



## Veteran Suicide in West Virginia

2017 – 2021



Fatality and Mortality Review Team  
(FMRT)

Samantha Price, MPH *NVDRS Epidemiologist*

## **Background**

In 2020, 6,146 veterans died by suicide in the U.S.,<sup>1</sup> equating to a suicide rate of 31.7 - twice as high as the general population rate of 14.04. Additionally, veteran suicide rose by 27% between 2001 and 2020, higher than the observed increase for the general population<sup>1</sup>.

Among the general population in West Virginia, the age-adjusted suicide rate as of 2021 was 20.6<sup>5</sup>. This is already higher than the national rate of 14.1<sup>5</sup>, and the rate of suicide in West Virginia veterans is even higher.

As of 2022, 110,911 veterans are reported to currently live in the state of West Virginia<sup>2</sup>. This makes up 7.8% of the population, one of the highest percentages in the country. Because of this, addressing the health and wellbeing of veterans is a major priority within the state.

## **About the West Virginia Violent Death Reporting System**

This report was made using data from the West Virginia Violent Death Reporting System (WVDRS). The WVDRS is a Centers for Disease Control and Prevention (CDC) funded, incident-based reporting system that collects detailed information on violent deaths and the circumstances surrounding them within the state of West Virginia. The WVDRS defines a violent death as "a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community."<sup>3</sup> This includes any homicide, suicide, death of undetermined intent, and death due to an accidental firearm injury that occurs within the state.

This project was supported by funds from the National Center for Injury Prevention and Control (NCIPC), CDC, and Department of Health and Human Services (DHHS) under CDC-RFA-CE 22-2201 "Collecting Violent Death Information Using the NVDRS" for \$238,720.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the NPCIPC, CDC, DHHS, or the U.S. Government.

The deidentified data and information contained in this release was compiled by the WVDRS through the abstraction of information from certified death certificates, official coroner/medical examiner reports, official autopsy reports, official toxicology reports, official law enforcement reports, and other official documents. The data abstracted from these sources is assumed to be accurate at the time of abstraction, however, the source entities of the official documentations have provided no guarantee of accuracy and are under no obligation to provide corrections or updates to the WVDRS when errors are corrected or official reports are supplemented. The data represents the most accurate findings available at the time of abstraction for deaths which meet the NVDRS definition for inclusion into the national dataset, during the specified timeframe, which occurred within the borders of the state of West Virginia. The WVDRS conducts a thorough cross referencing of vital registration records to ensure that all deaths that occurred in West Virginia during the specified timeframe have been reviewed and screened for inclusion in or exclusion from (based upon the NVDRS criterion) the dataset.

The data abstracted and included in the dataset is only as complete as the source documents which served as the foundation for abstraction. The WVDRS utilizes multiple sources in an attempt to provide as complete a dataset as possible; however, some data elements are not obtainable in every case and therefore are missing from the dataset. The WVDRS certifies that this dataset has been compiled utilizing the most current standards and requirements outlined by the National Center for Injury Prevention and Control (NCIPC, a division of the Centers for Disease Control and Prevention (CDC).

## **Methods**

### *Population Definition*

For the purpose of this report, a decedent would be considered for participation if they were reported by the WVDRS to have at any point been in the U.S. military and died by suicide between 2017 and 2021. All civilian decedents and those who died by other means were excluded from analysis. With these stipulations, the number of decedents included in the sample totaled to 320. All population information was obtained from the U.S. Census American Community Survey (ACS).

### *Data Analysis*

This report utilizes counts, percentages, and crude rates to report the information recorded in the WVDRS. Counts are a way to get a simple overview of the data. By looking at the number of cases, basic outlines of trends can be seen. However, other measures are needed to see things in more detail. Percentages add another level of depth to the analysis. When percentages are used, it makes it easier to look at how variables compare to each other. Rates are another measure that are most useful when comparing groups of different sizes. Rates take the size of the population into account, and measure their results as the number of cases per 100,000.

All veteran suicides that occurred between 2017 and 2021 were aggregated and summarized using counts, percentages, and rates. All rates were calculated as the number of veteran suicides divided by the yearly population provided by the American Community Survey and expressed as the number of incidents per 100,000 people. Rates and percentages were calculated at an alpha level of 0.05. All results that included less than five observations were excluded from analysis to protect the anonymity of descendants. All analyses were performed using SAS 9.4.

### *Data Limitations*

The data reported in the WVDRS is limited to what can be collected from law enforcement reports, medical examiner reports (including autopsy reports and toxicology reports), EMS and medical records, and death certificates. While this does include detailed information, there are still details surrounding the circumstances of a death that might not be included in these reports. Because of this, some variation is possible between the actual and recorded number of certain circumstances surrounding a death.

Additionally, all population measures were obtained from the U.S. Census American Community Survey. Because of the nature of survey data, it is possible that there are variations between what is recorded and the actual population counts.

Finally, because of the smaller size of the veteran population in comparison to the overall state population, rates calculated in this report have the potential to be inaccurate. Because of this, any rate calculated with fewer than 10 observations should be interpreted with caution. To protect the anonymity of decedents, any category with less than five observations was excluded from analysis.

## **Results**

### *Demographics*

Between 2017 and 2021, 320 veterans died by suicide in West Virginia, equating to a rate of 57.7. This is 37% higher than the suicide rate for the general population. The year 2017 had a rate of 54.2, 2018 had a rate of 52.2, 2019 had a rate of 47.1, 2020 had a rate of 56.2, and 2021 had a rate of 55.9. Looking at these numbers over time (*Figure 1*), it can be seen that there was a slight decline in 2018 and 2019, but the suicide rate increased to its highest point in 2020. However, a slight decline can be seen in 2021.

Males made up 95.9% of the victims, while 4.1% were female (*Table 1*). Males had a suicide rate of 60.85 and females had a rate of 40.79. A majority of victims were White (97.2%), 1.9% of victims were Black or African American. Victims of other nationalities were removed from the sample to protect anonymity due to low frequency. White victims had the higher suicide rate at 60.18. Black victims were slightly lower at 49.49 - below the veteran average but still well above the general state average rate.

The highest percentage of veteran suicide deaths were among those 75 and older (28.8%) (*Table 2*). However, this is likely more indicative of the aging veteran population. When looking at rates (*Figure 2*), the highest by far is among those 18-34 at 119.39. The lowest rates are in those 55-64 (38.47), followed by veterans aged 65-74 (45.5), with victims 75 and up ranking third highest at 60.5.

Married individuals made up 38.1% of victims at the time of death (*Table 3*). All other victims were reported to be unmarried or separated, with 30.3% being divorced, 17.8% never married, 11.3% widowed, and 2.5% married but separated. 90% of victims had at least a high school diploma or GED. Of these, 49.1% had a high school diploma, 20.9% had either an associate's degree or some college with no degree, and 8.4% had a bachelor's degree or higher.

There were 125 different occupations listed as the usual occupations of veteran suicide victims between 2017 and 2021. Military (Rank Not Specified) was the most common listed occupation, comprising 9.7% of victims (*Table 4*). After this, 5.3% of victims were laborers or freight, stock, or material movers. 4.4% of victims were sales workers or truck drivers, and 4.1% of victims were construction laborers. 3.8% of victims did not work, 3.1% were carpenters, 2.8% were construction managers, 2.5% were retail managers and supervisors, 2.2% were police officers, and 1.9% were janitors or building cleaners.

The counties with the highest percentage of veterans were Pocahontas (9.4%), Taylor (9%), Hardy (9%), Morgan (8.9%), and Hancock (8.7%) (*Table 5*). The counties with the highest percentages of veteran suicides were Kanawha (11.3%), Berkeley (7.8%), Harrison (4.7%), Wood (4.4%), and Mercer (4.4%) (*Table 5*). When looking at veteran suicide rates by county, the top 5 counties were Pendleton at 240.38, Wirt at 232.02, Lewis at 223.37, and Monroe at 214.82 (*Table 5*).

### *Cause of Death*

Firearm deaths made up 75.3% of all veteran suicides (*Table 6*). After this, hanging was most common at 11.9%. Poisoning comprised 7.8% of deaths. All other causes fell below 2%. Males had a slightly higher percentage of firearm deaths (75.6%), however, firearms comprised over 60% of deaths for both sexes (*Table 9*). Men made up all deaths caused by a fall (2.0%). A larger percentage of men died by hanging (12.1%) than women (7.7%). However, women comprised a significantly larger percentage of deaths by poisoning (23.1%) than men (7.2%) (*Table 7*).

### *Circumstances*

At the time of death, 36.6% of victims were reported to have a mental illness (*Table 8*). Of these mental illnesses, 27.4% had depression, 43.6% had PTSD, 15.3% had anxiety, and 6% had bipolar disorder.

When compared to the general population (*Figure 3*), the percentage of veteran victims with PTSD was around 5 times higher.

A depressed mood was reported among 39.7% of the victims. (*Table 8*). More than 16 percent of victims were reported to be currently receiving mental health treatment, while 20.3% were reported to have received treatment at some time in the past. 14.4% of victims were reported to have a problem with alcohol abuse (*Table 10*), and 8.8% were reported to have a problem with substance abuse.

In 18.1% of victims, it was reported that a problem with an intimate partner preceded their death (*Table 9*). Family relationship problems made up 5.3% of cases while other relationships (friends, coworkers, etc.) made up 2.2%. In 13.8% of cases, the victim was reported to be in an argument before death.

In 10% of the victims, there was a reported history of suicide attempts, but 24.7% had a reported history of suicidal thoughts. More than 24 percent of victims were reported to have left a suicide note (*Table 10*). 26.6% of victims were reported to have disclosed their intent to die by suicide before death (*Table 11*). Of these victims, 42.4% disclosed to an intimate partner, 22.4% disclosed to another family member, 18.8% disclosed to an unknown person, 8.2% disclosed to a friend, 5.9% disclosed to a healthcare worker, and 2.4% disclosed to a neighbor (*Figure 4*).

Legal problems were listed as a contributing factor in 6.6% of the victims (*Table 12*). 34.7% of victims had a reported physical health problem that contributed to their death. Job problems were reported among 4.1% percent, 2.5% a financial problem, 3.1% a recent death of a friend or family member.

## **Discussion**

Both rates and numbers of veteran suicides remained relatively stable from 2017 to 2021, excluding the slight drop in both in 2019. However, there was a slightly lower number and rate of veteran suicides in 2021 when compared to 2017, so a slight downward trend can be noted. This partially aligns with trends seen nationwide, where a decrease in the rate of veteran suicide was seen between 2019 and 2020<sup>1</sup>.

West Virginia differs from national trends in that white veterans have the highest suicide rate by race. However, this is likely due to the demographic makeup of the state and not indicative of any trend<sup>2</sup>.

Looking at rates by age group, West Virginia falls in line with national trends noted by the Veterans Administration<sup>1</sup>. Both within the state and nationwide, young veterans (18-34) are dying by suicide at a much higher rate than their older counterparts. Determining the cause of this discrepancy goes beyond the scope of this report, however other research has shown a stronger correlation between young veterans and certain factors that increase one's risk for suicide (isolation from community, higher reporting of traumatic events in childhood, lack of social network)<sup>4</sup> that was less present in older veterans.

While a majority of victims were married, the second highest percentage of suicides were among divorced veterans. This aligns with previous research that shows marriage as a potential protective factor against suicide.

When looking at county deaths on a map (*Figure 5*), it is interesting to note that there is a visually negative correlation between the rate of veteran suicides per county and the percent of veterans living in the county (*Figure 6*). This differs from the percent of suicides, which generally increases as the population increases. There are a few factors that may have an impact on this. First, many of the counties with the lowest percentages of veterans per county also have a low population overall, and those living in sparsely populated rural areas are known to be at a higher risk of suicide than those living in more urban populations<sup>1,4</sup>. Second, community has been shown to be a protective factor against suicide in all

populations, but especially among veterans<sup>1,4</sup>. It can be hypothesized that veterans who live in an area where they are among a higher number of their peers would have more community, and therefore lower rates of suicide.

## References

[1] VA Suicide Prevention, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. U.S Department of Veteran Affairs. September 2022. Accessed January 23, 2024. <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

[2] U.S. Census Bureau. Data.Census.gov. Accessed January 23, 2024. <https://data.census.gov/>

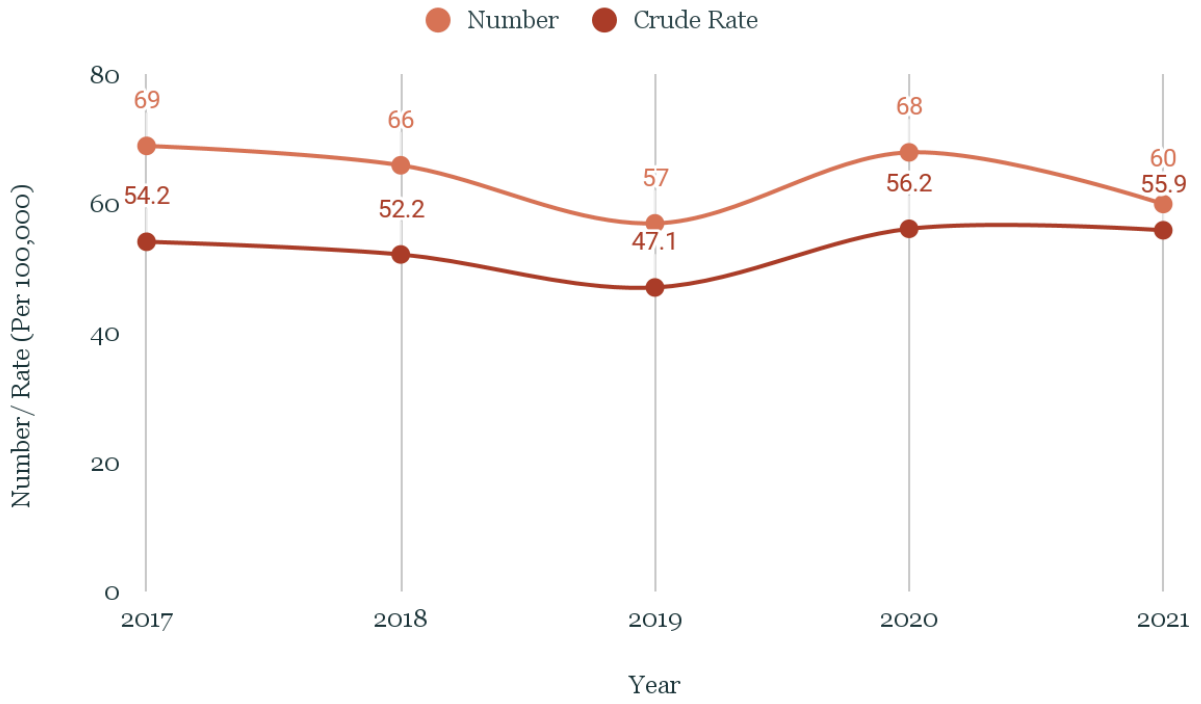
[3] National Center for Injury Prevention and Control, Division of Violence Prevention. Introduction. National Violent Death Reporting System Coding Manual. Version 6.0. 2022: Page 7. Accessed January 23, 2024. <https://www.cdc.gov/violenceprevention/pdf/nvdrs/nvdrsCodingManual.pdf>

[4] Emily R. Edwards et al. Understanding Risk in Younger Veterans: Risk and Protective Factors Associated with Suicide Attempt, Homelessness, and Arrest in a Nationally Representative Veteran Sample. *Mil Psychol.* 2022; 34(2): 175-186. doi: 10.1080/08995605.2021.1982632.

[5] National Center for Health Statistics. Stats of the States: Suicide Mortality by State. Centers for Disease Control and Prevention. February 15, 2023. Accessed February 8, 2024. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

## Appendix

**Figure 1: Number and Rate of Veteran Suicides in West Virginia, 2017-2021**



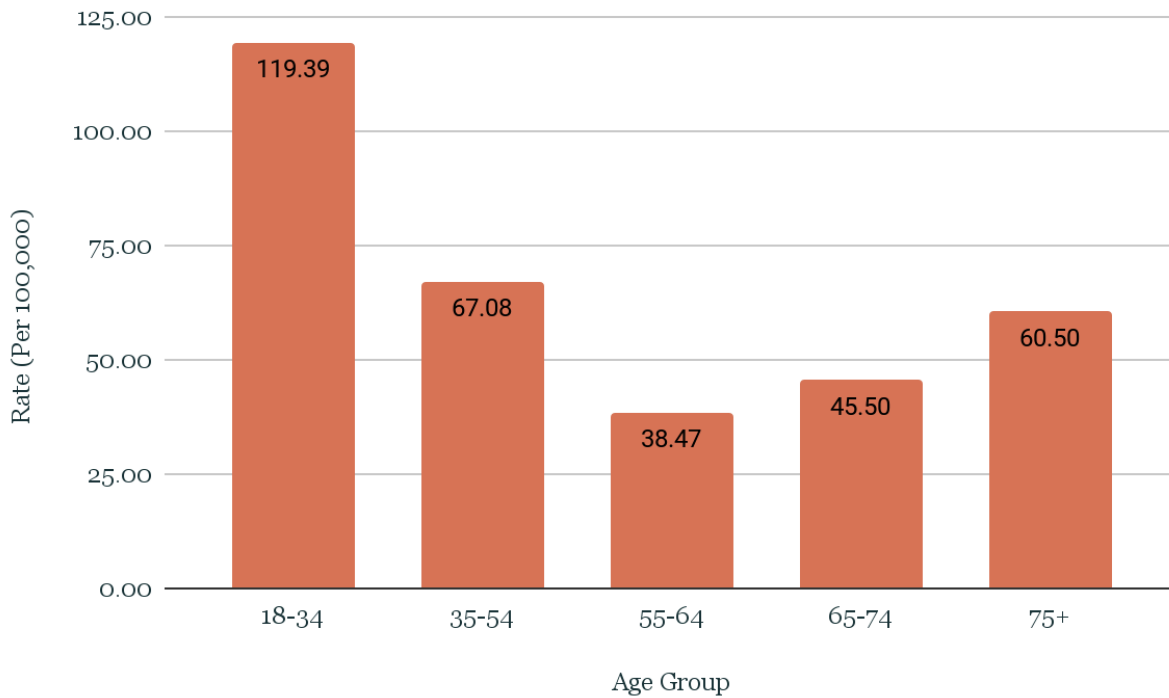
**Table 1: Veteran Suicide by Sex and Race, West Virginia, 2017-2021**

	N	%	95% CI	Crude Rate	95% CI
Total	320	-	-	57.70	43.57 - 71.84
<b>Sex</b>					
Male	307	95.9	93.77 - 98.1	60.85	45.64 - 76.07
Female	13	4.1	1.9 - 6.23	40.79	-8.78 - 90.36
<b>Race</b>					
White Non-Hispanic	311	97.2	95.38 - 99	60.18	45.23 - 75.13
Black/ African American Non-Hispanic	6	1.9	0.39 - 3.36	49.49	-29.69 - 128.67

**Table 2: Veteran Suicide by Age Group, West Virginia, 2017-2021**

	N	%	95% CI	Crude Rate	95% CI
<b>Age Group</b>					
18-34	39	12.2	8.6 - 15.77	119.39	35.65 - 203.13
35-54	86	26.9	22.02 - 31.73	67.08	35.39 - 98.77
55-64	38	11.9	8.33 - 15.42	38.47	11.12 - 65.82
65-74	65	20.3	15.9 - 24.72	45.50	20.77 - 70.23
75+	92	28.8	23.79 - 33.71	60.50	32.87 - 88.14

**Figure 2: Veteran Suicide by Age Group, West Virginia, 2017-2021**





**Table 3: Veteran Suicide by Marital Status and Education Level, West Virginia, 2017-2021**

	N	%	95% CI
<b>Marital Status (Over 18)</b>			
Married/ Civil Union/ Domestic Partnership	122	38.1	32.8 - 43.45
Never Married	57	17.8	13.62 - 22
Widowed	36	11.3	7.79 - 14.71
Divorced	97	30.3	25.28 - 35.35
Unknown	0	0.0	0 - 0
<b>Education (Over 18)</b>			
Less than High School	31	9.7	6.45 - 12.93
High School/ GED	157	49.1	43.59 - 54.54
Some College	67	20.9	16.48 - 25.4
Bachelor's Degree or Higher	27	8.4	5.39 - 11.48

**Table 4: Veteran Suicides Stratified by Usual Occupation, West Virginia, 2017-2021**

	N	%	95% CI
<b>Usual Occupation</b>			
Military (Rank Not Specified)	31	9.7	6.45 - 12.93
Laborers and Freight, Stock, and Material Movers	17	5.3	2.86 - 7.77
Drivers/ Sales Workers and Truck Drivers	14	4.4	2.13 - 6.62
Construction Laborers	13	4.1	1.9 - 6.23
Did Not Work	12	3.8	1.67 - 5.83
Carpenters	10	3.1	1.22 - 5.03
Construction Managers	9	2.8	1 - 4.62
First-Line Supervisors/ Managers of Retail Sales Workers	8	2.5	0.79 - 4.21
Police Officers	7	2.2	0.58 - 3.79
Janitors and Building Cleaners	6	1.9	0.39 - 3.36

**Table 5: Veteran Suicide by County, West Virginia, 2017-2021**

County	N	%	95% CI	Crude Rate	95% CI	% Veterans Per County
Barbour*	<5	-	-	93.90	-90.05 - 277.85	6.9
Berkeley	25	7.8	4.87 - 10.75	53.41	6.61 - 100.21	7.7
Boone*	<5	-	-	74.68	-71.64 - 221.01	6.1
Braxton*	<5	-	-	100.50	-96.38 - 297.39	8.0
Brooke*	<5	-	-	70.32	-67.46 - 208.11	6.3
Cabell	10	3.1	1.22 - 5.03	60.14	-14.39 - 134.67	4.4
Calhoun*	0	0.0	0.0	0.00	0 - 0	7.0
Clay*	<5	-	-	210.53	-201.67 - 622.72	5.9
Doddridge*	<5	-	-	175.44	-168.12 - 519	7.3
Fayette*	<5	-	-	36.23	-34.77 - 107.23	6.8
Gilmer*	<5	-	-	198.41	-190.09 - 586.92	6.8
Grant*	0	0.0	0.0	0.00	0 - 0	8.0
Greenbrier	5	1.6	0.2 - 2.92	63.61	-47.87 - 175.1	6.0
Hampshire*	<5	-	-	60.57	-58.11 - 179.25	7.1
Hancock*	<5	-	-	79.18	-30.51 - 188.87	8.7
Hardy*	<5	-	-	117.10	-70.19 - 304.38	9.0
Harrison	15	4.7	2.37 - 7	77.50	-10.17 - 165.16	5.9
Jackson*	<5	-	-	75.83	-45.48 - 197.15	7.1
Jefferson	6	1.9	0.39 - 3.36	41.71	-16.09 - 99.51	8.3
Kanawha	36	11.3	7.79 - 14.71	67.11	18.11 - 116.12	5.9
Lewis	8	2.5	0.79 - 4.21	223.37	-47.84 - 494.58	6.8
Lincoln*	<5	-	-	108.23	-103.78 - 320.23	4.5
Logan*	<5	-	-	101.97	-61.13 - 265.08	4.5
Marion	6	1.9	0.39 - 3.36	54.20	-20.9 - 129.3	6.6
Marshall	7	2.2	0.58 - 3.79	85.95	-41.34 - 213.25	6.7
Mason*	<5	-	-	55.49	-53.24 - 164.23	7.1
McDowell	<5	-	-	106.16	-101.8 - 314.11	4.9
Mercer	14	4.4	2.13 - 6.62	74.51	-12.73 - 161.75	6.3
Mineral*	<5	-	-	46.73	-44.84 - 138.3	7.9

Mingo*	<5	-	-	168.07	-64.67 - 400.8	5.0
Monongalia	13	4.1	1.9 - 6.23	63.64	-5.53 - 132.8	4.8
Monroe	8	2.5	0.79 - 4.21	214.82	-82.59 - 512.23	7.5
Morgan	7	2.2	0.58 - 3.79	92.04	-60.36 - 244.45	8.9
Nicholas	9	2.8	1 - 4.62	115.31	-53.05 - 283.67	6.3
Ohio	9	2.8	1 - 4.62	82.51	-25.26 - 190.27	6.4
Pendleton*	<5	-	-	240.38	-230.2 - 710.97	6.8
Pleasants*	<5	-	-	190.84	-182.85 - 564.53	6.8
Pocahontas*	<5	-	-	135.32	-129.73 - 400.36	9.4
Preston	8	2.5	0.79 - 4.21	92.00	-35.45 - 219.44	6.4
Putnam	13	4.1	1.9 - 6.23	73.80	-15.87 - 163.48	6.1
Raleigh	8	2.5	0.79 - 4.21	39.07	-15.07 - 93.21	6.9
Randolph*	<5	-	-	50.81	-48.76 - 150.38	7.0
Ritchie*	<5	-	-	164.20	-157.37 - 485.78	7.2
Roane*	<5	-	-	142.18	-85.19 - 369.55	7.5
Summers*	<5	-	-	105.04	-100.73 - 310.82	8.0
Taylor*	<5	-	-	66.67	-63.96 - 197.29	9.0
Tucker*	<5	-	-	176.68	-169.31 - 522.66	8.4
Tyler*	<5	-	-	188.68	-180.78 - 558.14	6.4
Upshur*	<5	-	-	63.61	-61.03 - 188.26	6.6
Wayne	7	2.2	0.58 - 3.79	75.95	-36.54 - 188.45	5.9
Webster*	<5	-	-	180.51	-172.97 - 533.98	6.6
Wetzel*	<5	-	-	128.21	-122.92 - 379.33	5.4
Wirt*	<5	-	-	232.02	-222.21 - 686.25	8.3
Wood	14	4.4	2.13 - 6.62	53.46	-2.53 - 109.45	7.8
Wyoming*	<5	-	-	113.34	-81.38 - 308.06	5.4

\* Frequency of veteran suicide was less than 5. Counts and percentages were suppressed to maintain decedent anonymity. Rates should be interpreted with caution.

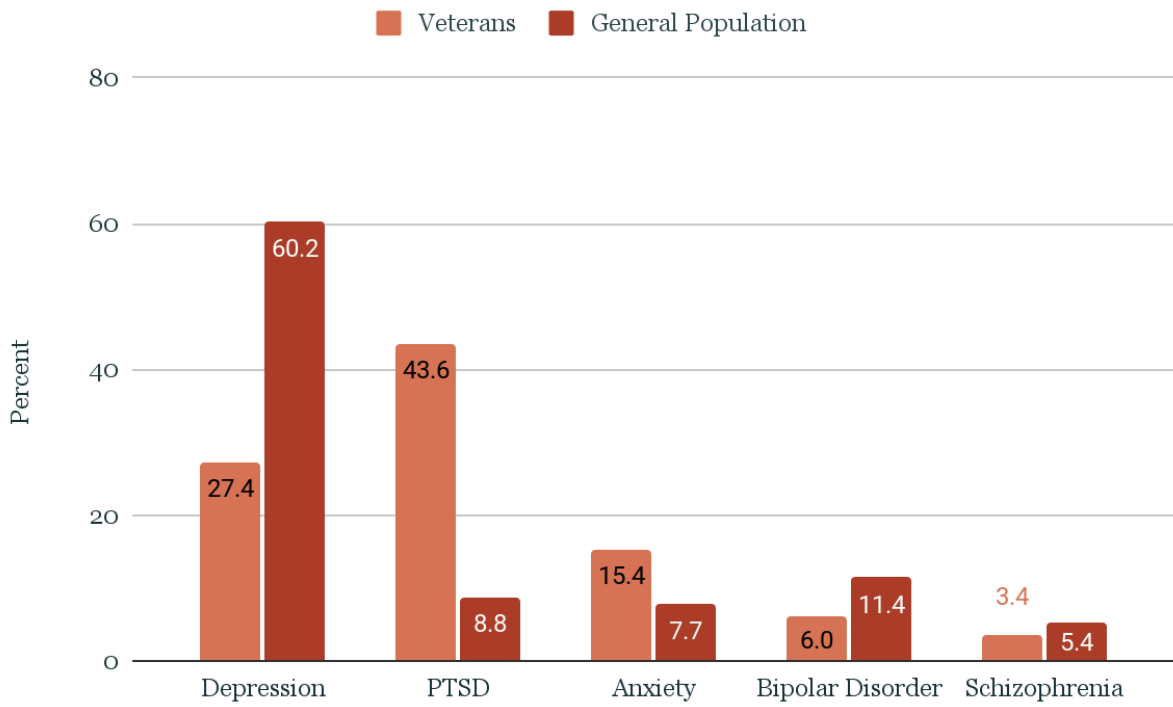
**Table 6: Veteran Suicides by Cause of Death, West Virginia, 2017-2021**

	<b>N</b>	<b>%</b>	<b>95% CI</b>
<b>Firearm</b>	241	75.3	70.59 - 80.04
<b>Poisoning</b>	25	7.8	4.87 - 10.75
<b>Hanging</b>	38	11.9	8.33 - 15.42
<b>Fall</b>	6	1.9	0.39 - 3.36
<b>Other*</b>	6	1.9	0.39 - 3.36
*Drowning, Burns, Vehicles, Tasers, Unspecified			

**Table 7: Veteran Suicides by Cause of Death and Sex, West Virginia, 2017 2021**

	<b>Male</b>			<b>Female</b>		
	<b>N</b>	<b>%</b>	<b>95% CI</b>	<b>N</b>	<b>%</b>	<b>95% CI</b>
<b>Firearm</b>	232	75.6	70.86 - 80.28	9	69.2	64.17 - 74.29
<b>Poisoning</b>	22	7.2	4.34 - 9.99	<5	-	-
<b>Hanging</b>	37	12.1	8.48 - 15.62	<5	-	-
<b>Fall</b>	6	2.0	0.44 - 3.47	0	0	0
<b>Other*</b>	6	2.0	0.44 - 3.47	0	0	0

**Figure 3: Mental Illness in Veteran and Civilian Suicide Victims, West Virginia, 20217-2021**



**Table 8: Veteran Suicide Victims by Mental Health Circumstances, West Virginia, 2017-2021**

	N	%	95% CI
<b>Current Depressed Mood</b>			
Yes	127	39.7	34.33 - 45.05
No	193	60.3	54.95 - 65.67
<b>Current Mental Health Treatment</b>			
Yes	52	16.3	12.21 - 20.29
No	268	83.8	79.71 - 87.79
<b>History of Mental Health Treatment</b>			
Yes	65	20.3	15.9 - 24.72
No	255	79.7	75.28 - 84.1

<b>Alcohol Abuse</b>			
Yes	46	14.4	10.53 - 18.22
No	274	85.6	81.78 - 89.47
<b>Other Substance Abuse Problem</b>			
Yes	28	8.8	5.65 - 11.85
No	292	91.3	88.15 - 94.35

**Table 9: Veteran Suicides by Relationship Circumstances, West Virginia 2017-2021**

	<b>N</b>	<b>%</b>	<b>95% CI</b>
<b>Intimate Partner Problem</b>			
Yes	58	18.1	13.9 - 22.35
No	262	81.9	77.65 - 86.1
<b>Family Relationship Problem</b>			
Yes	17	5.3	2.86 - 7.77
No	303	94.7	92.23 - 97.14
<b>Other Relationship Problem</b>			
Yes	7	2.2	0.58 - 3.79
No	313	97.8	96.21 - 99.42
<b>Argument Before Death</b>			
Yes	44	13.8	9.98 - 17.52
No	276	86.3	82.48 - 90.02

**Table 10: Veteran Suicides by Circumstances Relating to Suicide, West Virginia, 2017-2021**

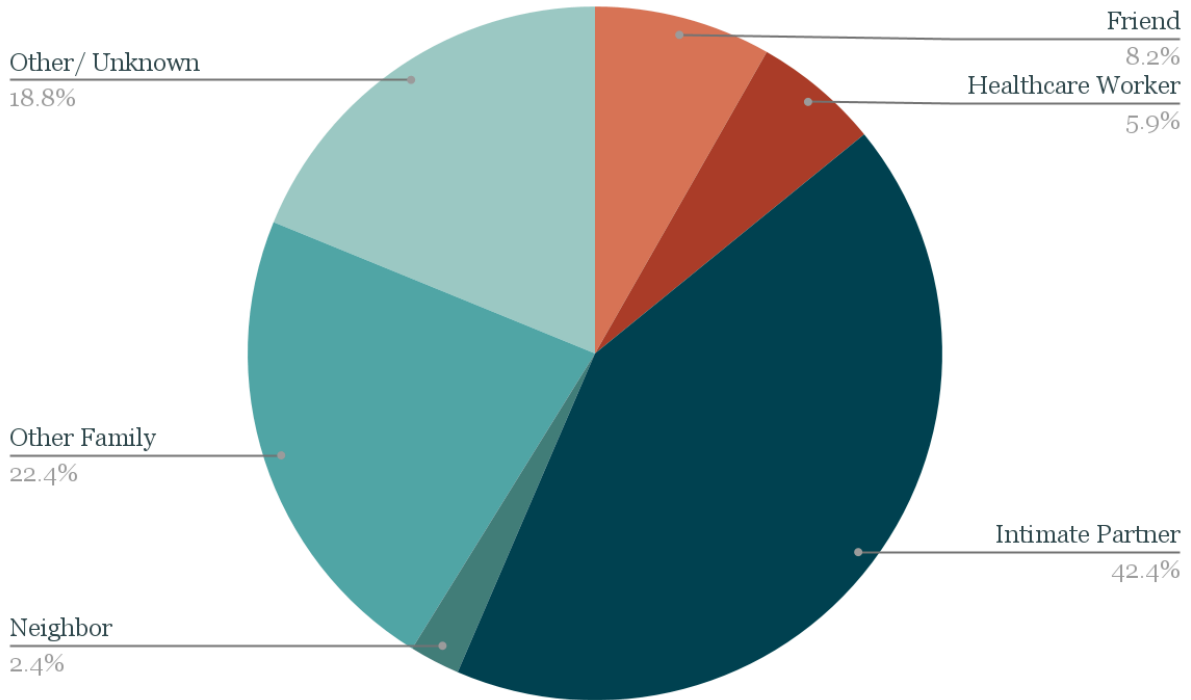
	<b>N</b>	<b>%</b>	<b>95% CI</b>
<b>History of Suicide Attempts</b>			
Yes	32	10.0	6.71 - 13.29
No	288	90.0	86.71 - 93.29
<b>History of Suicidal Thoughts</b>			

Yes	79	24.7	19.96 - 29.41
No	241	75.3	70.59 - 80.04
<b>Left a Note</b>			
Yes	77	24.1	19.38 - 28.75
No	243	75.9	71.25 - 80.62

**Table 11: Veteran Suicide Victims by Intent Disclosure, West Virginia, 2017-2021**

	<b>N</b>	<b>%</b>	<b>95% CI</b>
<b>Disclosed Intent</b>			
Yes	85	26.6	21.72 - 31.4
No	235	73.4	68.6 - 78.28
<b>Person Disclosed to</b>			
Friend	7	8.2	5.22 - 11.25
Healthcare Worker	5	5.9	3.3 - 8.46
Intimate Partner	36	42.4	36.94 - 47.77
Other Family Member	19	22.4	17.79 - 26.92
Other/ Unknown	16	18.8	14.54 - 23.11

**Figure 4: Veteran Suicides by Person to Whom Intent was Disclosed, West Virginia, 2017-2021**



**Table 12: Veteran Suicides by Other Circumstances, West Virginia, 2017-2021**

	N	%	95% CI
<b>Legal Problem (Criminal or Other)</b>			
Yes	21	6.6	3.85 - 9.28
No	299	93.4	90.72 - 96.15
<b>Physical Health Problem</b>			
Yes	111	34.7	29.47 - 39.9
No	209	65.3	60.1 - 70.53
<b>Job Problem</b>			
Yes	13	4.1	1.9 - 6.23
No	307	95.9	93.77 - 98.1
<b>Financial Problem</b>			



Yes	8	2.5	0.79 - 4.21
No	312	97.5	95.79 - 99.21
<b>Other Death of Friend or Family Member</b>			
Yes	10	3.1	1.22 - 5.03
No	310	96.9	94.97 - 98.78

Figure 5: Rate of Veteran Suicide by County, West Virginia, 2017-2021

