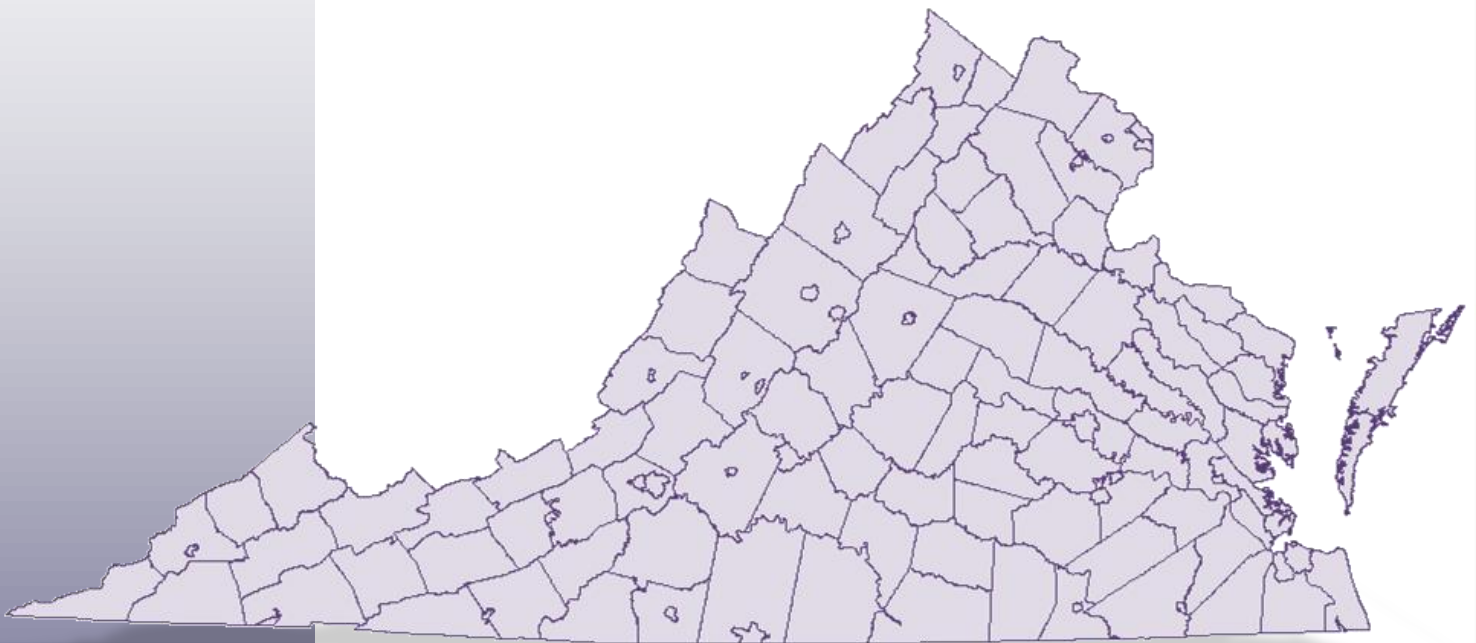


Women and Suicide in Virginia



VDH VIRGINIA
DEPARTMENT
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Protecting You and Your Environment



A report from the Virginia Violent Death Reporting System

**Commonwealth of Virginia
Virginia Department of Health
Office of the Chief Medical Examiner**

February, 2015

Women and Suicide in Virginia

A Report from the Virginia Violent Death Reporting System

February, 2015

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VVDRS online: <http://www.vdh.virginia.gov/medExam/NVDRS.htm>

This report was created to provide information that can be used to prevent violent death in the future. Please notify Marc Leslie (see contact information above) if you distribute or use any portion of this report for training, education, policy decisions, or other uses.

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INTRODUCTION

This report explores characteristics of women's suicide in Virginia for the ten year period between 2003 and 2012. Because most suicide decedents are men (77%), insights specific to women's suicide are often camouflaged by their male counterparts. Unique circumstances for women's suicide are discussed here to suggest prevention or intervention strategies that might be distinctive in reducing suicide among women.

Data figures and tables are provided in the Appendix to this report. Information and data are provided separately for women and for men to highlight the salient features of women's suicide. Data are also organized and discussed by age, because suicide risks and circumstances vary across the life course and age often impacts men and women differently.

DATA SOURCES

Suicide data in this report come from the Virginia Violent Death Reporting System (VVDRS). The VVDRS is part of the National Violent Death Reporting System (NVDRS). The NVDRS documents violent deaths within a state's borders.¹ It compiles information from death investigation sources, and links decedents to circumstances to explain why a violent death occurred. The VVDRS is the operation and reporting system of the NVDRS within Virginia, and uses the same methodology, definitions, coding schema, and database as the NVDRS.

The VVDRS project abstracts death investigation information from several sources, primarily the Office of the Chief Medical Examiner, law enforcement, the Virginia Division of Health Statistics, and the Virginia Department of Forensic Science. Each relevant death record is reviewed by a Coordinator who abstracts and manually enters the relevant information into the NVDRS database. Deaths entered into the NVDRS are reconciled with deaths reported by the Virginia Division of Health Statistics and the Virginia Office of the Chief Medical Examiner for comprehensive case identification.

WOMEN'S SUICIDE

Demographic and Background Characteristics

- ❖ Women are less likely to complete a suicide than men. In general, 23% of all suicide victims in Virginia are women. Women's suicide increased by 15% between 2003 and 2012, from a rate of 4.8 to 5.5. (Figures 1 and 2)
- ❖ Looking over the life course, women's greatest suicide risk occurs in middle age, from age groups 35 to 64. In contrast, men's suicide risk is highest after age 64. (Figures 3 and 4)
- ❖ Suicide decedents are overwhelmingly White among both men and women. Notably, Black men are five times more likely than Black women to end their lives, while the ratio among Whites is approximately three to one, and two to one among Asians and Native Americans. (Figures 5, 6, 7, and 8)
- ❖ Women who completed a suicide are most often never married until the age group 30-34. After this, they are most often married or divorced until the age group of 55-64, at which time women are most commonly widowed at the time of their suicide. (Figures 9 and 10)
- ❖ Women are typically employed at the time of their suicide. Starting at age 65, more women are retired or homemakers than are employed. Men who complete a suicide are most often employed until aged 65-74 when most men are retired. (Figures 11 and 12)

¹ Persons who died in Virginia, but were residents of another state, are excluded.

- ❖ Suicide rates are highest among those who completed high school for both women and men. Looking across the life span, women suicide decedents most commonly have more than a high school education until the ages of 75-84. Women with a high school education represent the highest percentages of women suicide decedents. (Figures 13, 14, 15, and 16)
- ❖ With regard to Health Planning Regions,² women in the Eastern region have the highest rates of suicide during the teenage years. After age 19, women's rates increase sharply in the Southwest region until age 44. Women's suicide rates are then highest in Northwest Virginia for the next decade of life, when the highest rates shift to the Central region of the state. After age 75, women's suicide rates are highest in Northern Virginia (Figures 17 and 18)

Method of Fatal Injury

- ❖ With regard to method of fatal injury, women die most often from poisoning or firearms. While women utilize poisons and firearms in relatively similar proportions, their firearm use is far less common than men's use, 34% versus 63%. Young women (10-19) and men (10-14) die most often by hanging/suffocation, but this method of injury decreases sharply over the rest of the life course. (Figures 19, 20, 21, and 22)
- ❖ Among women who died from poisoning, most used at least one prescription drug (87%). Common substances used for poisoning include alcohol (14%), diphenhydramine (13%), oxycodone (13%), amitriptyline (11%), citalopram (11%), hydrocodone (11%), alprazolam (10%), and acetaminophen (9%).

Health and Mental Health

- ❖ Women are much more frequently characterized with having a mental health problem and receiving treatment at the time of death when compared with men. (Figures 23 and 24)
- ❖ Common diagnoses for women with a mental health problem are depression, anxiety, and bipolar disorder.
- ❖ Alcohol and other substance abuse issues peak during middle age for both men and women, when roughly one-third of all decedents are described with that problem. (Figures 25 and 26)
- ❖ Women are described with both mental health and substance use problems in higher percentages than men. (Figures 27 and 28)
- ❖ Overall, physical health problems increase over the life course. Women more commonly have a physical health problem contributing to suicide from ages 20 to 64. After age 64, physical health problems are more significant for men than for women. Common health problems cited by women who die from suicide include cancer (21%), back pain (18%), lung/breathing problems (9%), diabetes (8%), leg/knee pain (7%), bowel/stomach problems (6%), arthritis/gout (5%), and heart problems (5%). (Figures 29 and 30)

Other Problems or Concerns

- ❖ Women and men both experience intimate partner problems over the course of their lives and in fairly high proportions. Women are more frequently reported with these problems from the age of 10 until their mid 20s. Men are described with intimate partner problems more frequently than women after age 25. (Figures 31 and 32)
- ❖ Both women and men are described with recent life crises at the time of their suicide. In general, these life crises are more frequent for men than for women. (Figures 31 and 32)
- ❖ Women are less frequently described with criminal legal problems at the time of their suicide when compared with men. (Figures 33 and 34)

² Virginia is divided into five Health Planning Regions: Central, Eastern, Northern, Northwest, and Southwest.

- ❖ Across the life span, women and men are both described as having job or financial problems. These problems peak for both women and men during middle age, between the ages of 35 and 64. (Figures 35 and 36)

Prior Suicide Attempts and Disclosures

- ❖ At the time of their completed suicide, women much more commonly than men had made a non-fatal suicide attempt; this is so across the entire life course. Young women (ages 10-19) most frequently disclosed their intent to end their lives. From ages 20 onward, men and women show similar patterns of disclosed intent. (Figures 37 and 38)

CONCLUSION

Several patterns stand out from this review of a decade of data on suicide among women and men in Virginia, and each of these patterns suggests strategies for intervention and prevention to reduce suicides. Among women, the population most at risk to complete a suicide is White and middle aged, a population with substance abuse and mental health problems who are likely to be receiving mental health treatment at the time of their deaths. Women use poisons to end their lives in high proportions, and these are often the very drugs that were prescribed to address their mental health and medical concerns. Women also often have non-fatal suicide attempts prior to completing a suicide, and frequently disclose their intent to end their lives to others. Addressing these issues among women requires routine and continuous assessment for self-harm by health and mental health care providers. Suicide ideation should be evaluated at every health appointment, particularly as women enter middle age. Potentially lethal medications should be monitored closely by prescribing health care providers and through the Prescription Monitoring Program to assure proper use.

Most critically, the general population of family and friends should be educated about the frequency of suicide in their communities, and how to take action to prevent suicide from occurring. Treating suicide as a shameful private act by a troubled individual contributes to a culture of silence that perpetuates the problem and promises no solution. These data suggest needs related to health and mental health for women that move beyond medication to address underlying challenges that arise over the life course.

APPENDIX:
Data Figures and Tables

Figure 1. Female Suicide Numbers and Rates by Year, Virginia: 2003-2012 (n = 2,087)

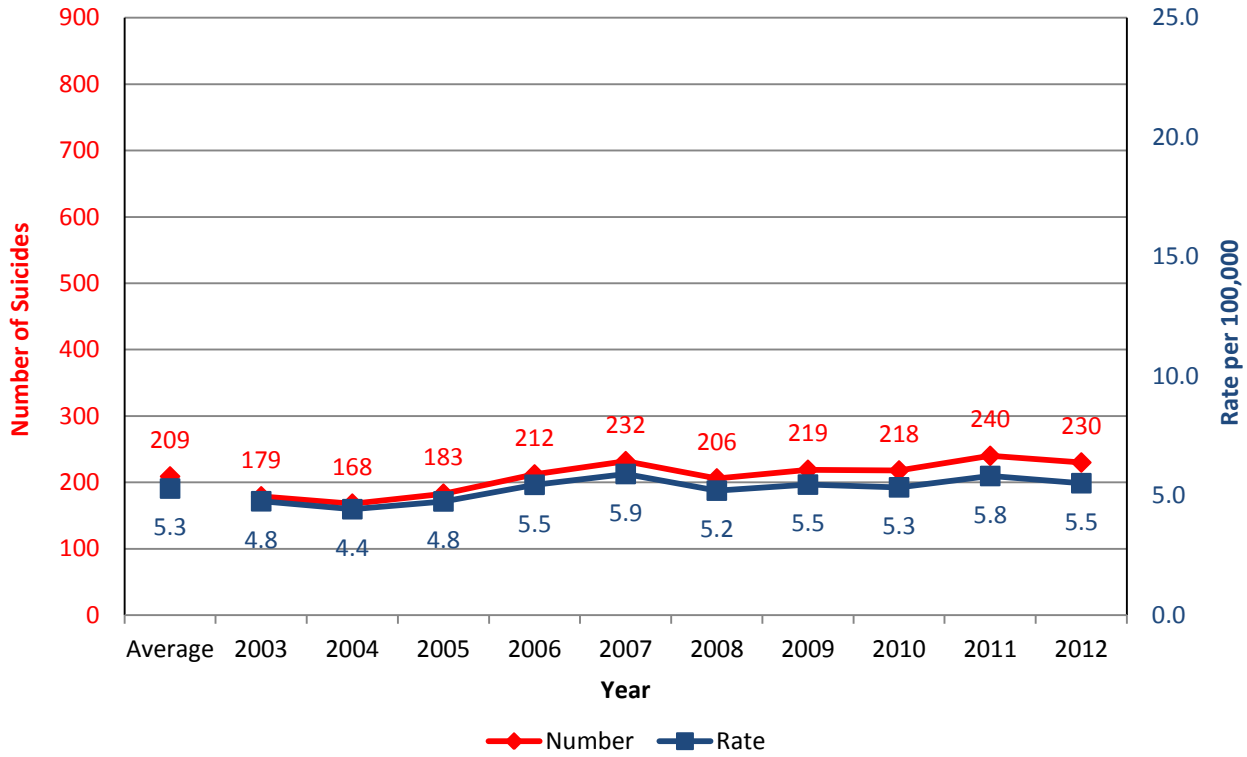


Figure 2. Male Suicide Numbers and Rates by Year, Virginia: 2003-2012 (n = 7,075)

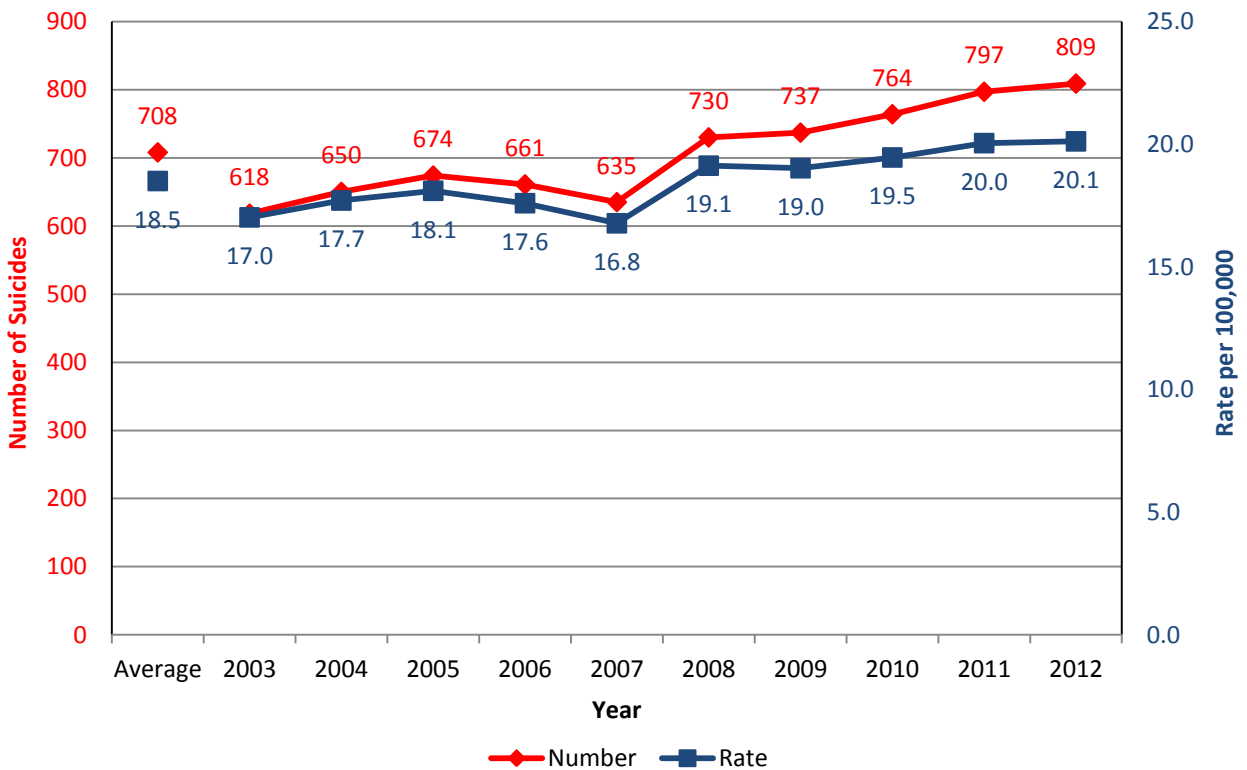


Figure 3. Female Suicide Numbers and Rates by Age Group, Virginia: 2003-2012 (n = 2,087)

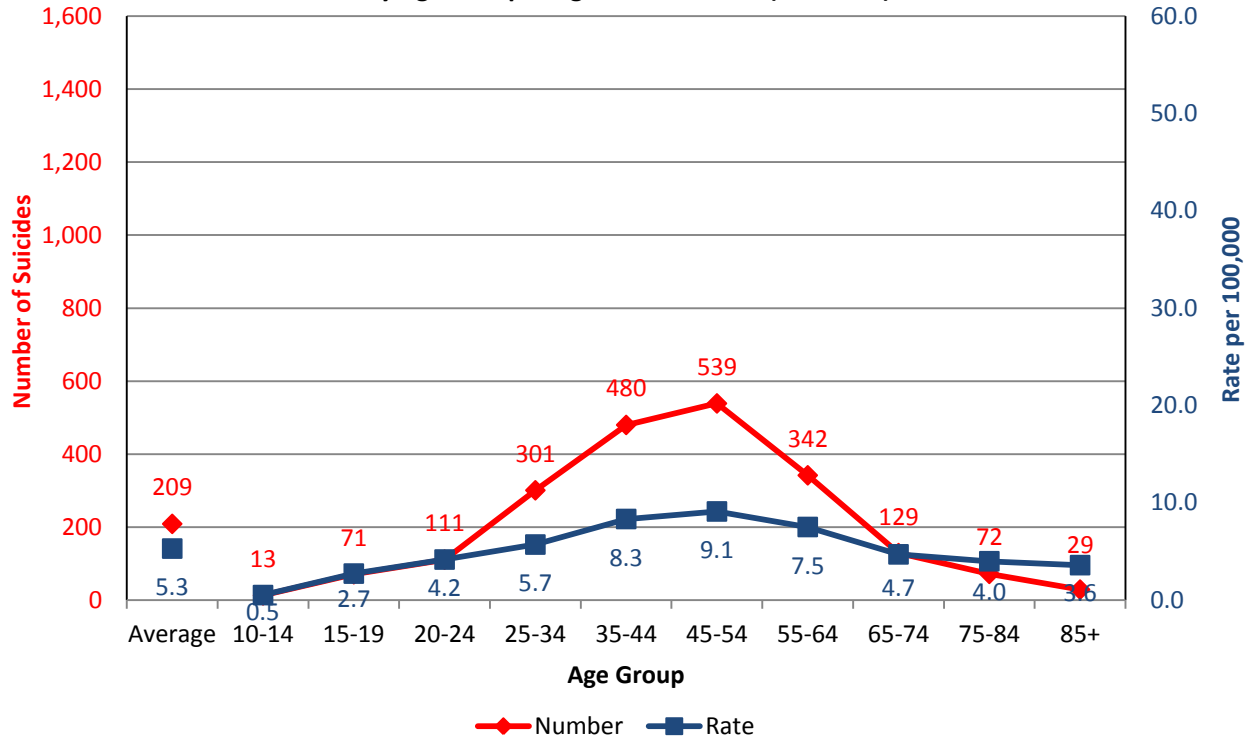


Figure 4. Male Suicide Numbers and Rates by Age Group, Virginia: 2003-2012 (n = 7,075)

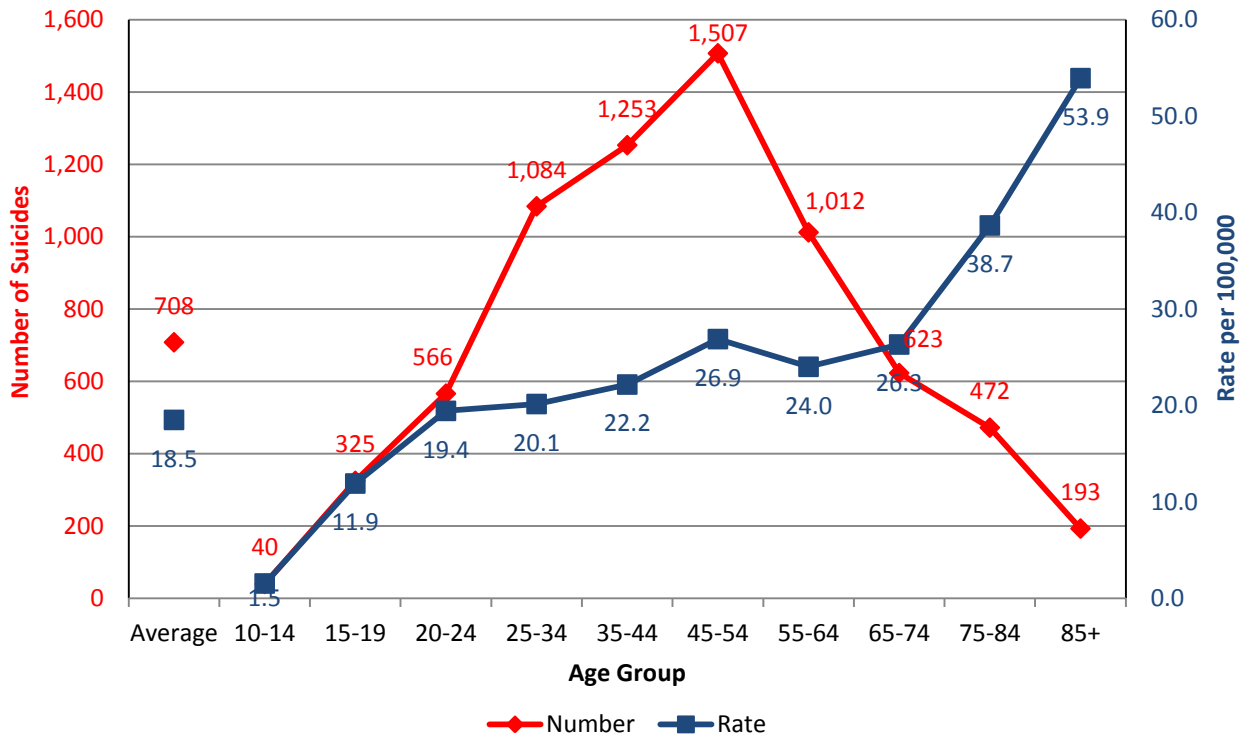


Figure 5. Female Suicide Numbers by Race, Virginia: 2003-2012 (n = 2,087)

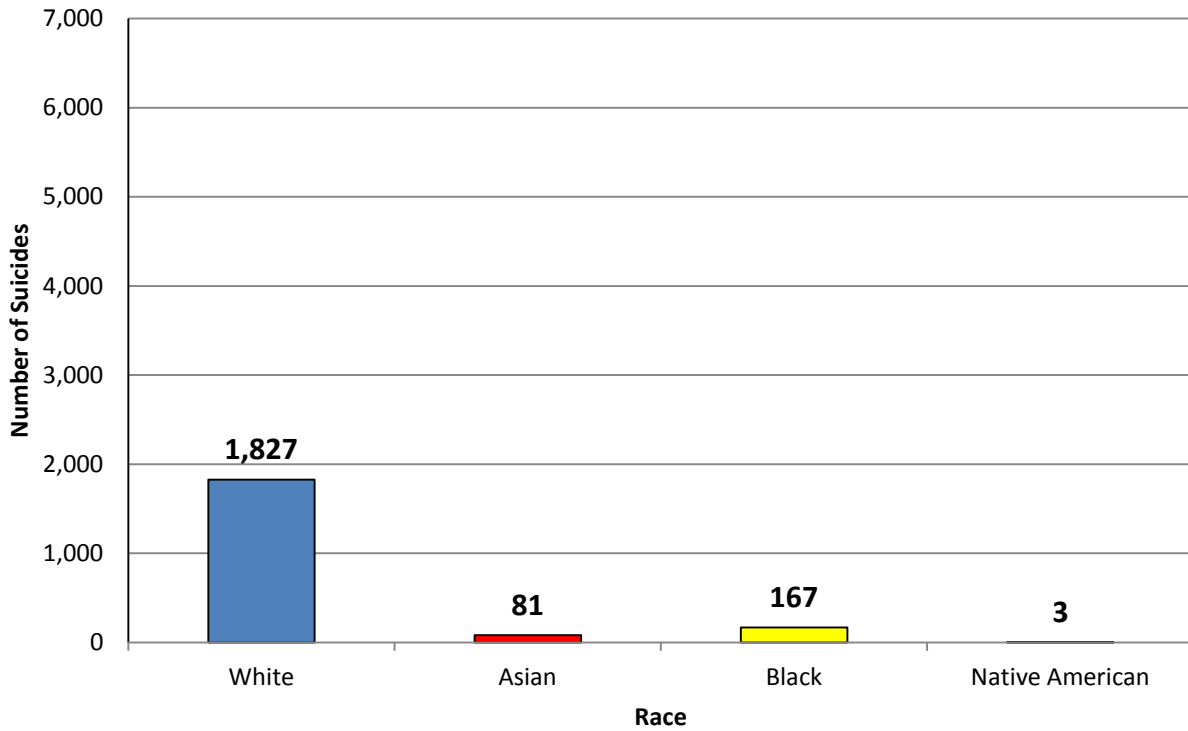


Figure 6. Male Suicide Numbers by Race, Virginia: 2003-2012 (n = 7,075)

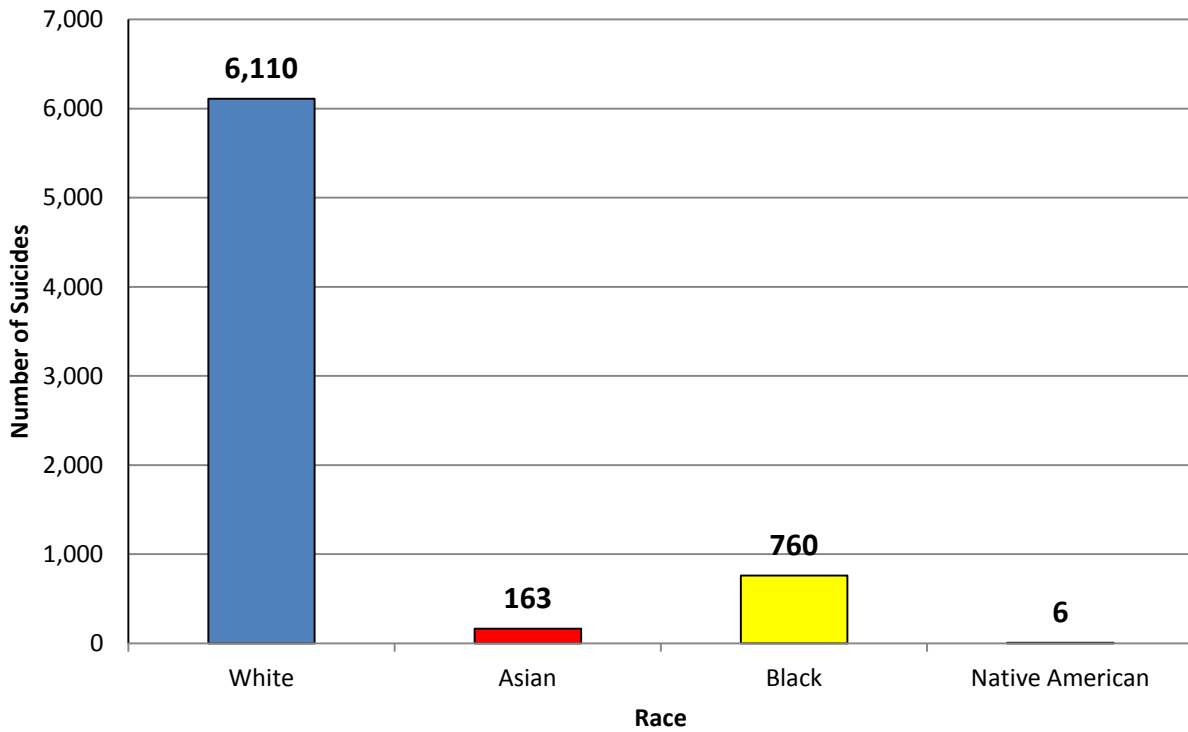


Figure 7. Female Suicide Rates by Race, Virginia: 2003-2012 (n = 2,087)

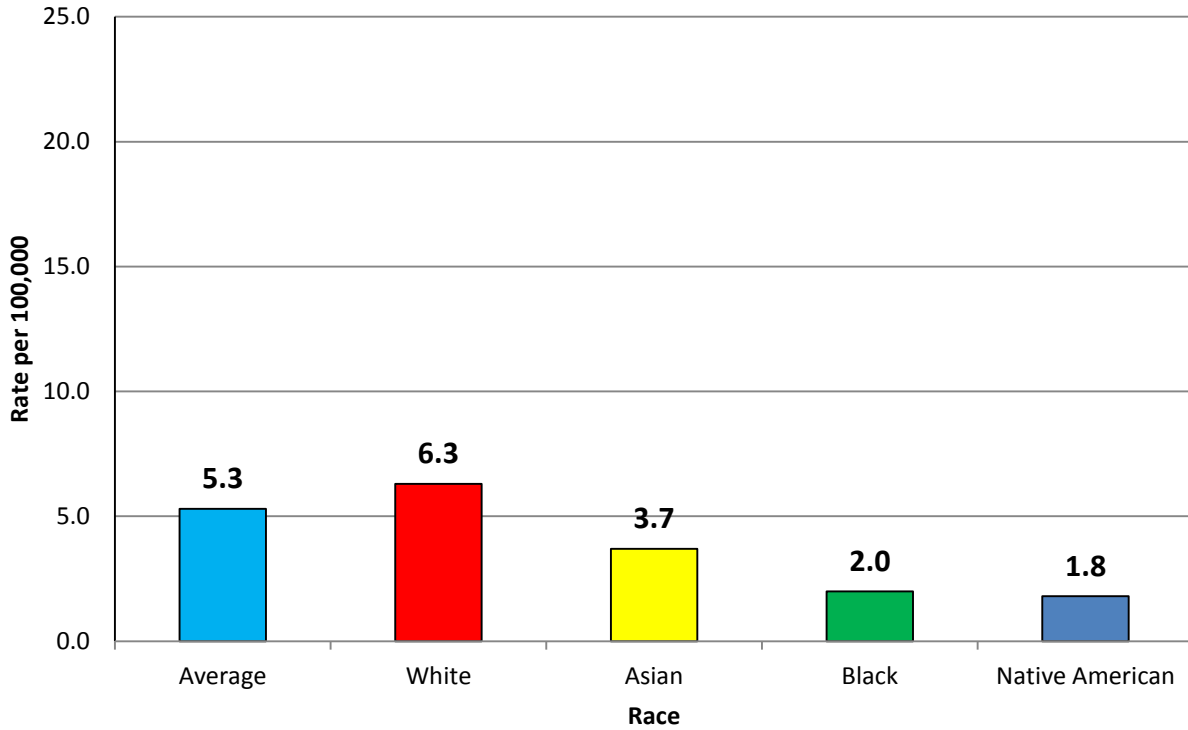


Figure 8. Male Suicide Rates by Race, Virginia: 2003-2012 (n = 7,075)

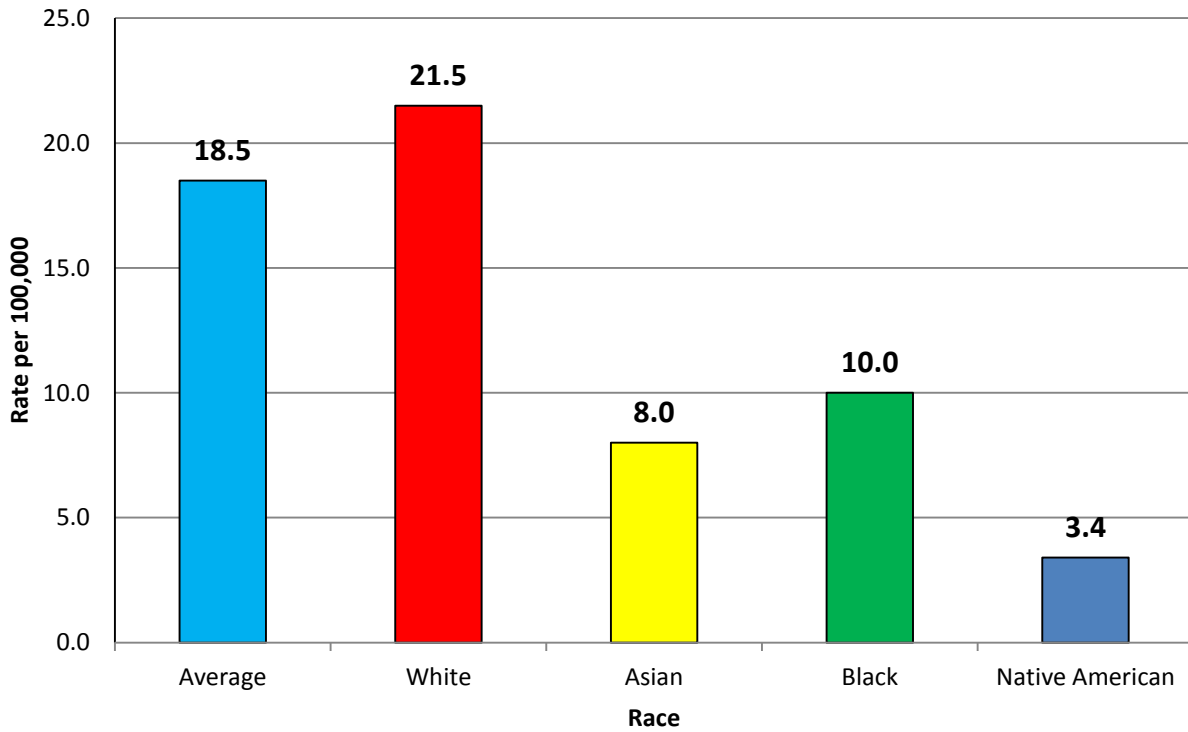


Figure 9. Female Suicide and Marital Status by Age Group, Virginia: 2003-2012
(Ages 18 and over, n = 2,034)

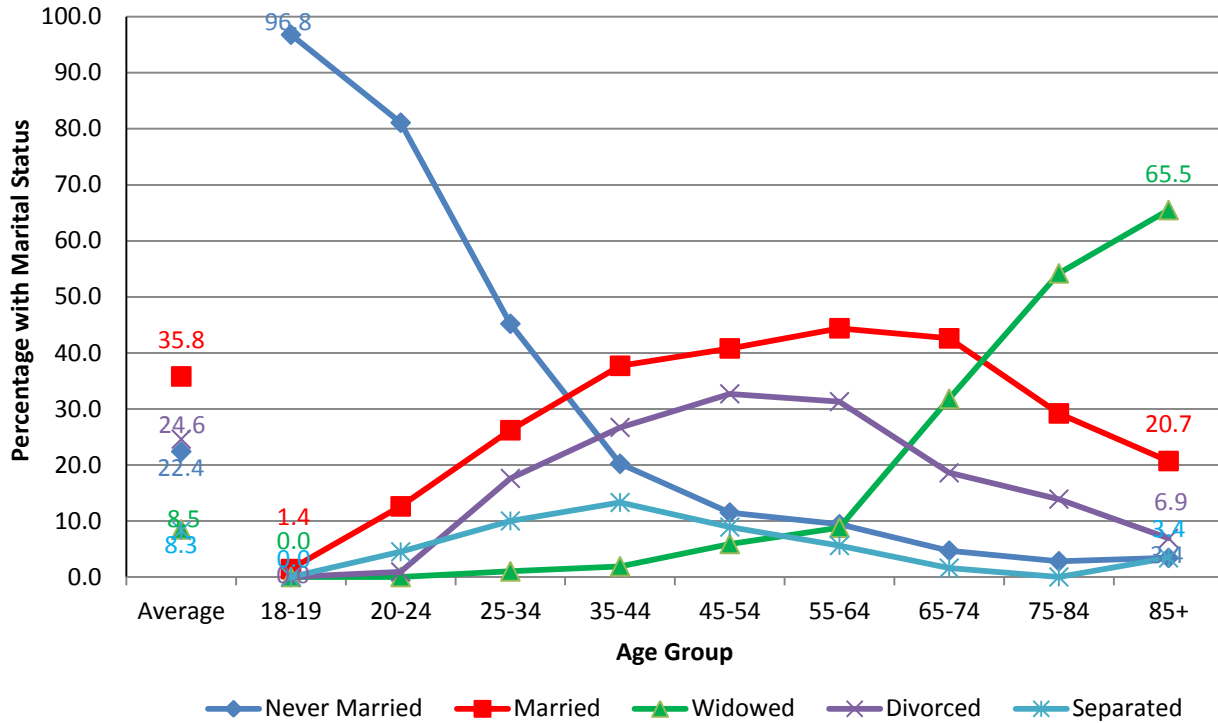


Figure 10. Male Suicide and Marital Status by Age Group, Virginia: 2003-2012
(Ages 18 and over, n = 6,890)

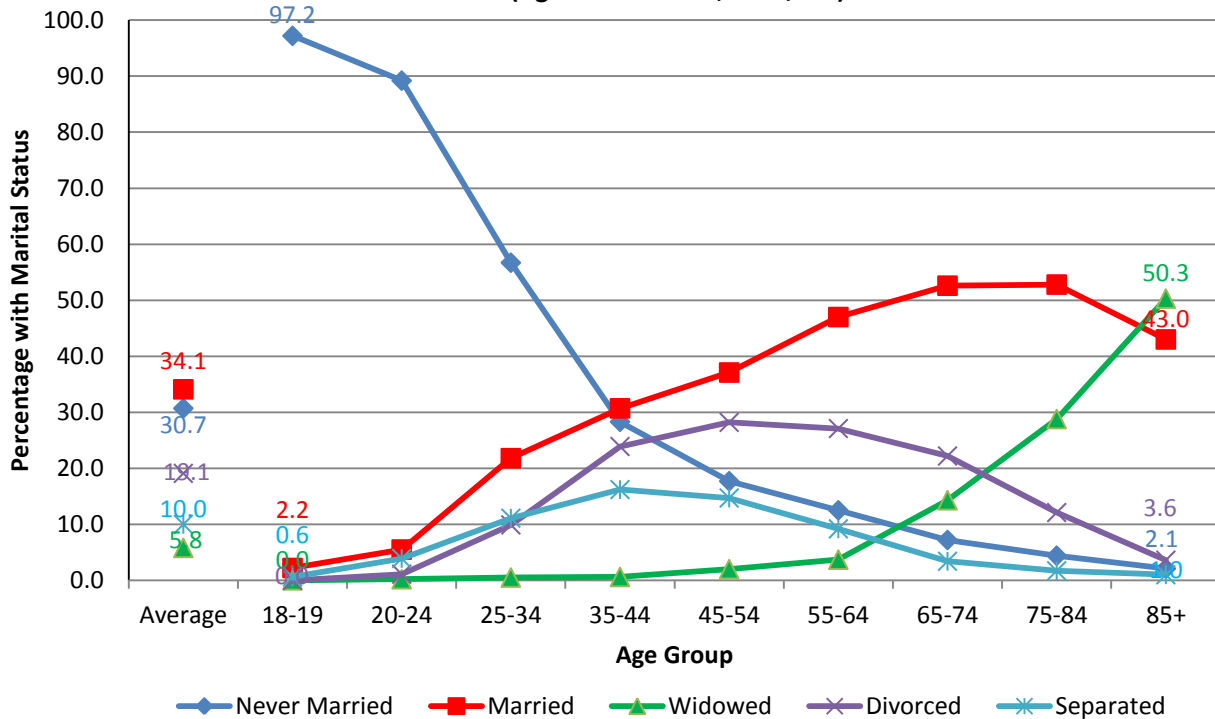


Figure 11. Female Suicide and Employment Status by Age Group, Virginia: 2003-2012
(Ages 18 and over, n = 2,034)

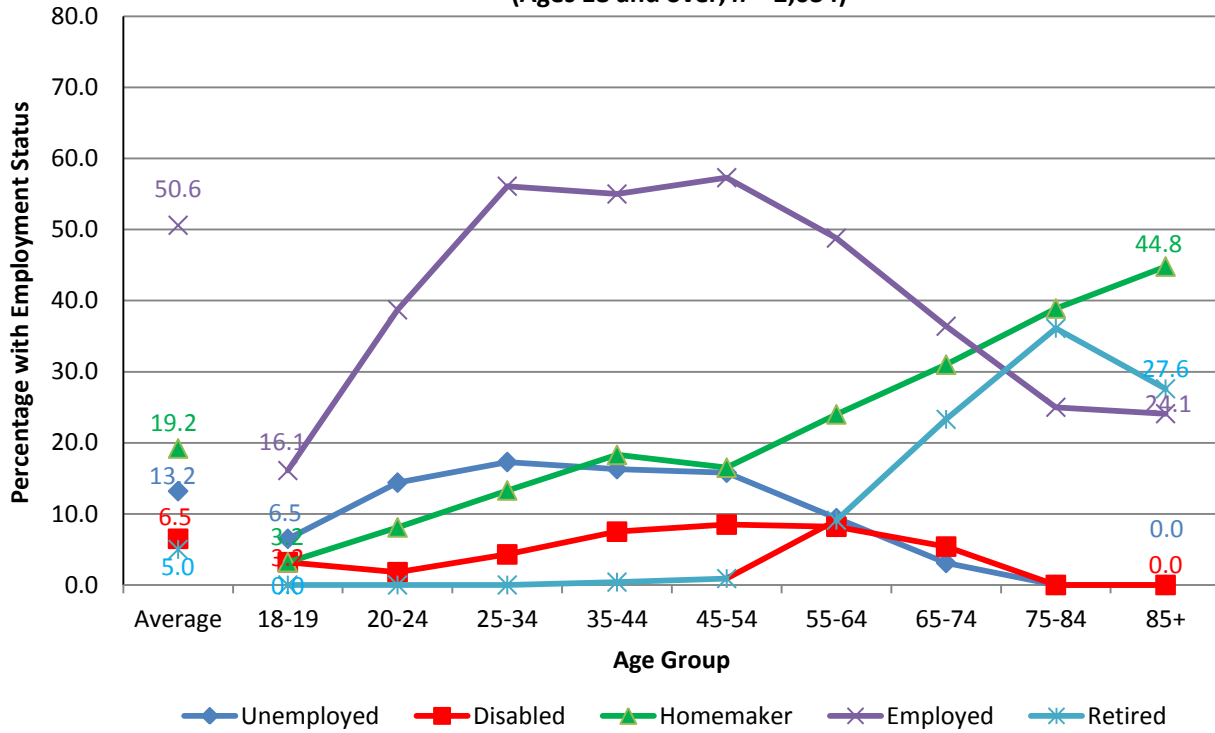
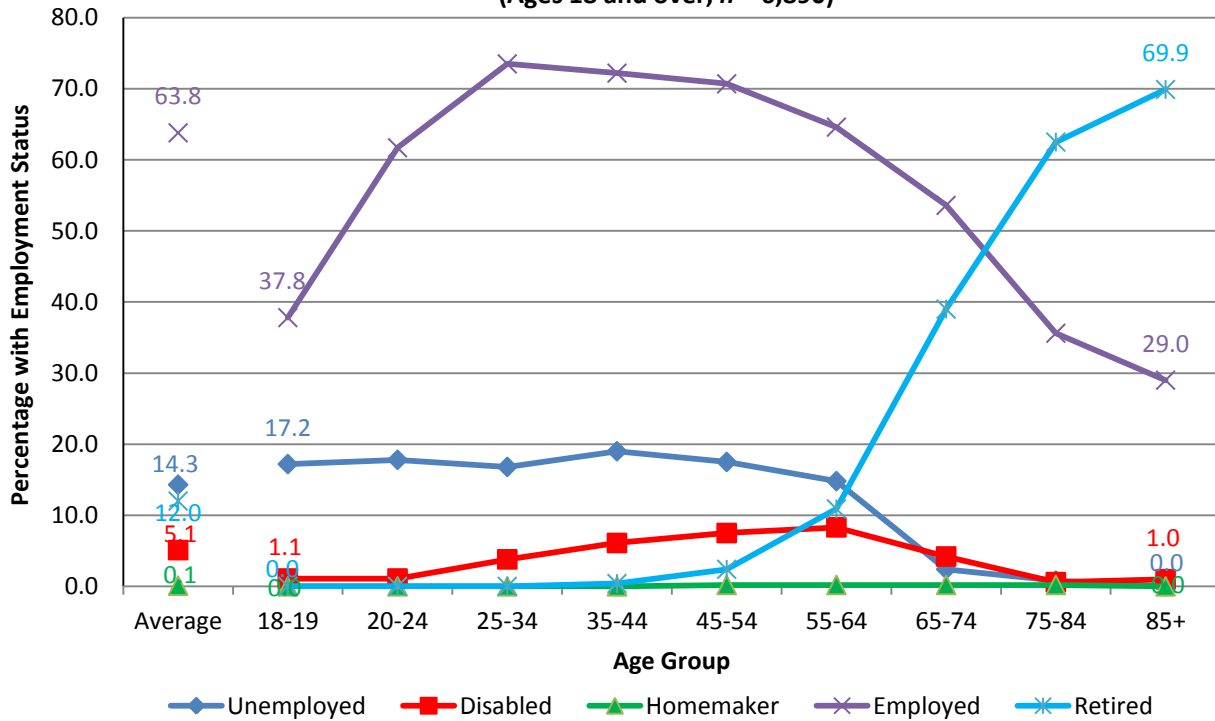
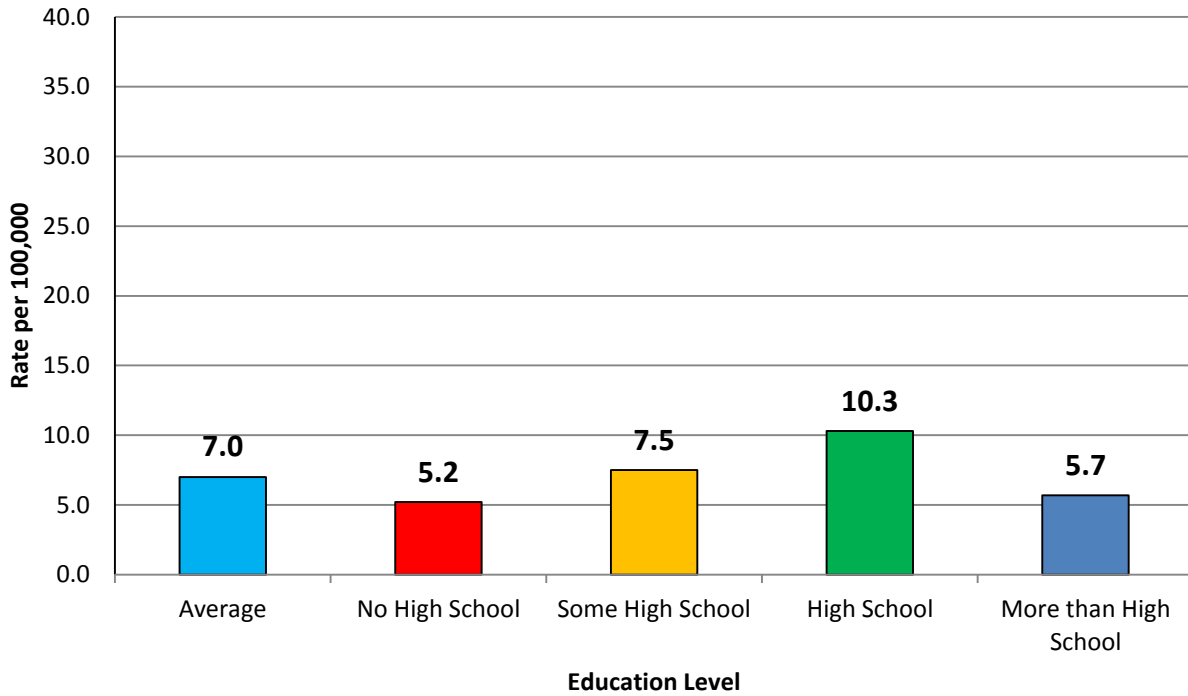


Figure 12. Male Suicide and Employment Status by Age Group, Virginia: 2003-2012
(Ages 18 and over, n = 6,890)



**Figure 13. Female Suicide Rates by Education Level Completed, Virginia: 2003-2012
(Ages 25 and over, n = 1,892)**



**Figure 14. Male Suicide Rates by Education Level Completed, Virginia: 2003-2012
(Ages 25 and over, n = 6,144)**

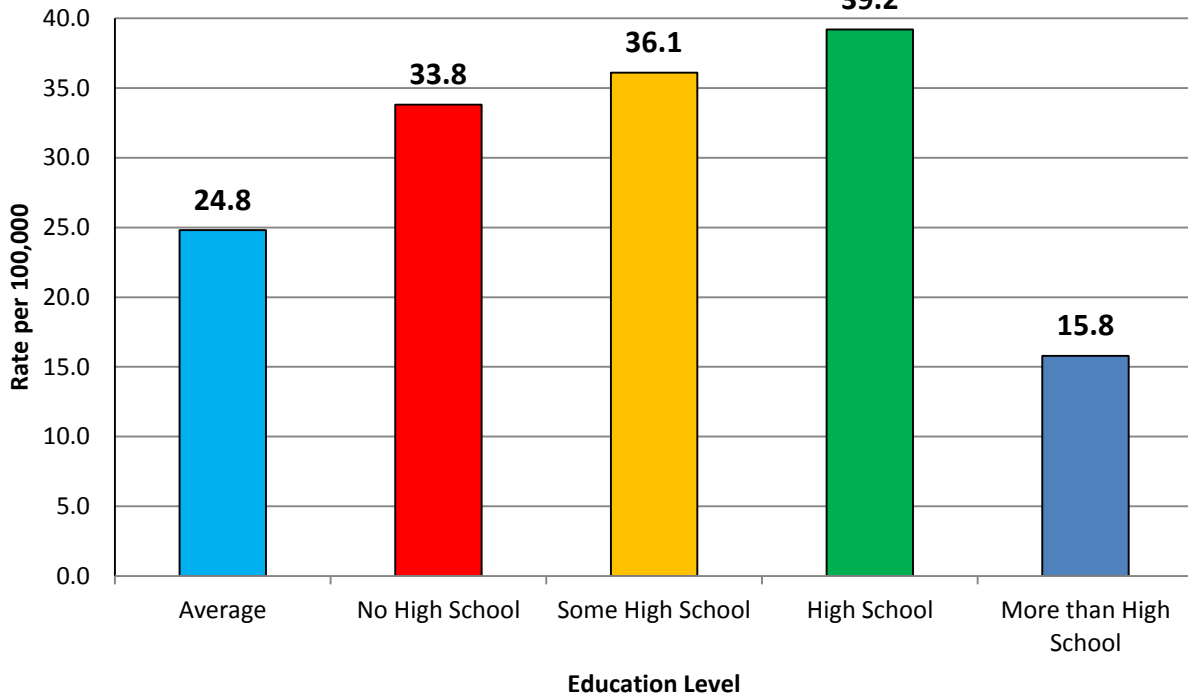


Figure 15. Female Suicide and Education Level Completed by Age Group, Virginia: 2003-2012 (Ages 25 and over, n = 1,892)

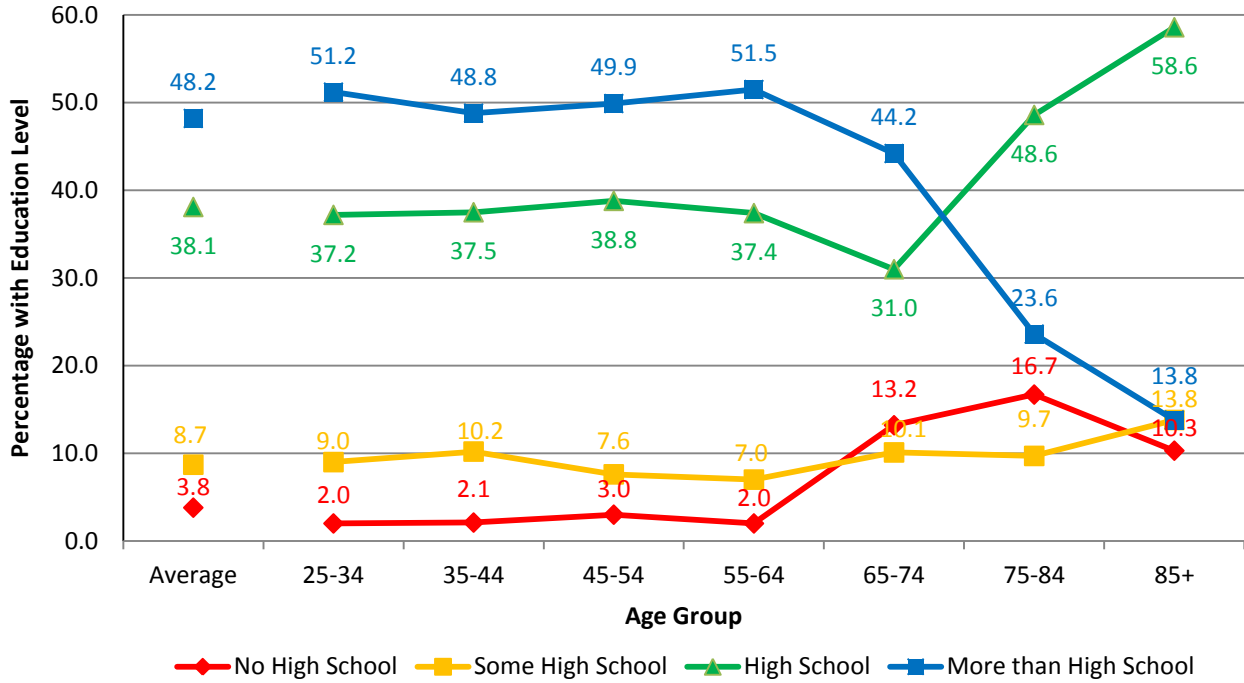


Figure 16. Male Suicide and Education Level Completed by Age Group, Virginia: 2003-2012 (Ages 25 and over, n = 6,144)

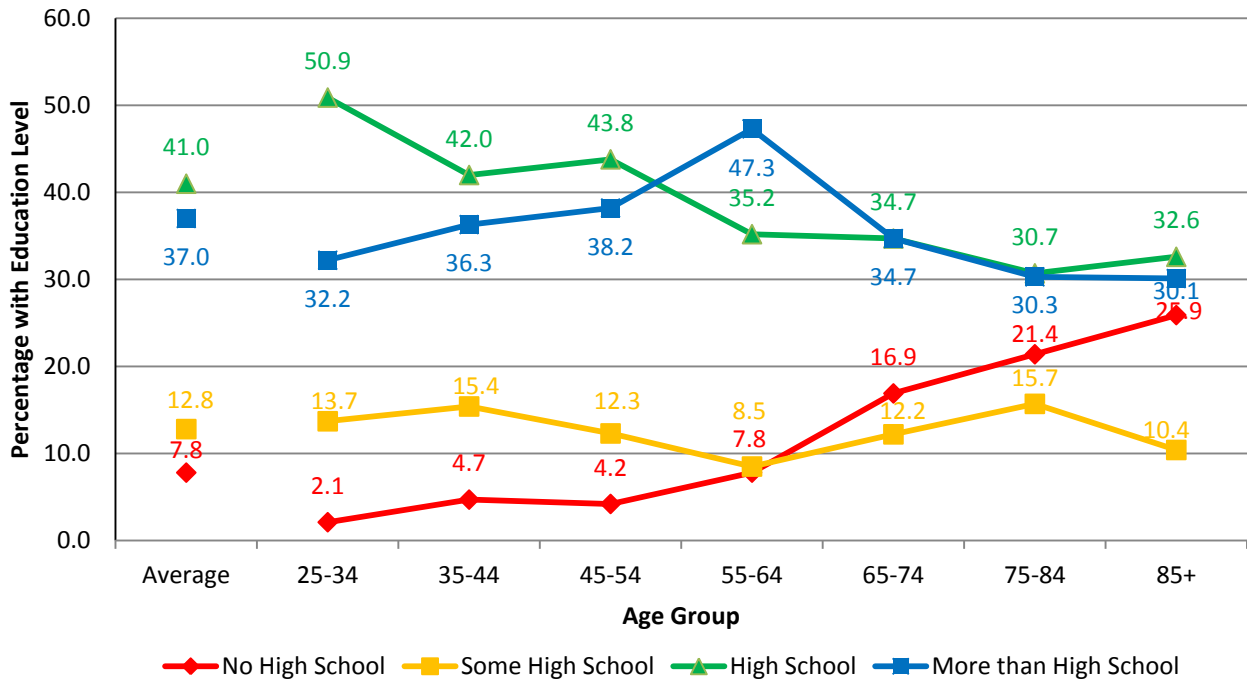


Figure 17. Female Suicide Rates by Age Group and Health Planning Region of Residence, Virginia: 2003-2012 (n = 2,087)

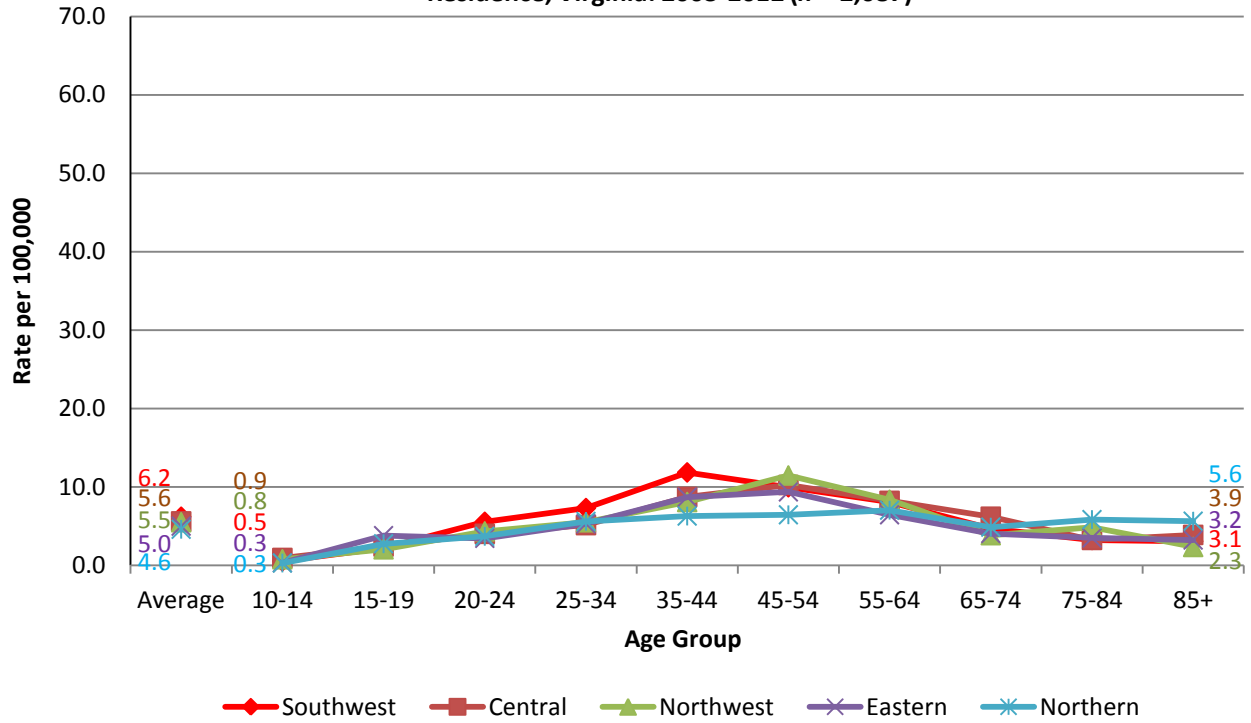


Figure 18. Male Suicide Rates by Age Group and Health Planning Region of Residence, Virginia: 2003-2012 (n = 7,075)

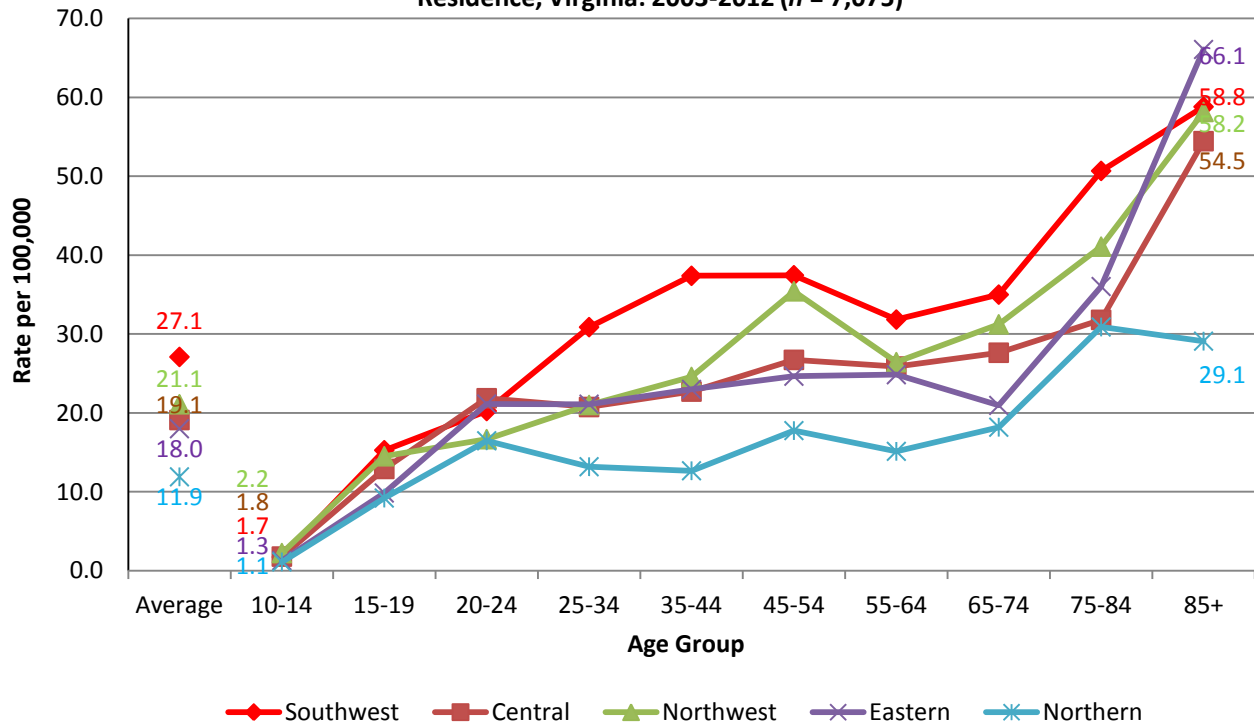


Figure 19. Female Suicide Methods of Fatal Injury, Virginia: 2003-2012 (percentage) (n = 2,087)

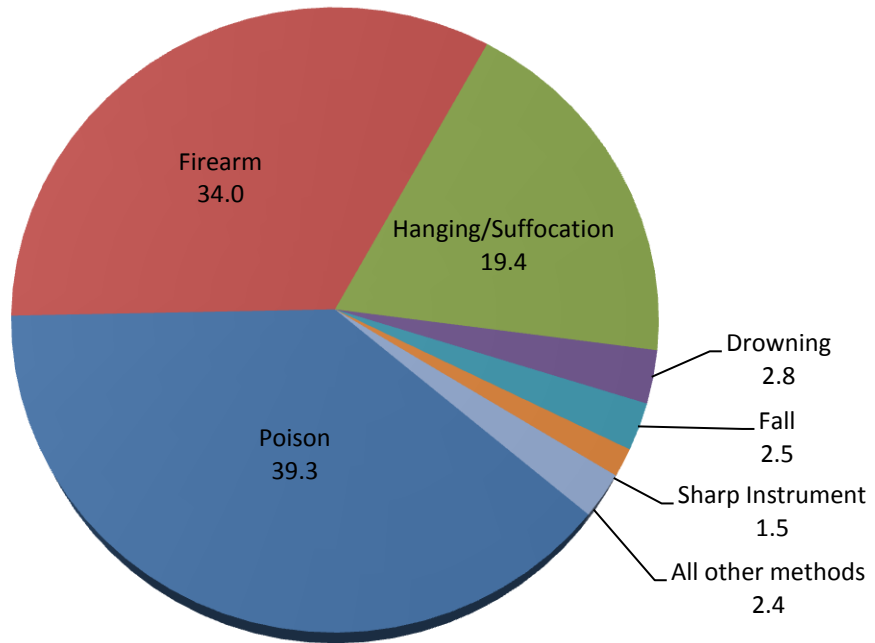


Figure 20. Male Suicide Methods of Fatal Injury, Virginia: 2003-2012 (percentage) (n = 7,075)

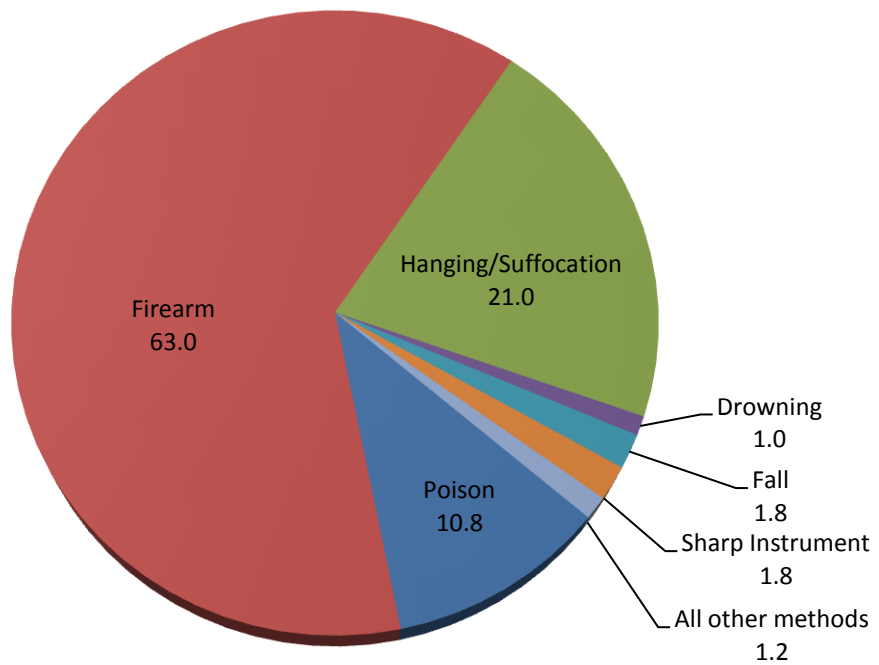


Figure 21. Female Suicide Methods of Fatal Injury by Age Group, Virginia: 2003-2012 (n = 2,087)

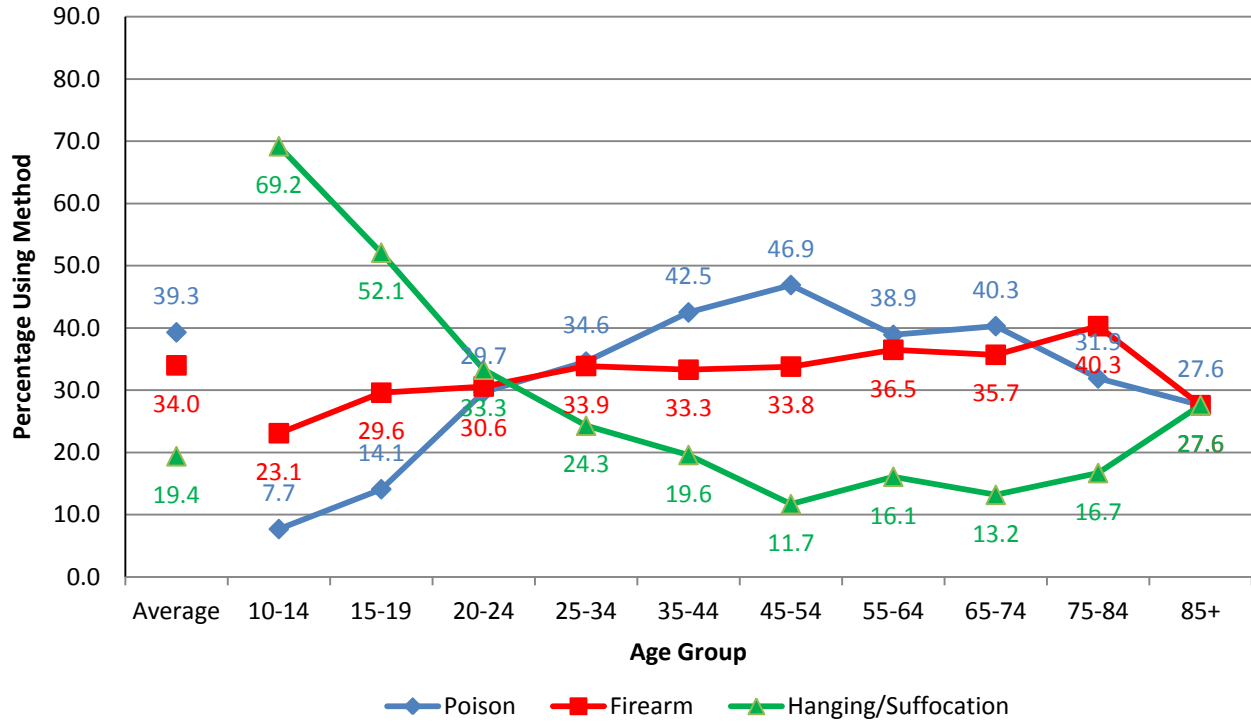


Figure 22. Male Suicide Methods of Fatal Injury by Age Group, Virginia: 2003-2012 (n = 7,075)

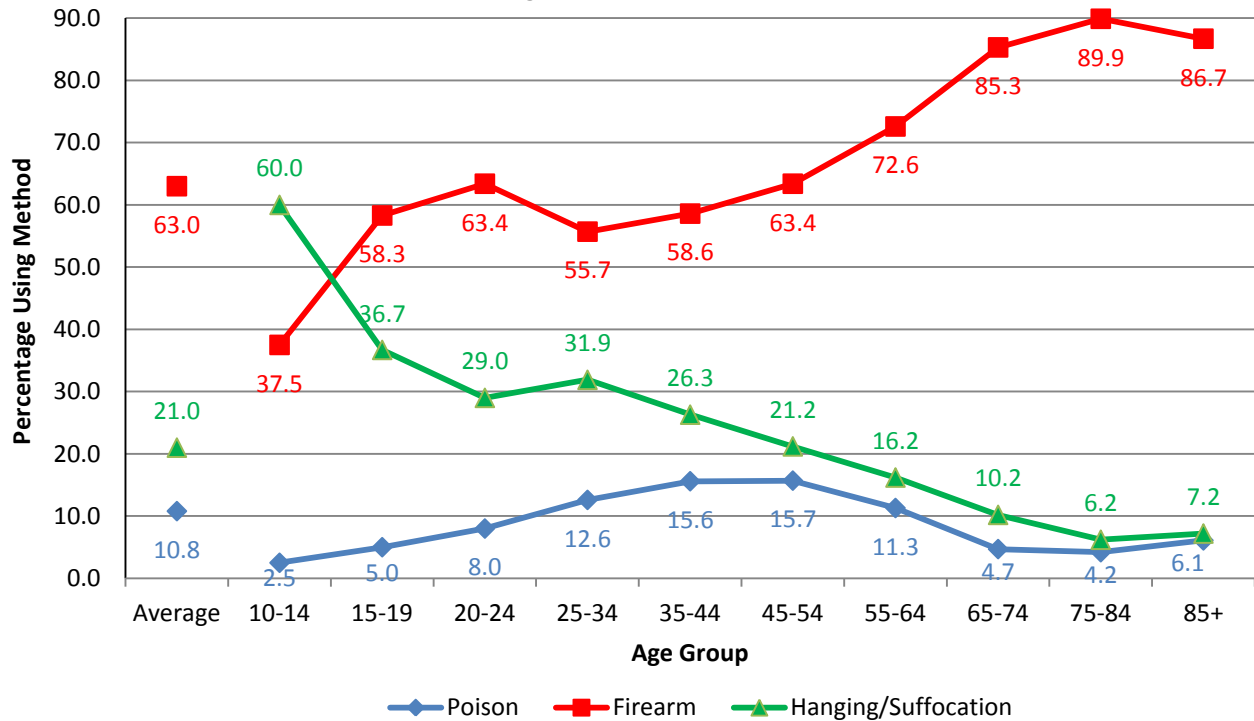


Figure 23. Female Suicide, Mental Health Problems (*n* = 1,533), and Current Mental Health Treatment (*n* = 1,266) by Age Group, Virginia: 2003-2012

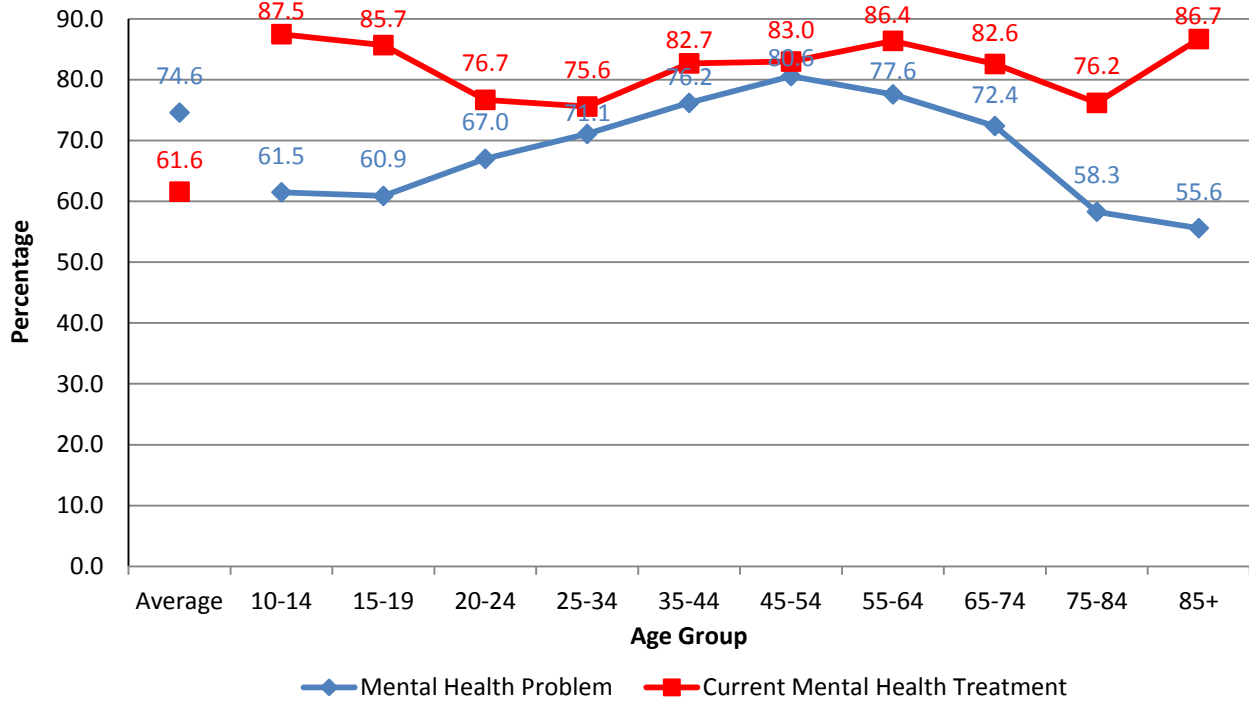


Figure 24. Male Suicide, Mental Health Problems (*n* = 3,374), and Current Mental Health Treatment (*n* = 2,257) by Age Group, Virginia: 2003-2012

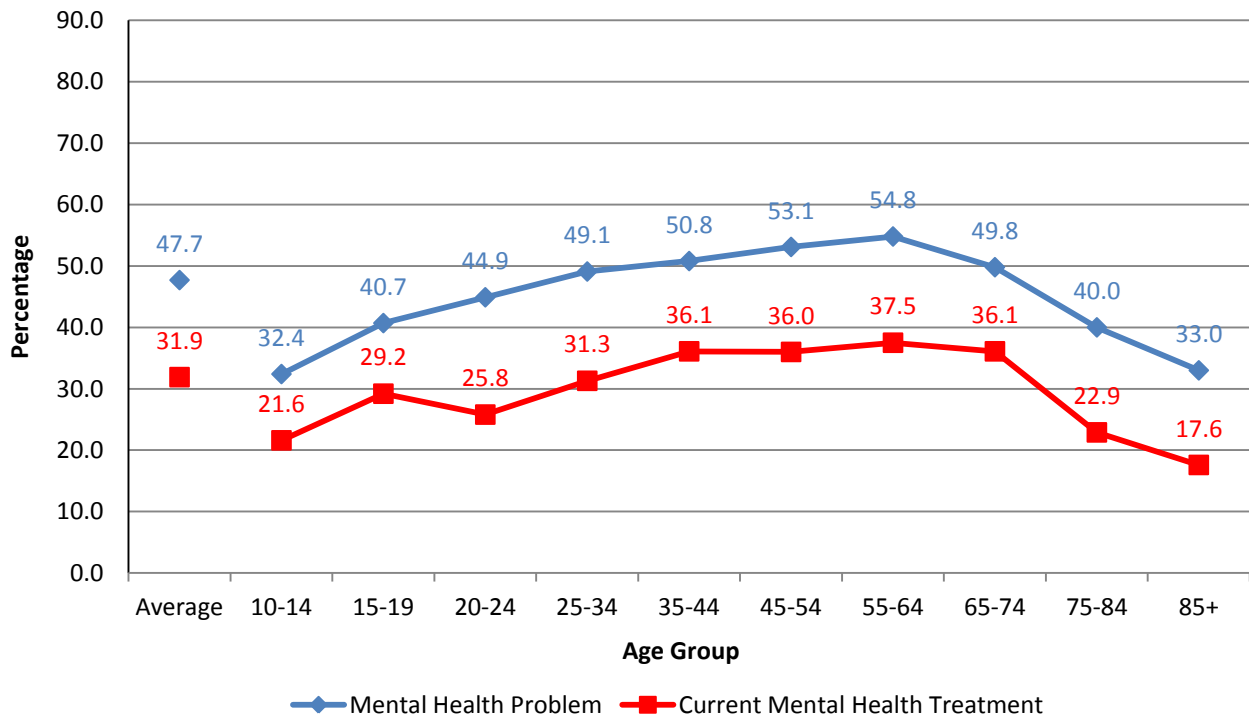


Figure 25. Female Suicide and Alcohol and/or Other Substance Problems by Age Group, Virginia: 2003-2012 (n = 580)

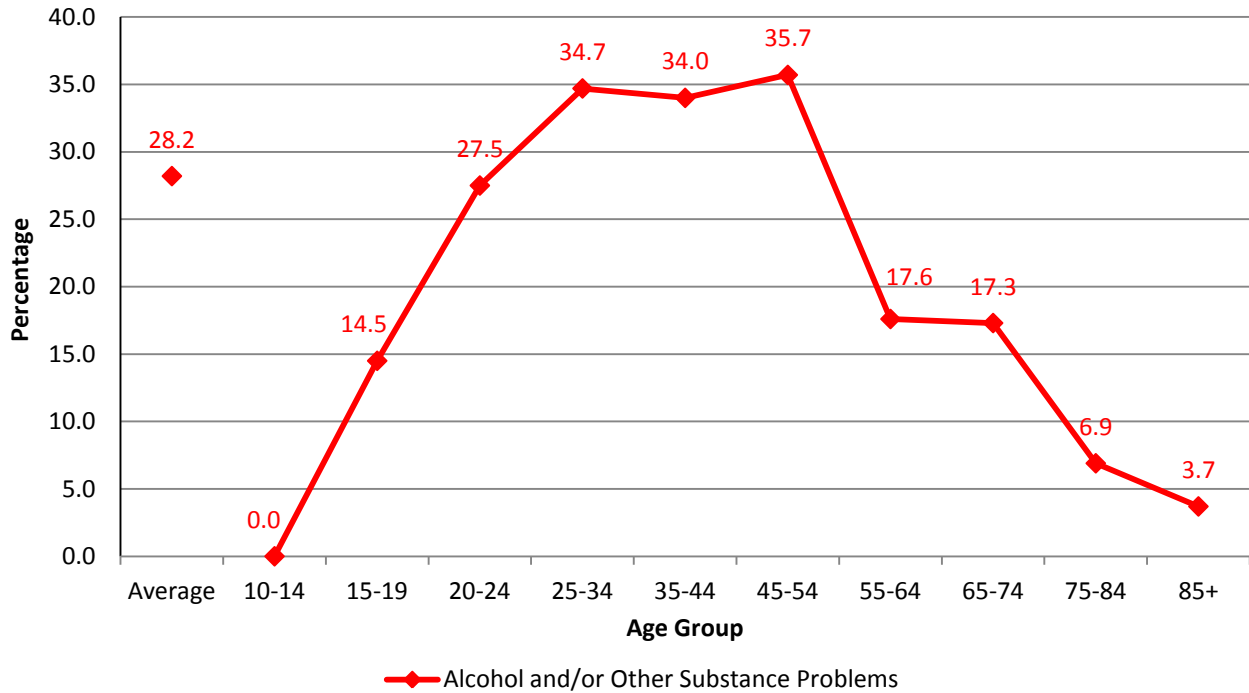


Figure 26. Male Suicide and Alcohol and/or Other Substance Problems by Age Group, Virginia: 2003-2012 (n = 1,886)

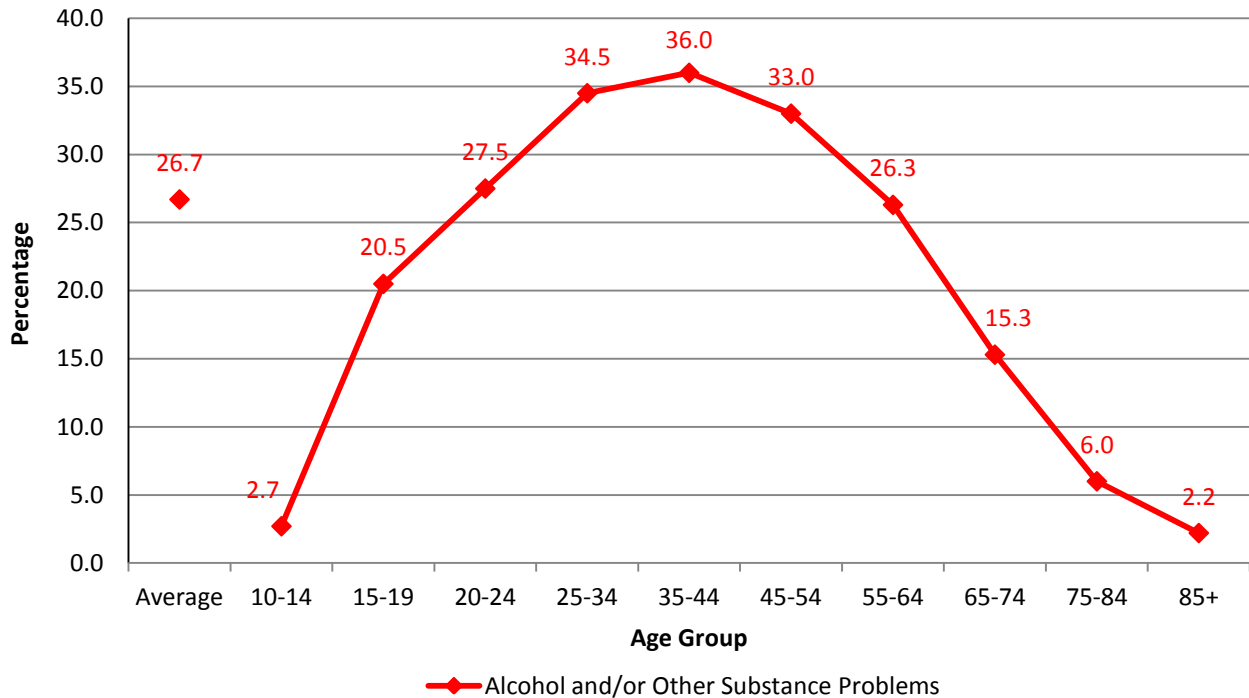


Figure 27. Female Suicide and Mental Health, Alcohol and/or Other Substance Problems by Age Group, Virginia: 2003-2012 (n = 1,621)

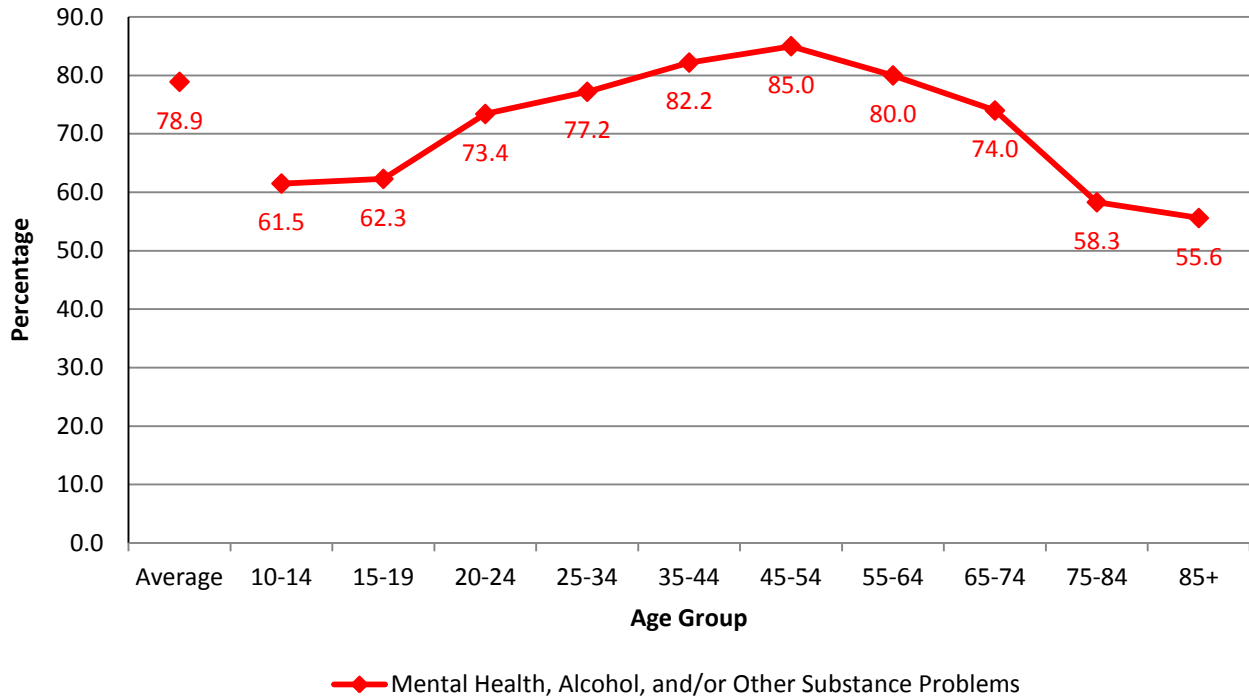


Figure 28. Male Suicide and Mental Health, Alcohol and/or Other Substance Problems by Age Group, Virginia: 2003-2012 (n = 4,157)

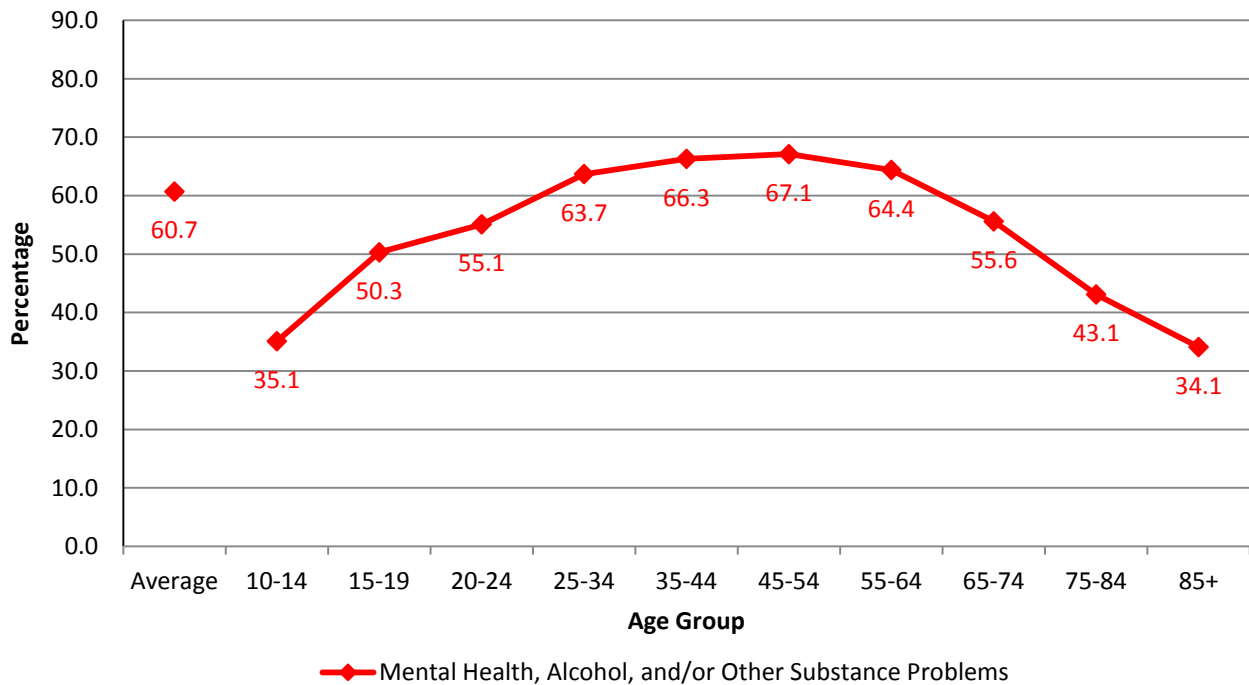


Figure 29. Female Suicide and Physical Health Problems by Age Group, Virginia: 2003-2012 (n = 378)

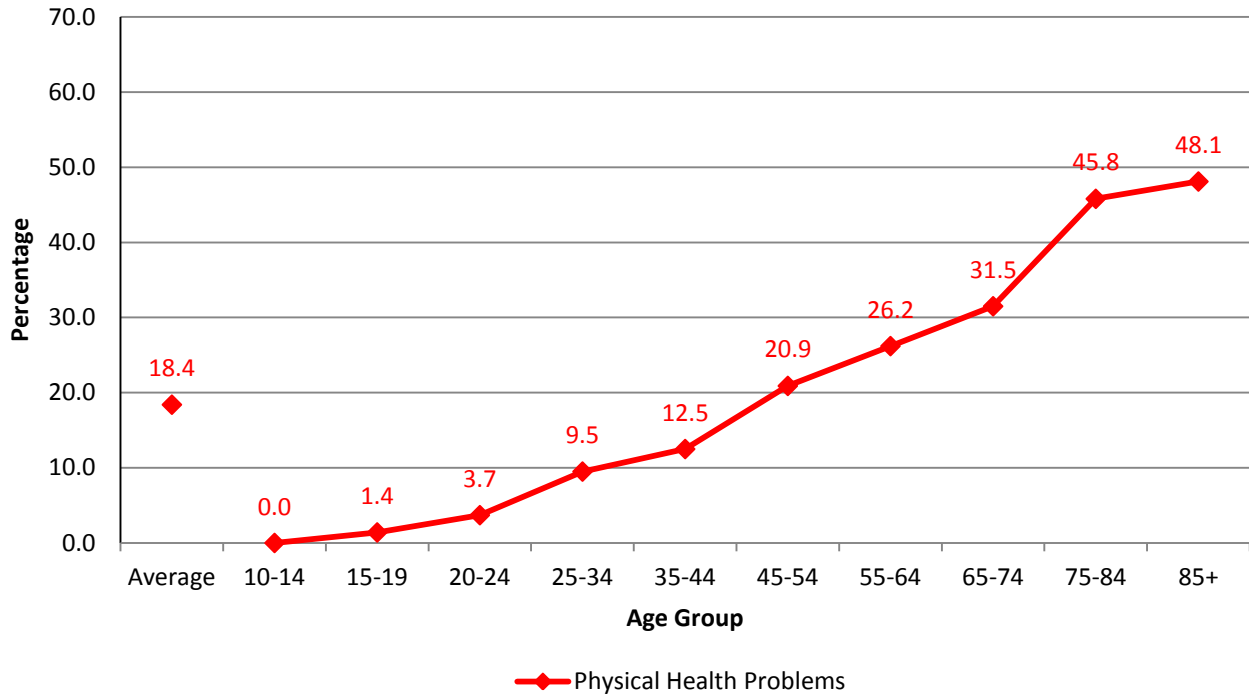


Figure 30. Male Suicide and Physical Health Problems by Age Group, Virginia: 2003-2012 (n = 1,339)

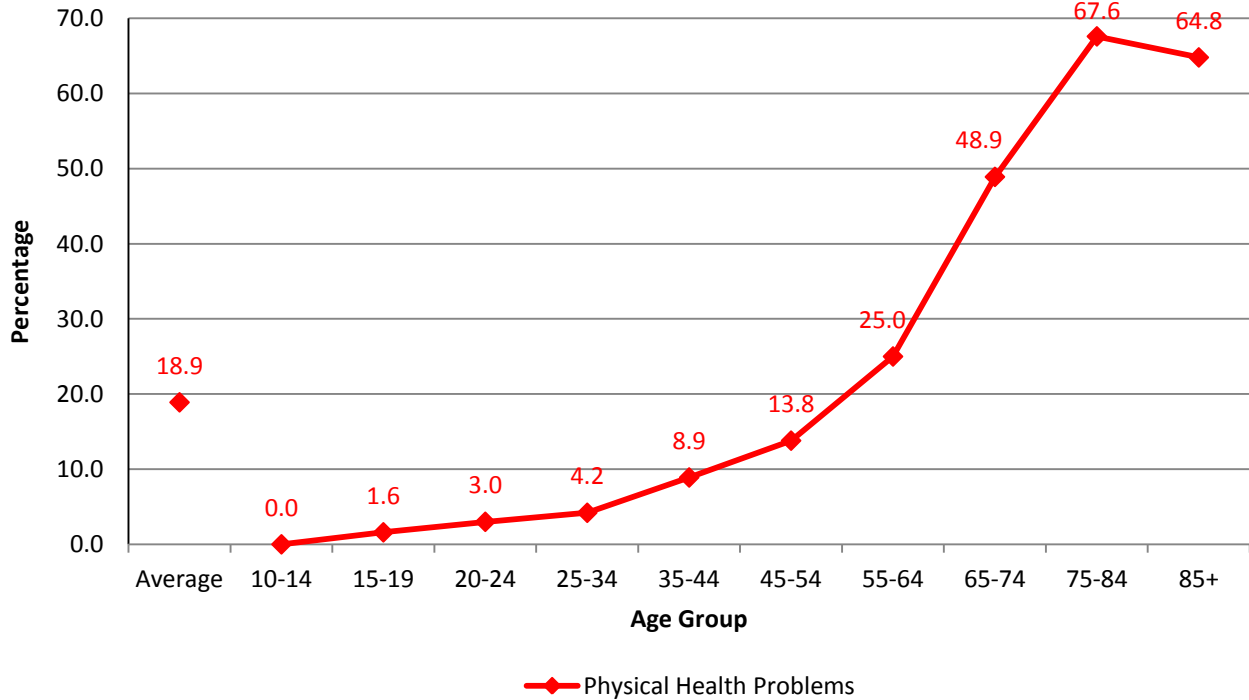


Figure 31. Female Suicide, Intimate Partner Problems (n = 646), and Recent Life Crisis (n = 665) by Age Group, Virginia: 2003-2012

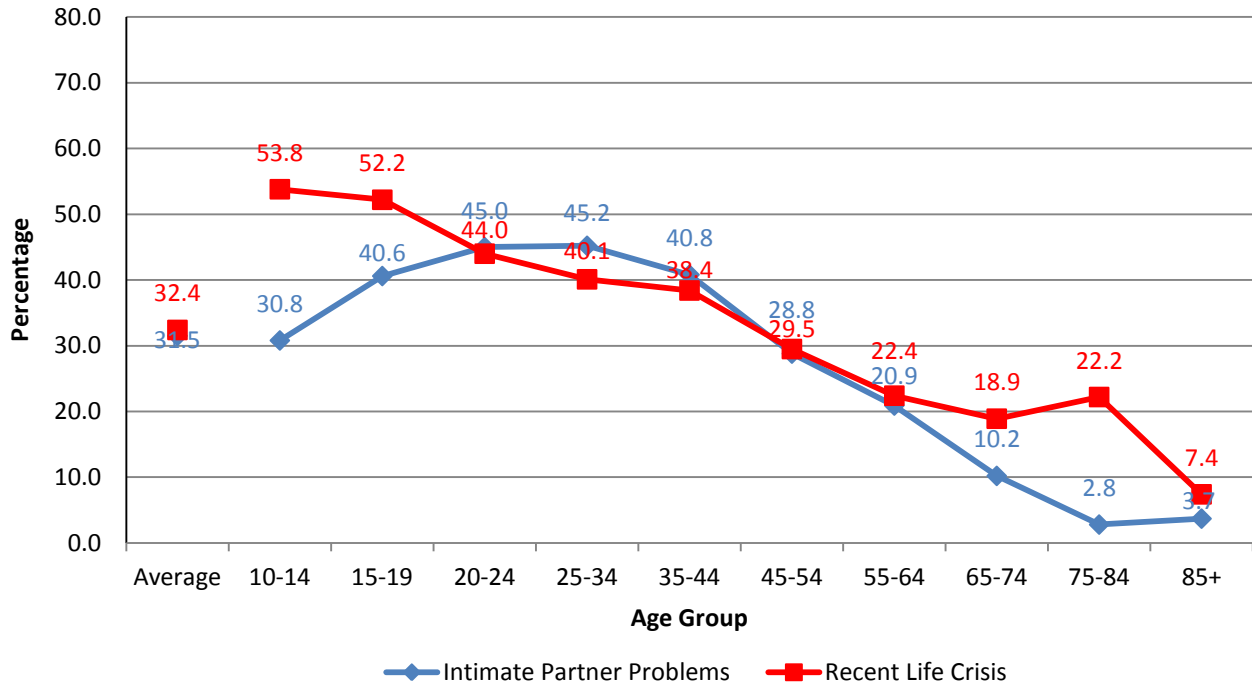


Figure 32. Male Suicide, Intimate Partner Problems (n = 2,360), and Recent Life Crisis (n = 2,714) by Age Group, Virginia: 2003-2012

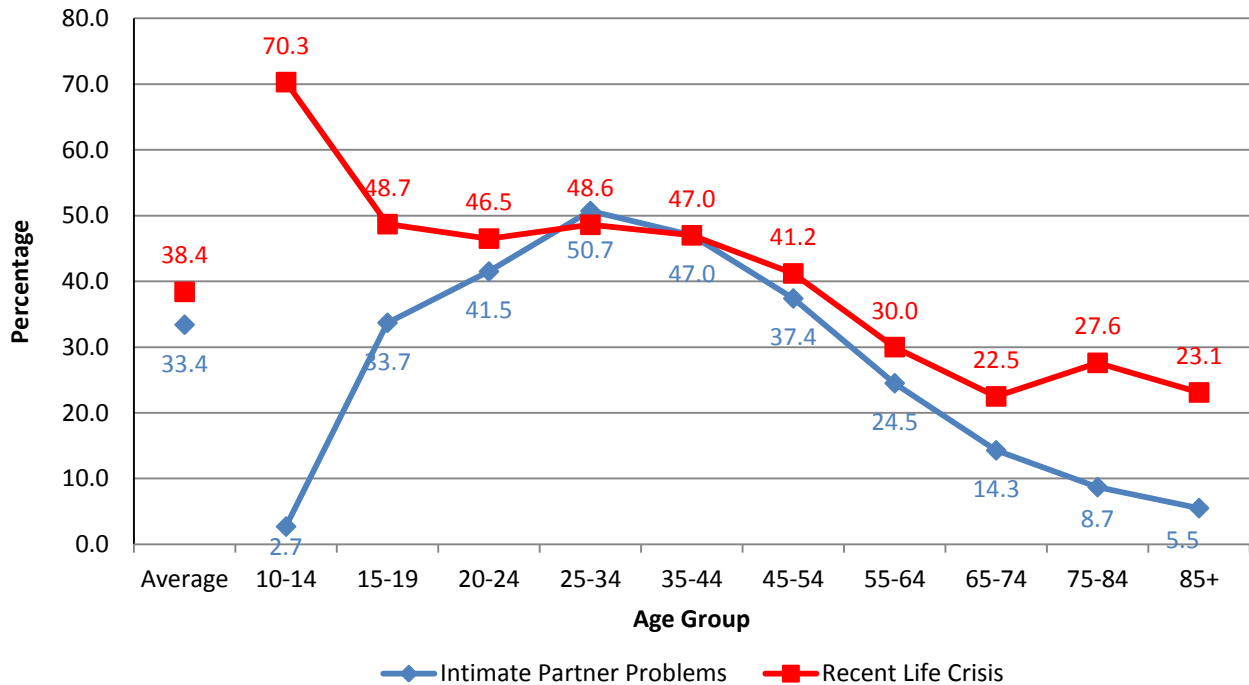


Figure 33. Female Suicide and Criminal Legal Problems by Age Group, Virginia: 2003-2012 (n = 115)

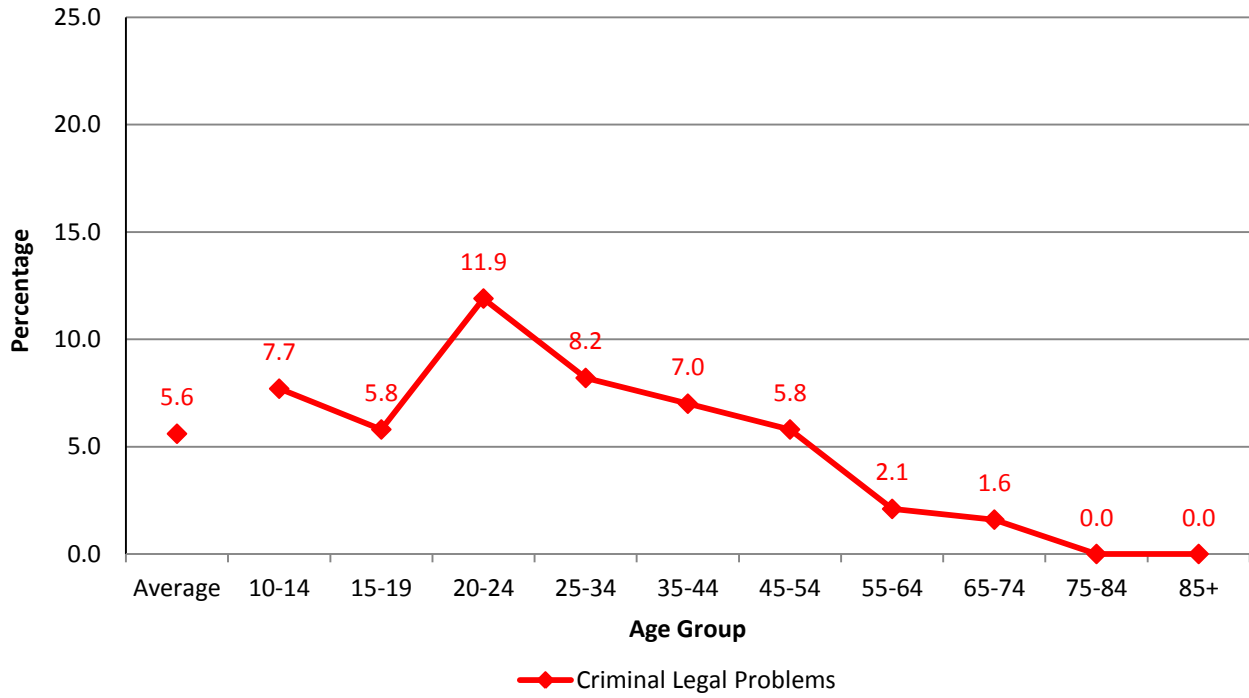


Figure 34. Male Suicide and Criminal Legal Problems by Age Group, Virginia: 2003-2012 (n = 961)

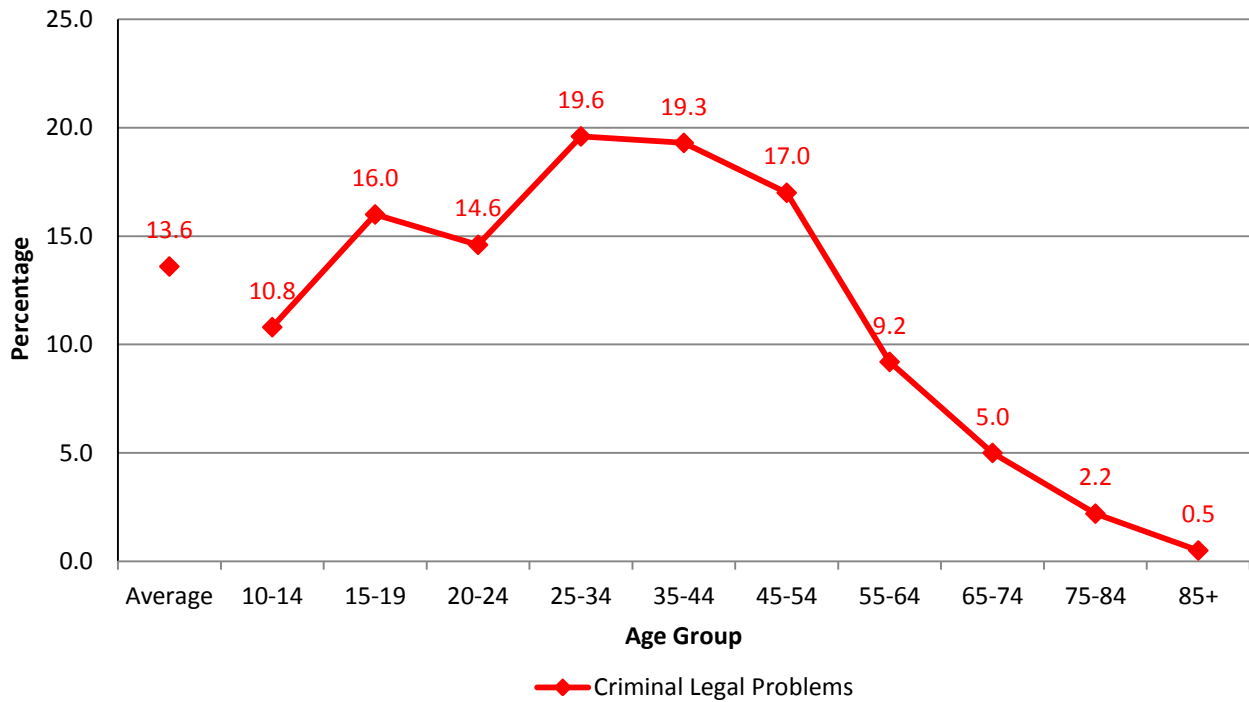


Figure 35. Female Suicide, Job Problems (*n* = 197), and Financial Problems (*n* = 237) by Age Group, Virginia: 2003-2012

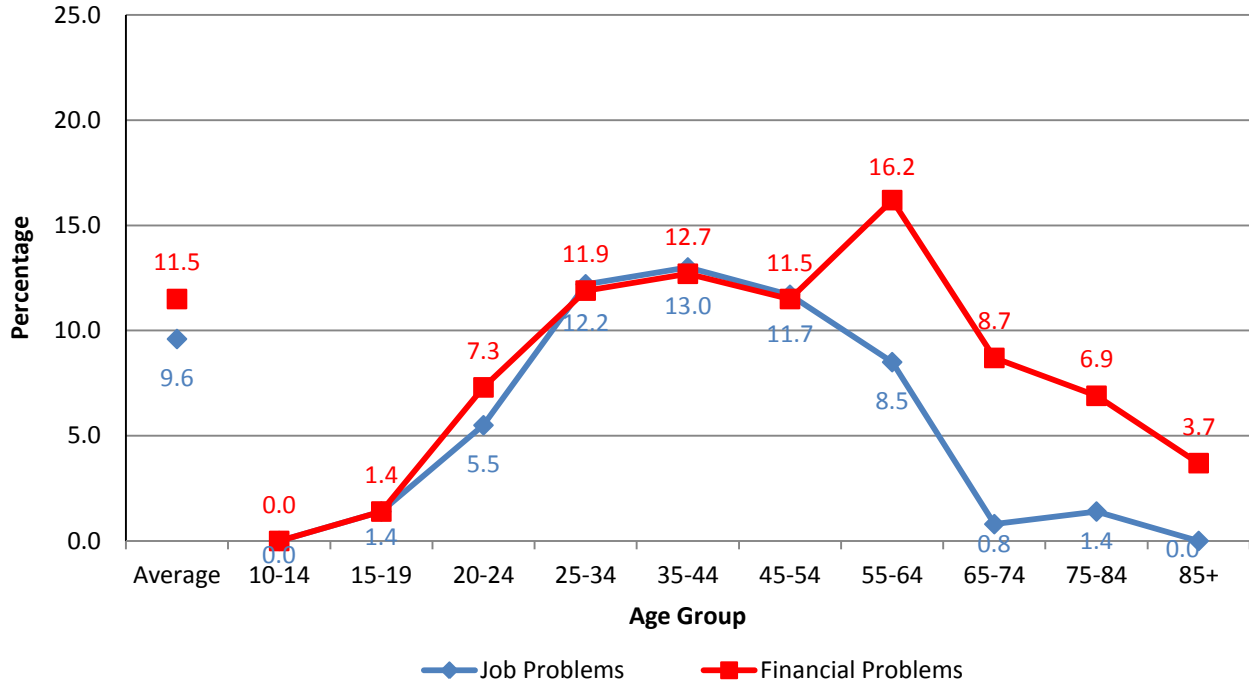
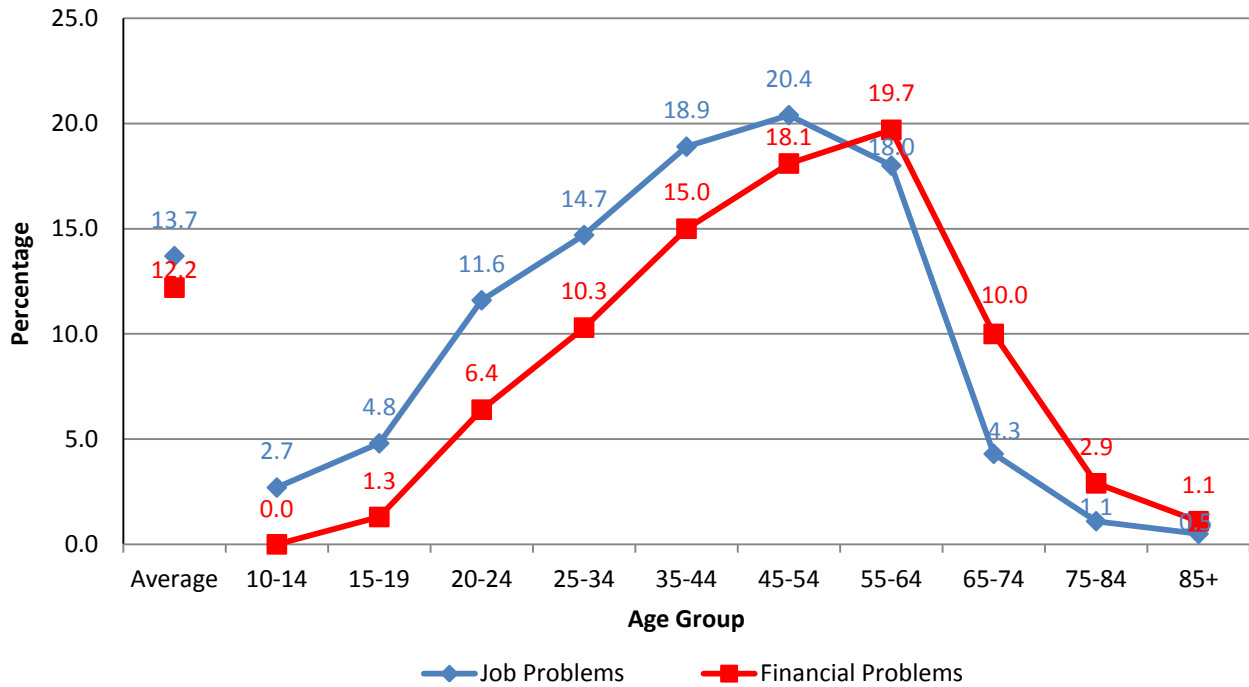
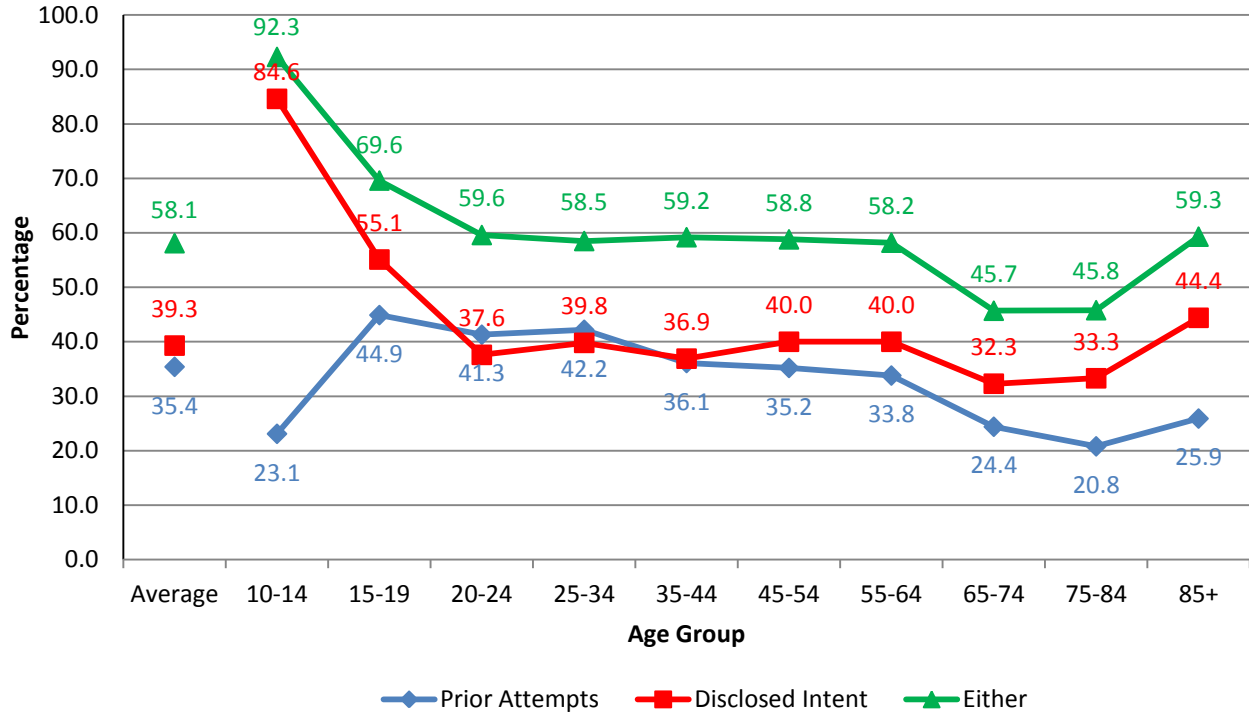


Figure 36. Male Suicide, Job Problems (*n* = 972), and Financial Problems (*n* = 864) by Age Group, Virginia: 2003-2012



**Figure 37. Female Suicide, Disclosing Intent (*n* = 807),
Prior Suicide Attempts (*n* = 728), and Either Circumstance (*n* = 1,194)
by Age Group, Virginia: 2003-2012**



**Figure 38. Male Suicide, Disclosing Intent (*n* = 2,560),
Prior Suicide Attempts (*n* = 1,102), and Either Circumstance (*n* = 3,107)
by Age Group, Virginia: 2003-2012**

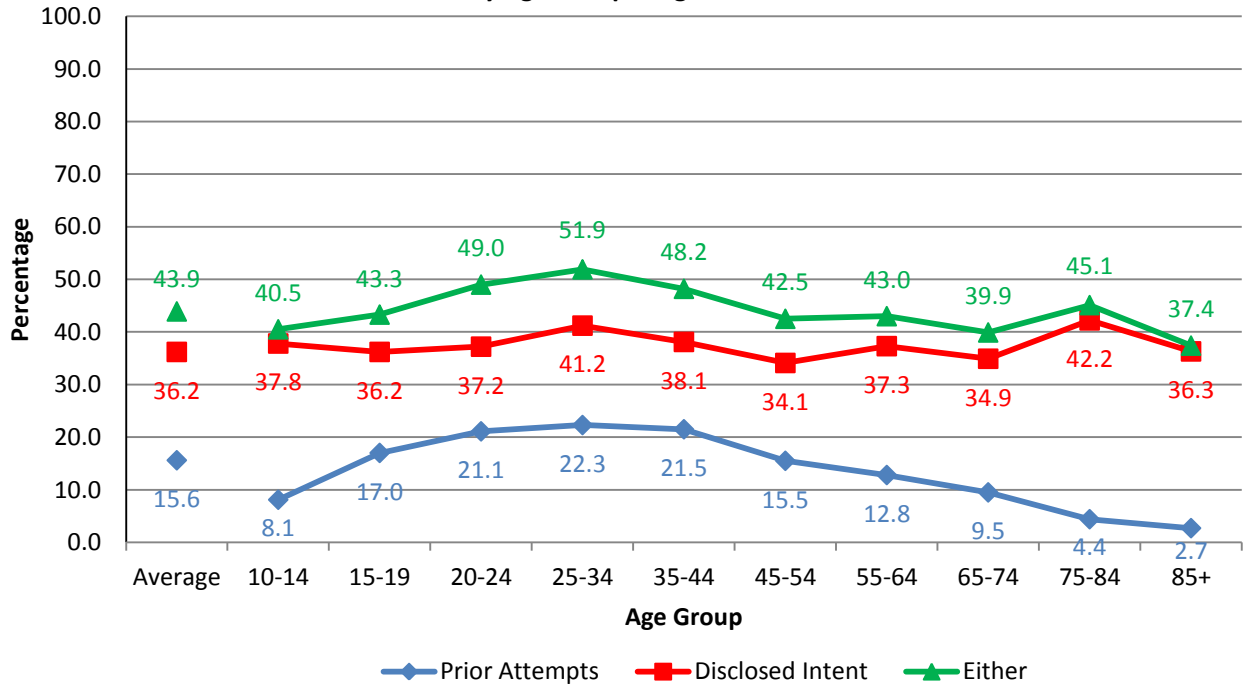


Table 1. Select Characteristics of Women's Suicide by Race, Virginia: 2003-2012 (Number and Percentage)

	White (n = 1,827)	Black (n = 167)	Asian (n = 81)	Total (N = 2,087)
Suicide Rate	6.3	2.0	3.7	5.3
Common Age Groups	Ages 45-54 (487, 27%)	Ages 25-34 (40, 24%)	Ages 35-44 (22, 27%)	Ages 45-54 (539, 26%)
	Ages 35-44 (421, 23%)	Ages 45-54 (40, 24%)	Ages 25-34 (18, 22%)	Ages 35-44 (480, 22%)
Median age	47	39	38	46
Marital Status (ages 18+)	Married (663, 37%)	Never Married (85, 52%)	Married (32, 40%)	Married (729, 36%)
Education Level (ages 25+)	Beyond high school (802, 48%)	Beyond high school (61, 45%)	Beyond high school (42, 59%)	Beyond high school (911, 48%)
Occupation Status	Employed (895, 50%)	Employed (92, 56%)	Employed (34, 43%)	Employed (1,209, 51%)
	Homemaker (358, 20%)	Unemployed (28, 17%)	Homemaker (22, 28%)	Homemaker (390, 19%)
Method of Fatal Injury	Poison (756, 41%)	Poison (46, 28%)	Hanging/Suffocation (43, 53%)	Poison (821, 39%)
	Firearm (652, 36%)	Firearm (45, 27%)	Poison (15, 19%)	Firearm (710, 34%)
Two Most Common Circumstances	Mental Health Problem (1,379, 77%)	Mental Health Problem (107, 67%)	Disclosed Intent/ Prior Attempts (47, 59%)	Mental Health Problem (1,533, 75%)
	Disclosed Intent/ Prior Attempts (1,054, 59%)	Disclosed Intent/ Prior Attempts (85, 53%)	Mental Health Problem (41, 51%)	Disclosed Intent/ Prior Attempts (1,194, 58%)

Table 2. Select Characteristics of Men's Suicide by Race, Virginia: 2003-2012 (Number and Percentage)

	White (n = 6,110)	Black (n = 760)	Asian (n = 163)	Total (N = 7,075)
Suicide Rate	21.5	10.0	8.0	18.5
Common Age Groups	Ages 45-54 (1,329, 22%)	Ages 25-34 (199, 26%)	Ages 25-34 (38, 23%)	Ages 45-54 (1,507, 21%)
	Ages 35-44 (1,079, 18%)	Ages 45-54 (140, 18%)	Ages 35-44 and 45-54 (tie) (33, 20%) (each)	Ages 35-44 (1,253, 18%)
Median age	48	36	43	46
Marital Status (ages 18+)	Married (2,066, 35%)	Never Married (352, 48%)	Married (67, 42%)	Married (2,351, 34%)
Education Level (ages 25+)	High school degree (2,169, 40%)	High school degree (290, 48%)	Beyond high school (81, 58%)	High school degree (2,518, 41%)
Occupation Status	Employed (3,774, 63%)	Employed (496, 67%)	Employed (95, 60%)	Employed (4,397, 64%)
	Unemployed (837, 14%)	Unemployed (112, 15%)	Unemployed (35, 22%)	Unemployed (985, 14%)
Method of Fatal Injury	Firearm (3,927, 64%)	Firearm (461, 61%)	Hanging/Suffocation (75, 46%)	Firearm (4,460, 63%)
	Hanging/Suffocation (1,211, 20%)	Hanging/Suffocation (188, 25%)	Firearm (46, 28%)	Hanging/Suffocation (1,486, 21%)
Two Most Common Circumstances	Mental Health Problem (3,046, 50%)	Crisis in Past 2 Weeks (365, 48%)	Mental Health Problem (75, 46%)	Mental Health Problem (3,374, 48%)
	Disclosed Intent/ Prior Attempts (2,730, 45%)	Intimate Partner Problem (296, 39%)	Disclosed Intent/ Prior Attempts (68, 42%)	Disclosed Intent/ Prior Attempts (3,107, 44%)