WASHINGTON STATE VIOLENT DEATH REPORTING SYSTEM

Sharing Suicide Data to Save Lives

National Violent Death Reporting System (NVDRS)

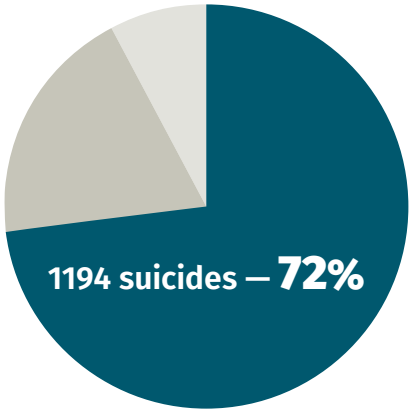
NVDRS is the only state-based surveillance system that pools more than 600 unique data elements from:

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

NVDRS data covers all types of violent deaths, including firearm-related unintentional injury deaths, suicides, homicides, and undetermined deaths.

In 2020, 1659 violent deaths were reported into Washington Violent Death Reporting System (WA-VDRS). Of the total deaths reported from all 39 counties in WA, 1194 (72%) were suicides.

1659 violent deaths 2020



Who, When, Where, How and Why

NVDRS collects data on the **Who**, **When**, **Where**, and **How** of violent deaths to help us better understand **Why** they occurred. In Washington State, suicide by firearm was more prevalent among men than women in 2019. The most common means of death by suicide for women was poisoning. Most firearms used were handguns, and 22% of the firearms belonged to the victim, while over 60% were of unknown ownership. Studies show that reducing access to lethal means during a crisis saves lives.

More than half of all people who died by suicide were affected by depressed moods and mental health problems (54.7%). 20% of people disclosed suicide intent, most often to an intimate partner, followed by family members, then friends/colleagues.

In Washington, means and circumstances related to suicide—such as relationship and life stressors—change over the lifespan. In all age groups the majority of suicides happen at home where help and attention may be available to those in distress.

Of the 1257 suicides:

77.2% were males

61.1% happened at home

42.0% involved a firearm

36.7% history of suicide thoughts

26.2% left a suicide note

19.0% served in the military

Age: 18 to 24
Means:
57.1% by firearm
19.8% by hanging, strangulation, suffocation
Circumstances:
30.6% had an intimate partner problem
26.1% had suicide attempt history
14.4% had non-alcohol substance abuse problem

10.6%

Age: 25 to 64
Means:
36.5% by firearm
24.8% by hanging, strangulation, suffocation
Circumstances:
34.6% had an intimate partner problem
22.3% had an alcohol problem
23.0% had a non-alcohol substance use problem

67.7%

Suicide Means and Circumstances Change Across Lifespan

Age: under 18
Means:
34.9% by hanging, strangulation, suffocation
30.2% by firearm
Circumstances:
42.9% had a family relationship problem
31.4% had a recent argument/conflict
20.5% had a school problem

3.6%

Age: 65 and older
Means:
55.8% by firearm
11.5% by poisoning
Circumstances:
53.3% had a physical health problem
72.7% of suicides occurred at home
38.8% owned the firearm used

18.2%

Suicide is preventable — Everyone can play a role

Suicide prevention requires a comprehensive approach that occurs at all levels of society. The Centers for Disease Control and Prevention (CDC) has developed a set of strategies to help states, communities, and individuals reduce risk and increase resilience:

- **Create** protective environments
- **Promote** connectedness
- **Teach** coping and problem-solving skills
- **Identify** and **support** people at risk
- **Lessen** harms and **prevent** future risk
- **Strengthen** economic supports
- **Strengthen** access and delivery of suicide care

For planning and prevention resources visit CDC's Suicide Prevention website.

More Resources

Means: Reducing a suicidal person's access to highly lethal means is an important part of suicide prevention. Learn more about means reduction at Harvard's Means Matters.

Location: The majority of Washington suicides occur in the home. Learn how to reduce access to lethal means before and during a crisis at Washington's Safer Homes.

Circumstances: Suicide is complex and many factors contribute to thoughts of suicide. Learn more from CDC's Vital Signs.

BeThe1To: If you think someone you know is considering suicide, talk to them and connect them to the support they need. Learn 5 Steps you can take to be a supportive and empathetic listener for them.

Lived Experience: If you are thinking of suicide or made a suicide attempt, please know that help is available. Along with supportive family and friends, people who have experienced thoughts of suicide and suicide attempt survivors have created strong peer communities. Learn more at Now Matters Now.

Postvention: It's important to support the individuals, families, and communities affected by suicide loss, to reduce the cycle of trauma and increased suicide risk. Learn more at the American Foundation for Suicide Prevention.

Be part of the solution

Preventing suicide involves families, communities, partnerships, and working across sectors.

Crisis Help

WA Listens
Stay connected

Support for increased stress due to COVID-19: WAlistens.org

Talk: 1-833-681-0211

Text: HEAL to 741741 if you or someone you know is in crisis.

988 SUICIDE & CRISIS LIFELINE

Washington State Department of HEALTH

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