The Iowa Violent Death Reporting System (IAVDRS) is a CDC-funded statewide surveillance system that collects information on deaths that occur in Iowa resulting from homicide, suicide, unintentional firearm deaths, legal intervention and deaths of undetermined intent. IAVDRS is a multi-source data system from death certificates, medical examiner and law enforcement reports. The goal of this effort is to aid researchers, policymakers, and community interest groups in the development of public health prevention strategies to reduce violent deaths. Iowa began collecting data in 2015. This report is based on data from all 99 counties in Iowa. In 2017, there were 628 violent deaths that occurred in Iowa, of which 602 were residents of Iowa, and 460 of the violent deaths were classified as suicide. This report is a summary of Iowa resident suicide deaths.

**TYPES OF VIOLENT DEATHS AMONG IOWA RESIDENTS**

- In 2017, the majority of violent deaths in Iowa were classified as suicide, 76.4%.
- The remaining deaths from violence in Iowa were attributed to homicide (16.6%), undetermined (6.2%), and legal intervention (0.8%).

**SUICIDE IN IOWA**

- **State Rates.** Iowa’s suicide rate in 2017 was 14.62/100,000, a 1.8% increase from 2016.
- **State/U.S. Comparison.** The suicide rate in Iowa was slightly higher than the national average of 14.48/100,000.
- **Sex.** Males accounted for 80.7% of suicide victims and females accounted for 19.3% of suicide victims in 2017.

**SUICIDE METHODS**

- Firearm use was the manner of death in 45.7% of suicides, followed by asphyxiation (30.9%), and poisoning (17.0%).
- Poisoning (42.7%) and asphyxiation (33.7%) were the most common manners used by females and firearm (52.8%) and asphyxiation (30.2%) were the most common for males.

---

*Other includes: drowning, fall, fire/burn, motor vehicle, other transport vehicle (e.g., train, plane, boat), non-powder gun, intentional neglect, and sharp instrument*
FACTORS CONTRIBUTING TO SUICIDE DEATHS

In 97% of Iowa’s resident deaths by suicide, contributing circumstances surrounding the suicide deaths were documented in the records (N=445) by the medical examiner and/or law enforcement.

The age groups with the largest proportion of suicide deaths were people aged 25-44 and 45-64 (32% of the deaths in each group). Followed by older adults (65 years or older,18%) and youth (ages 10-24) which comprised 17% of suicide deaths.

![Suicide Deaths by Life Stage, 2017](image)

Notable Findings:

- Intimate partner problems contributed to more circumstances among young adults, followed by youth and middle-aged adults than to those in the older adult group.
- Physical health problems as a circumstance of suicide increased with age, particularly in the middle-aged (42%) and older adults (68%), compared to only 15% of young adults and 5% of youth.
- Depressed mood was most common in older adults yet history of mental health treatment and current mental health treatment was least common in this age group, and suicide thought history was nearly the most common in older adults.

The data reveals that the majority of violent deaths in Iowa are classified as suicide and four out of five suicides are males. The leading contributing factors for those at risk for suicide are depressed mood, existence of a mental health problem and history of treatment and suicidal thoughts, having an intimate partner problem, a history of suicidal ideation, and physical health problems.

These data show that suicide is a complex problem that can affect any Iowan regardless of age, sex, race or any other demographics. Restricting the means to suicide, especially to the most lethal means, is an effective suicide prevention strategy. More data will be included in future reports that should provide additional insight for suicide prevention initiatives.

More information on suicide prevention efforts and resources can be found at Your Life Iowa [http://www.yourlifeiowa.org](http://www.yourlifeiowa.org), 1-855-581-8111 (telephone) and 1-855-895-8398 (TEXT).

This publication was supported by Cooperative Agreement #5-U17-CE002599-04, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

**References**


State Rates – Iowa VDRS (for numbers of deaths). Bureau of Census (for population estimates).

August, 2019