

OK-VDRS BRIEF REPORT

Oklahoma Violent Death Reporting System

Youth Suicide in Oklahoma, 2004 - 2007

Suicide is the third leading cause of death among youth 10-24 years of age in the U.S., accounting for an average of 12 deaths per day. For every youth suicide, 100-200 attempts occur. While young males are more likely to die from suicide than young females, more young females attempt suicide than males. In Oklahoma, suicide is the second leading cause of death among persons 10-24 years of age following unintentional injury death. Oklahoma Violent Death Reporting System (OK-VDRS) data were analyzed to describe the problem of suicide among persons 10-24 years of age in Oklahoma.

- A total of 286 Oklahoma youths committed suicide during 2004-2007. Oklahoma's youth suicide rate (9.3) was 31% higher than the national rate (7.1) (Figure 1).
- Sixty-three percent of youths who committed suicide in Oklahoma were 20-24 years of age; 37% were 10-19 years of age (Table 1).
- Eighty-one percent of the deaths were among males and 19% were among females.
- The rate of suicide among youths 20-24 years of age (16.4 per 100,000 population) was 14% higher than the state suicide rate for persons of all ages (14.4).
- The suicide rate among Native American youth (14.4) was 66% higher than the rate among whites and 2.8 times higher than the rate among blacks.
- Native American males and females had the highest rates of suicide compared to other races, 23.5 and 5.1, respectively.
- Native American males 20-24 years of age had the highest rate of suicide of any race or gender group at 41.7.

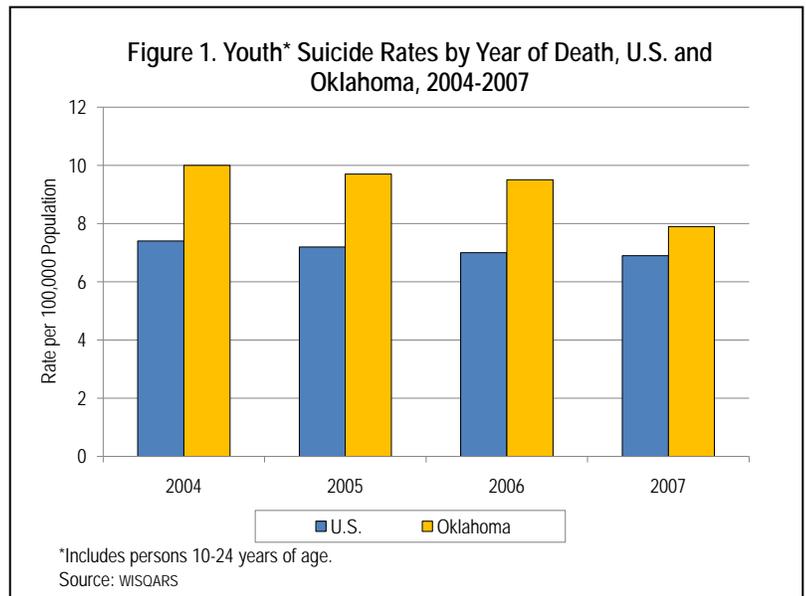


Table 1. Youth Suicide Rates* By Age, Gender, Race, and Ethnicity**, Oklahoma, 2004-2007

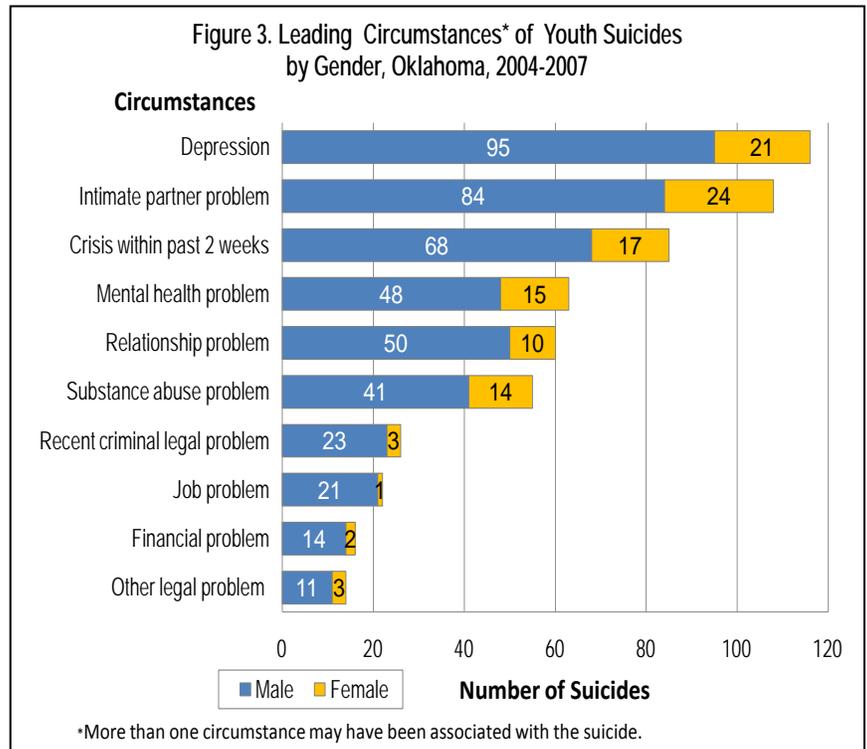
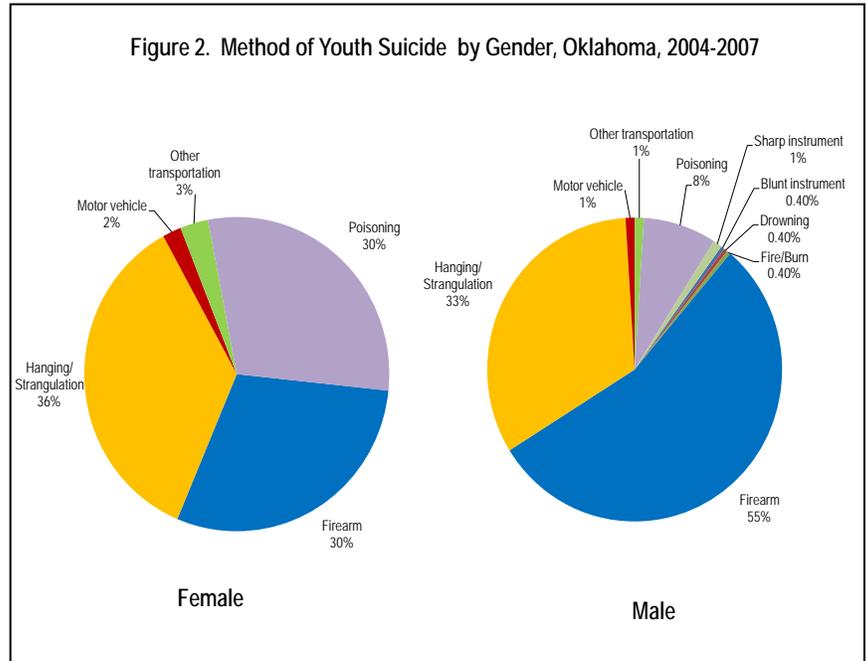
	Total		White		Native American		Black		Asian or Pacific Islander		Hispanic**	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Male												
10-14	11	2.2	10	2.7	0	0.0	1	-	0	0.0	2	-
15-19	77	14.9	49	12.6	18	28.5	5	8.9	0	0.0	6	14.2
20-24	145	25.0	104	23.4	25	41.7	7	11.8	2	-	11	21.1
All males	233	14.6	163	13.5	43	23.5	13	7.6	2	-	19	13.5
Female												
10-14	4	0.8	2	-	2	-	0	0.0	0	0.0	1	-
15-19	13	2.7	9	2.5	2	-	2	-	0	0.0	0	0.0
20-24	36	6.9	28	7.0	5	8.5	2	-	0	0.0	4	10.3
All females	53	3.6	39	3.5	9	5.1	4	2.6	0	0.0	5	4.1
Both Genders												
10-14	15	1.5	12	1.7	2	-	1	-	0	0.0	3	3.3
15-19	90	9.0	58	7.7	20	16.2	7	6.4	0	0.0	6	7.5
20-24	181	16.4	132	15.6	30	25.2	9	8.2	2	-	15	16.5
Total	286	9.3	202	8.7	52	14.4	17	5.2	2	-	24	9.2

*Rates per 100,000 population. Rates based on numbers less than 20 should be interpreted with caution due to the likelihood of being unstable and imprecise.
**Hispanic ethnicity is counted separately from race and is not a racial category.

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Youth Suicide in Oklahoma

- Firearms were used in 50% of the youth suicides, hanging and strangulation in 33%, poisoning in 12%, and other methods were used in 5% of the deaths. Other methods included motor vehicle or other type of transportation, sharp or blunt instruments, drowning, and fire/burn.
- Sixty-three percent of the firearms used in youth suicide were handguns, 19% were shotguns, 16% were rifles, and the type of firearm was unknown for 2%.
- Among females, hanging/strangulation, poisoning and firearms were the leading methods used. Among males, firearms were the predominant method of suicide (Figure 2).
- Depression (41%), intimate partner problems (38%), and a crisis in the two weeks prior to the incident (30%) were the leading circumstances surrounding youth suicides.
- Depression was the leading circumstance associated with suicide among male youth, while an intimate partner problem was the leading circumstance associated with suicide among female youth (Figure 3).
- Twenty-eight percent of the youths who committed suicide left a suicide note and 26% had disclosed their intent to commit suicide at some time in the past.



Prepared by:
 H. Julien Kabore, MPH
 Injury Prevention Service
 Oklahoma State Department of Health



The Oklahoma Violent Death Reporting System (OK-VDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, law enforcement reports, and child fatality review data. The data are included in the National Violent Death Reporting System and can be accessed at <http://www.cdc.gov/injury/wisqars/>.