non-Veteran/Civilian (Age 18+)	764,004

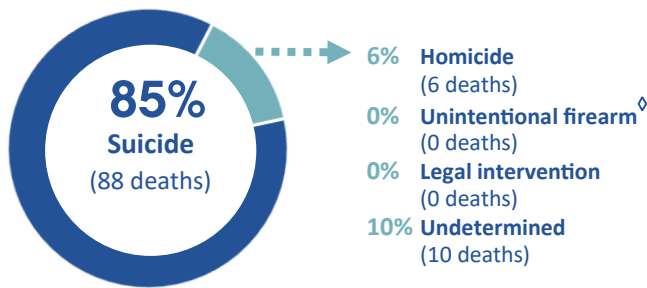
Homeless Veterans²
(estimated)

108

Veteran Health Administration facilities in Rhode Island³

3

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



> 14 times

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.

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

19% Males
2% Females
15% Total

Suicide rates in Rhode Island**

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	25.3	22.1
Females	—***	5.5
Total	24.5	12.7

*** Rate not calculated, cell <5

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

** includes civil unions and domestic partnerships

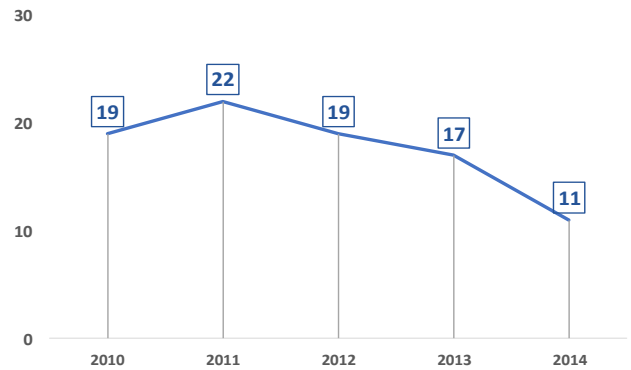
Education Status

98% Unknown/missing educational level

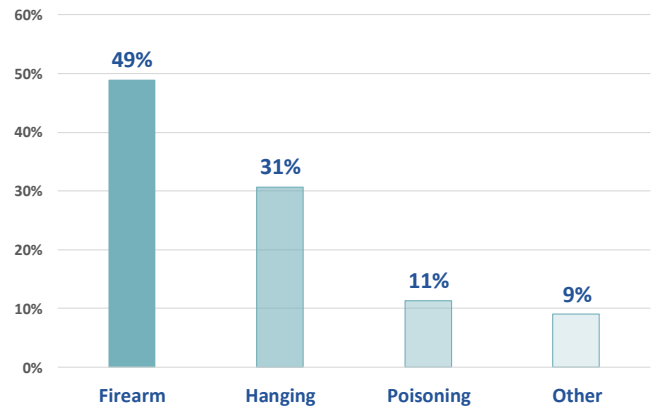
1% Some college credit or college degree
1% Less than a high school education
0% High school or GED graduate

Percents 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: 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

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



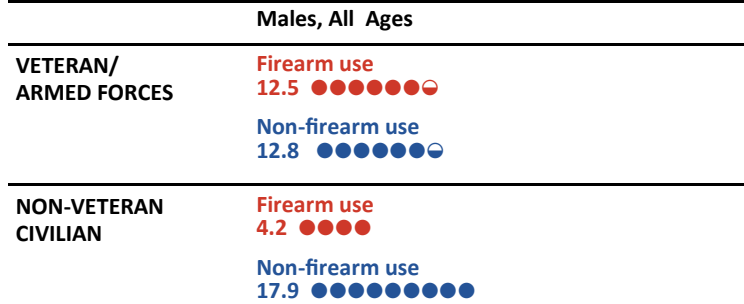
Method of suicide deaths among veterans and armed forces in Rhode Island



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

Firearm suicide rates** in Rhode Island, 2010-2014

Male veterans/armed forces had:
A firearm suicide rate 3 times higher compared to non-veteran civilians



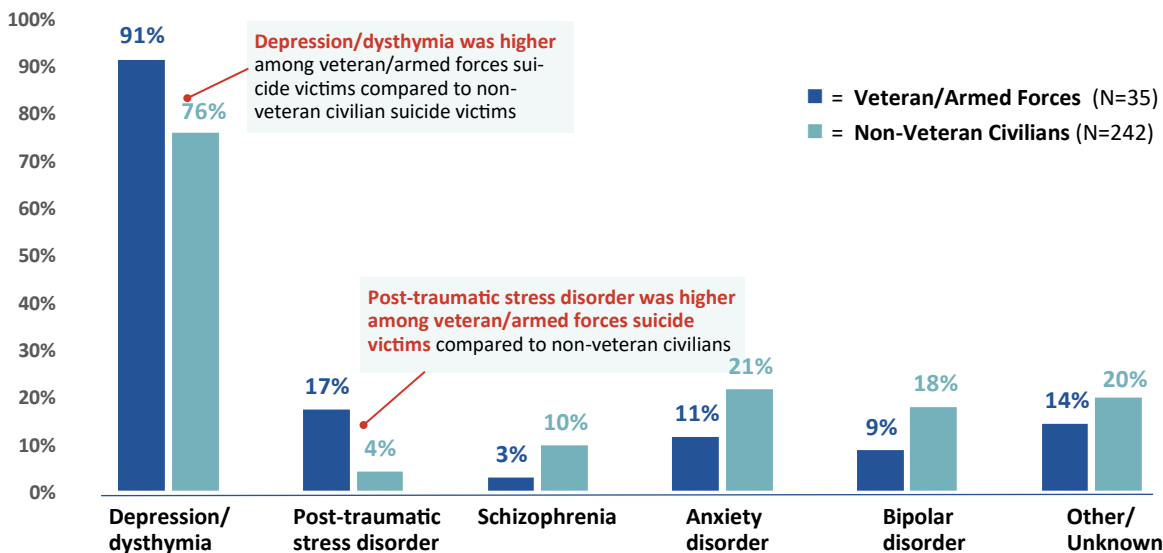
● or ● = 2 deaths per 100,000 residents

► 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.

AGE 18-34	AGE 35-54	AGE 55-64	AGE 65+
9% (N=7)	31% (N=25)	21% (N=17)	40% (N=32)
— Not calculated, n<5	68% Current mental health problem	47% Intimate partner problems	47% Physical health problems
— Not calculated, n<5	64% Ever treated for mental health or substance abuse problem	29% Physical health problems	38% Ever treated for mental health or substance abuse problem
— Not calculated, n<5	48% Job/financial problems	29% Current mental health problem	31% Current mental health problem
— Not calculated, n<5	36% Alcohol problem	29% Ever treated for mental health or substance abuse problem	22% Recent/imminent crisis
— Not calculated, n<5	32% Recent/imminent crisis	29% Recent/imminent crisis	16% Intimate partner problems
— Suicide intent disclosed within last month n<5	32% Suicide intent disclosed within last month	— Suicide intent disclosed within last month n<5	16% History of attempting... suicide
0% Left a suicide note	32% Left a suicide note	47% Left a suicide note	— Suicide intent disclosed within last month n<5
			31% Left a suicide note

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



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.

Population estimates for South Carolina¹ (Average annual estimate, 2010-2012)

Veteran (Age 18+)	399,931
Armed Forces (Age 16+)	34,066
Non-Veteran/Civilian (Age 18+)	3,165,466

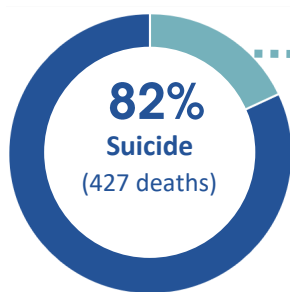
Homeless Veterans²
(estimated)

703

Veteran Health Administration facilities in South Carolina³

21

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



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

> 5 times

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 in South Carolina* +

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	35.1	26.1
Females	9.9***	7.9
Total	32.8	15.6

*** Rate based on <20 deaths

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

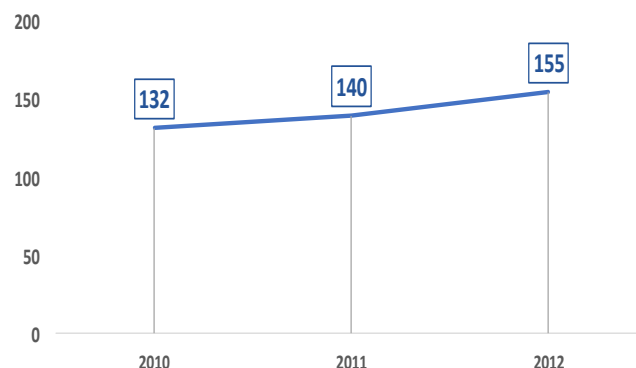
** includes civil unions and domestic partnerships

Education Status

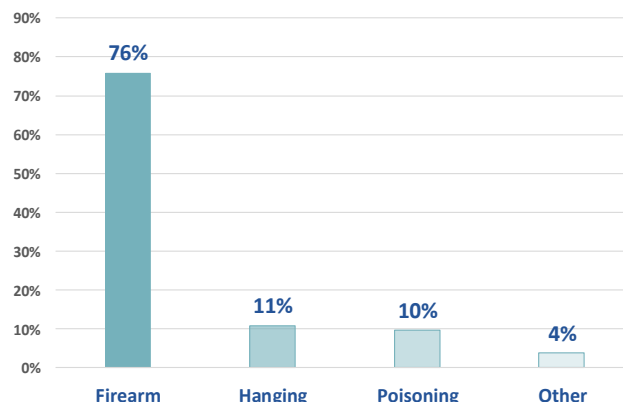
48% Some college credit or college degree

- 43% High school or GED graduate
- 8% Less than a high school education
- 1% Unknown or missing education level

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



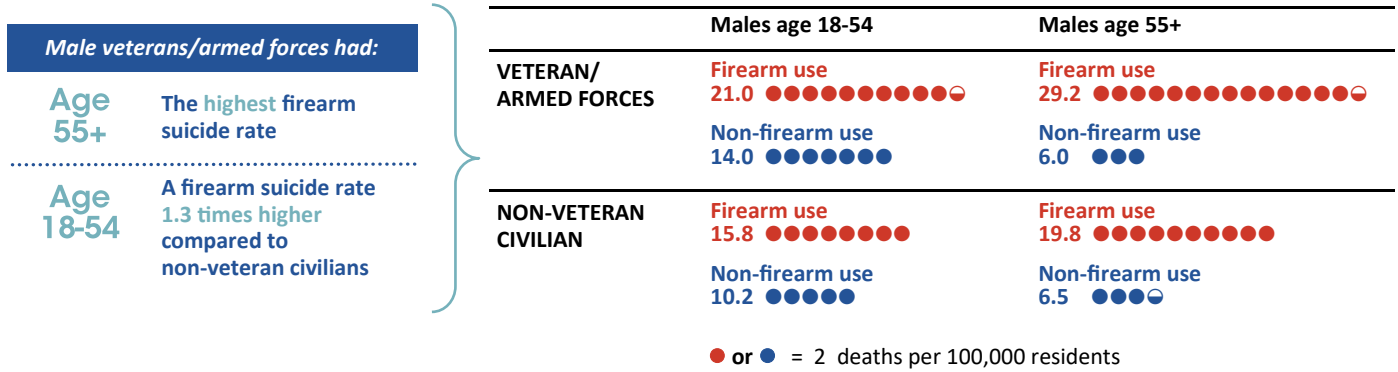
Method of suicide deaths among veterans and armed forces in South Carolina



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 South Carolina*+

Firearm suicide rates** in South Carolina, 2010-2012



Male veterans/armed forces had:

Age 55+ The highest firearm suicide rate

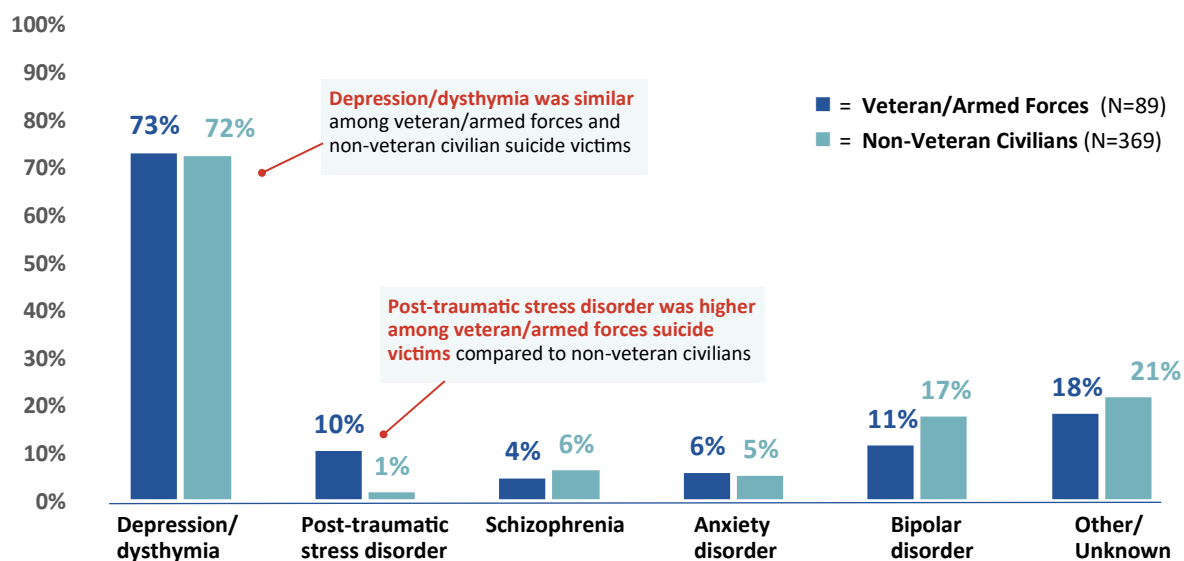
Age 18-54 A firearm suicide rate 1.3 times higher compared to non-veteran civilians

► 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.

AGE 18-34 13% (N=41)	AGE 35-54 24% (N=78)	AGE 55-64 21% (N=69)	AGE 65+ 43% (N=140)
37% Intimate partner problems	41% Current mental health problem	30% Physical health problems	61% Physical health problems
24% Job/financial problems	37% Intimate partner problems	26% Current mental health problem	18% Current mental health problem
22% Current mental health problem	26% Job/financial problems	25% Job/financial problems	11% Intimate partner problems
12% Ever treated for mental health or substance abuse problem	21% Ever treated for mental health or substance abuse problem	16% History of attempting suicide	11% Ever treated for mental health or substance abuse problem
12% History of attempting suicide	21% History of attempting suicide	14% Alcohol problem	8% Alcohol problem
29% Suicide intent disclosed within last month	26% Suicide intent disclosed within last month	20% Suicide intent disclosed within last month	28% Suicide intent disclosed within last month
27% Left a suicide note	26% Left a suicide note	30% Left a suicide note	30% Left a suicide note

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



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.

Population estimates for Utah¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	140,942
Armed Forces (Age 16+)	4,396
Non-Veteran/Civilian (Age 18+)	1,823,842

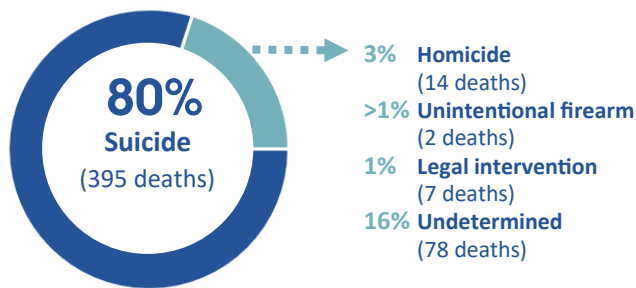
Homeless Veterans²
(estimated)

317

Veteran Health Administration facilities in Utah³

11

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



> 28 times

SUICIDE 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	Non-Veteran Civilians
Males	55.7	35.9
Females	35.5***	10.7
Total	54.4	22.3

*** Rate based on <20 deaths.

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

** includes civil unions and domestic partnerships

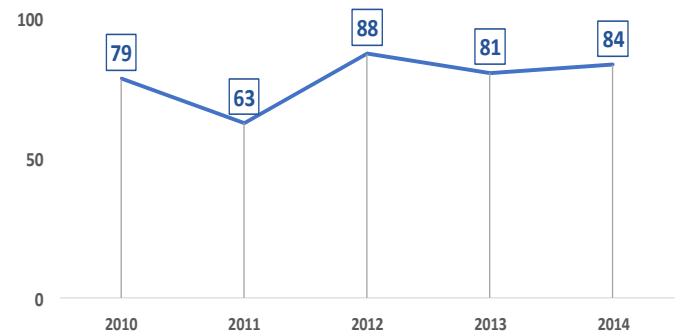
Education Status

61% Some college credit or college degree

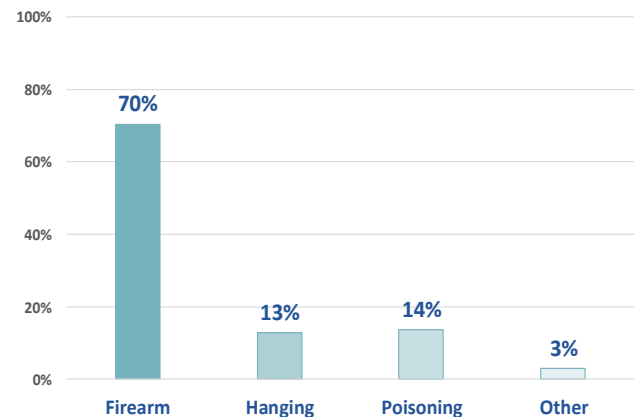
- 32% High school or GED graduate
- 6% Less than a high school education
- 2% Unknown or missing education level

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

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



Method of suicide deaths among veterans and armed forces in Utah



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.

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

Veteran (Age 18+)	718,034
Armed Forces (Age 16+)	108,658
Non-Veteran/Civilian (Age 18+)	5,496,232

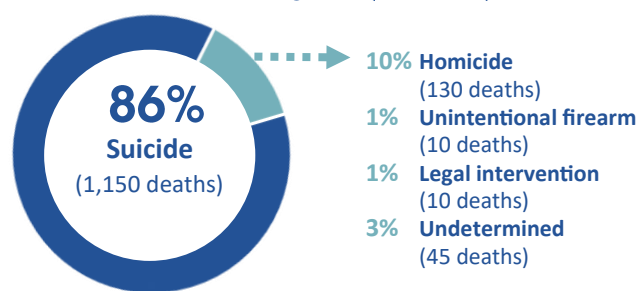
Homeless Veterans²
(estimated)

620

Veteran Health Administration facilities in Virginia³

27

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



> 8 times

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

27% Males
4% Females
22% Total

Suicide rates in Virginia**

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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	30.5	24.1
Females	9.4	6.8
Total	27.8	14.2

Demographics of veterans and 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

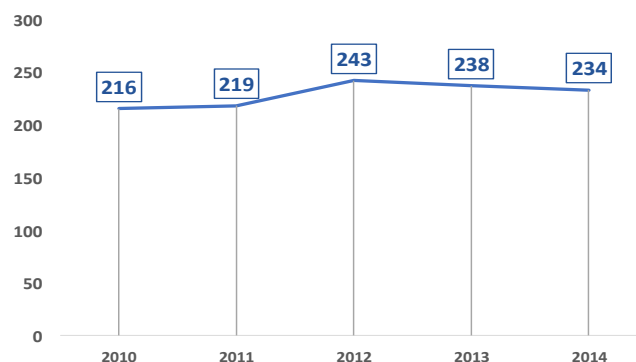
**includes civil unions and domestic partnerships

Education Status

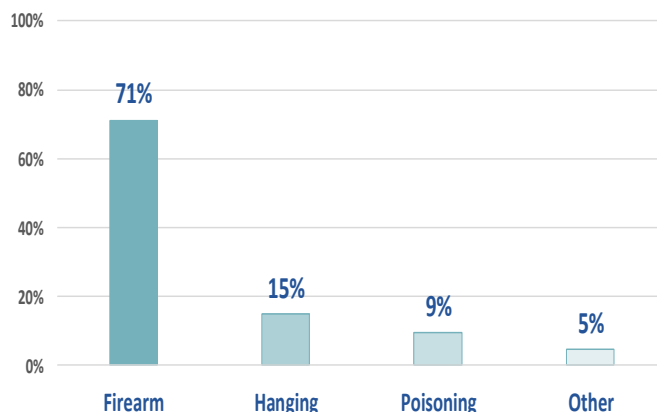
47% Some college credit or college degree

41% High school or GED graduate
11% Less than a high school education
1% Unknown or missing education level

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



Method of suicide deaths among veterans and armed forces in Virginia



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

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.

Population estimates for Wisconsin¹ (Average annual estimate, 2010-2014)

Veteran (Age 18+)	395,931
Armed Forces (Age 16+)	2,631
Non-Veteran/Civilian (Age 18+)	4,009,469

Homeless Veterans²
(estimated)

520

Veteran Health Administration facilities in Wisconsin³

28

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



- 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

	Veterans/ Armed Forces	Non-Veteran Civilians
Males	36.2	25.1
Females	18.2	6.7
Total	35.0	15.0

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

Race/Ethnicity

95% White, Non-Hispanic

- 2% Black, non-Hispanic
- 1% Hispanic
- 1% American Indian/Alaska Native, non-Hispanic
- 1% Two or more races, other, or unknown race
- 0% Asian/Pacific Islander, non-Hispanic

Marital Status

44% Married**

- 25% Divorced
- 18% Never married
- 11% Widowed
- 1% Other/unknown status

**includes civil unions and domestic partnerships

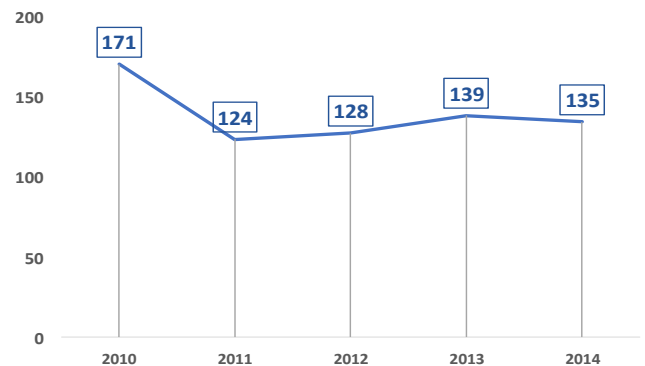
Education Status

47% High school/GED graduate

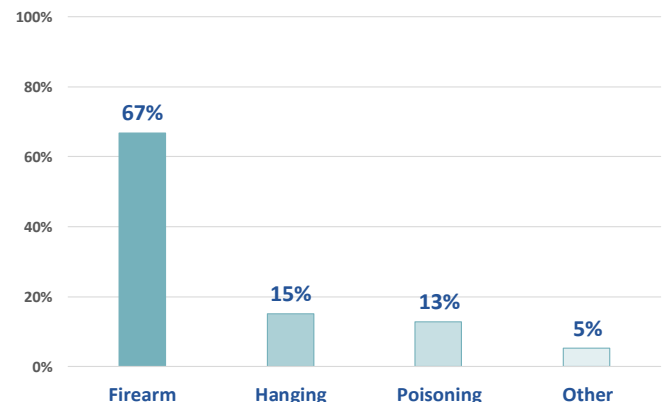
- 43% Some college credit or college degree
- 10% Less than a high school education
- <1% Unknown or missing education level

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: 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

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



Method of suicide deaths among veterans and armed forces in Wisconsin



5 ANALYSIS CONSIDERATIONS

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

VIOLENT DEATH CASE DEFINITION

The NVDRS 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

ABTRACTOR-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]¹).

OCCURRENT DEATHS AND OCCURRENT RATE CALCULATIONS

The NVDRS captures both resident and occurrent deaths. Resident deaths are those in which the decedent was a resident of the reporting state at the time of fatal injury, regardless of whether the injury 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

6 APPENDIX A: Definition of Terms

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

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

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

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

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

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

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

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

Depressed mood: A suicide circumstance in which the person was noted by others to be sad, despondent, down, blue, unhappy, etc. 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>

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?”¹⁶ 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.

7 APPENDIX B: Methods

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

- Each participating state collects information from death certificates, medical examiner/coroner reports, and law enforcement 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*.¹¹ Additional information on data collection and definitions is available in the NVDRS Coding Manual.¹²

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.⁸ 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.¹⁷ 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.¹⁴

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

As mentioned above, occurrent deaths can include both in-state and out-of-state residents. Use of an occurrent rate emphasizes the total burden of violent death in a state. The rates of occurrent deaths per 100,000 population were calculated using 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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- Brown S, Casanave L, Yang Y, Haddad D and Stromberg A. *Deaths from violence: A Look at 18 States — Data from the National Violent Death Reporting System*. September 2013.