

# Suicide: Results from the New Jersey Violent Death Reporting System (NJVDRS)



An Office of Injury Surveillance and Prevention Brief -- December 22, 2006

- An average of 580 New Jersey residents completed suicide each year from 1994-2003<sup>1</sup>; 2004 is the first year to exceed 600.
- Suicide was the 2nd leading cause of injury death for males and 3rd for females from 1999-2003<sup>1</sup>.
- New Jersey suicide rates rose slightly from 2003 to 2004 among males, and overall.
- Mental illness, both treated and untreated, is frequently reported among New Jersey suicide victims.

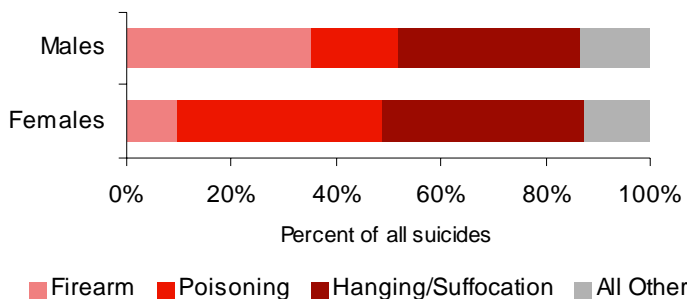
**Table 1. Suicides by gender and race/ethnicity, New Jersey residents, 2003-2004**

	2003		2004	
	N	Rate	N	Rate
Male	457	10.9	492	11.6
Female	124	2.7	114	2.5
White Non-Hispanic	467	7.8	484	8.4
Black Non-Hispanic	49	4.3	49	4.1
Hispanic (any race)	43	3.8	42	4.0
<b>NJ residents total</b>	<b>581</b>	<b>6.6</b>	<b>606</b>	<b>6.8</b>

Rates for gender and race are per 100,000 population and are age-adjusted using the 2000 US Standard Population.  
 Data sources: New Jersey Violent Death Reporting System, v.07/14/2006; NCHS Bridged Race Estimates for population

The first two surveillance years for NJVDRS saw the continuation of the trend observed since 1990's: the suicide rate in New Jersey had dropped from a 16-year high of 7.3 per 100,000 in 1990 to 6.6 in 2003, and 6.8 in 2004. Suicide rates in New Jersey continue to be lower than seen nationally (12.4 per 100,000 in 1990; 10.8 in 2003)<sup>1</sup>.

**Figure 1. Mechanism of suicide, by gender, New Jersey residents, 2003-2004**



Data Source: New Jersey Violent Death Reporting System, v.07/14/2006. Data are combined for 2003 and 2004.

Males completed suicide much more often than females during 2003 and 2004, as in past years. Suicide was also more likely among white non-Hispanics, whose rates were higher than for blacks or Hispanics by about a 2 to 1 margin (Table 1).

Males were more likely to use a firearm to kill themselves than females, who were more likely to choose poisoning (Figure 1). However, firearms in general were used three times more often to complete suicide nationally than in New Jersey, for both males and females<sup>1</sup>.



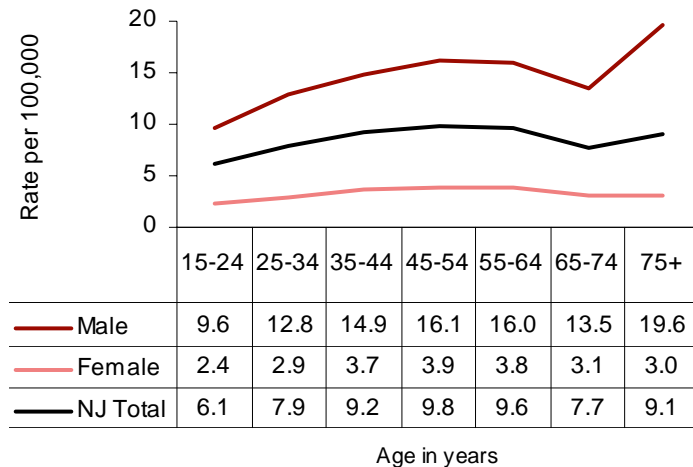
Fred M. Jacobs, M.D., J.D.  
Commissioner



Jon S. Corzine  
Governor

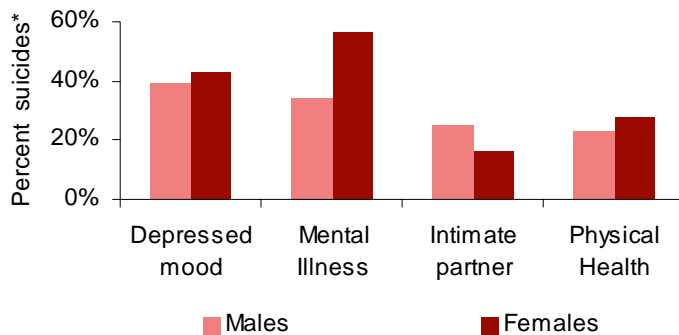
New Jersey Department of Health and Senior Services  
 Public Health Services  
 Office of the State Epidemiologist  
 Center for Health Statistics  
 Office of Injury Surveillance and Prevention

**Figure 2. Age-specific suicide rates for males and females, New Jersey residents, 2003-2004**



Rates are combined two-year average rates per 100,000 age-specific population. Data Sources: New Jersey Violent Death Reporting System, v.07/14/2006; NCHS bridged-race estimates for population

**Figure 3. Circumstances reported among New Jersey suicides, 2003-2004**



\*Sex-specific percentage calculated among suicides with known circumstances. M Total = 949, Circ known = 778 (82%); F Total = 238, Circ known = 192 (81%). Data Sources: New Jersey Violent Death Reporting System, v.07/14/2006.

Suicide rates for males were higher than females for every age group but both experience a peak between ages 45 to 54 years (Figure 2). Males experience a second peak after age 75.

Vital events data are a valuable tool in examining the mechanisms and demographic characteristics of people who complete suicide, but they do not capture information that may shed light on the personal events leading up to a suicide. NJVDRS allows for more comprehensive analysis of these deaths.

For example, NJVDRS suicide circumstance data showed that males were more likely to have been experiencing an intimate partner problem contributing to their suicide than females in 2003-2004 (Figure 3).

Females were more likely than males to have been reported as experiencing current depressed mood or a current mental illness. Females were also more likely to have a physical health problem at the time of their suicide, except for those 75 and older. In this age group, more than 25% of males had a reported physical health problem that contributed to their suicide, compared to a little less than 19% of females.

The New Jersey Violent Death Reporting System (NJVDRS) is a CDC-funded surveillance system, a collaborative effort of the Center for Health Statistics and the Violence Institute of New Jersey at the University of Medicine and Dentistry of New Jersey. The project seeks to help researchers determine the circumstances and risk factors associated with suicide and other violent deaths by linking timely data from multiple detailed sources. These efforts may help identify points of potential prevention - Linking Data to Save Lives. Look for our New Jersey Violent Death Reporting System 2003-2004 report in Early 2007.

<sup>1</sup>Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. 2006. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available from : [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars). Accessed September 1, 2006.

