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.

Between 2015 and 2017, 3698 violent deaths were reported into the Washington Violent Death Reporting System (WA-VDRS). Of the total deaths reported, 2835 (77%) were suicides.

**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, from 2015–2017, suicide by firearm was more prevalent among men than women. Most firearms used were handguns, and a quarter of the firearms were owned by those who died by suicide. 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. Twenty five percent of people disclosed suicide intent—most often to intimate partners, family members, and 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.

**Suicide Means and Circumstances Change Across Lifespan**

**Age: 10 to 17**

- **Means:**
  - 59% by hanging, strangulation, suffocation
  - 34% from firearm
- **Circumstances:**
  - 42% had a family relationship problem
  - 29% had a school problem
  - 22% had a recent argument/conflict

- **Suicide:** 4%

**Age: 18 to 24**

- **Means:**
  - 44% from firearm
  - 41% from hanging, strangulation, suffocation
- **Circumstances:**
  - 31% had an alcohol/substance abuse problem
  - 26% had an intimate partner problem

- **Suicide:** 11%

**Age: 25 to 64**

- **Means:**
  - 43% from firearm
  - 30% from hanging, strangulation, suffocation
- **Circumstances:**
  - 35% had an alcohol/substance abuse problem
  - 34% had an intimate partner problem
  - 23% had a financial/job problem

- **Suicide:** 67%

**Age: 65 and older**

- **Means:**
  - 62% from firearm
  - 18% by poisoning (includes drug overdose)
- **Circumstances:**
  - 60% had physical health problems
  - 49% had some type of a crisis in the past two weeks

- **Suicide:** 18%
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](https://www.cdc.gov/suicideprevention/) 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](https://meansmatters.harvard.edu/).

**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](http://www.seattle.gov/health/safety/safer-homes).

**Circumstances:** Suicide is complex and many factors contribute to thoughts of suicide. Learn more from [CDC’s Vital Signs](https://www.cdc.gov/vitalsigns/).

**BeThe1To:** If you think someone you know is considering suicide, talk to them and connect them to the support they need. [Learn 5 Steps](https://www.suicidepreventionlifeline.org/be-the-1-to) 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](https://www.nowmattersnow.org/).

**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](https://afsp.org/).

Be part of the solution

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

Crisis Help

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

OR contact the National Suicide Prevention Lifeline:

**Talk:** 1-800-273-TALK(8255)

**Chat:** suicidepreventionlifeline.org

For persons with disabilities, this document is available in other formats. Please call 800-525-0127 (TTY 711) or email civil.rights@doh.wa.gov.