The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2020 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States. This data sheet includes information about U.S. Territories Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran Suicide Deaths, 2020

<table>
<thead>
<tr>
<th>Sex</th>
<th>Veteran Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Female</td>
<td>&lt;10</td>
</tr>
<tr>
<td>All</td>
<td>&lt;10</td>
</tr>
</tbody>
</table>

* Rates calculated from suicide counts lower than 20 are considered unreliable.

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

### U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran and Total Suicide Deaths, 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>U.S. Territories Veteran Suicides</th>
<th>U.S. Territories Total Suicides</th>
<th>U.S. Territories Veteran Suicide Rate</th>
<th>U.S. Territories Total Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–34</td>
<td>&lt;10</td>
<td>Not available at this time</td>
<td>--</td>
<td>Not available at this time</td>
</tr>
<tr>
<td>35–54</td>
<td>&lt;10</td>
<td>Not available at this time</td>
<td>--</td>
<td>Not available at this time</td>
</tr>
<tr>
<td>55–74</td>
<td>&lt;10</td>
<td>Not available at this time</td>
<td>--</td>
<td>Not available at this time</td>
</tr>
<tr>
<td>75+</td>
<td>&lt;10</td>
<td>Not available at this time</td>
<td>--</td>
<td>Not available at this time</td>
</tr>
<tr>
<td>All</td>
<td>&lt;10</td>
<td>Not available at this time</td>
<td>--</td>
<td>Not available at this time</td>
</tr>
</tbody>
</table>

### U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran and Total Suicide Deaths by Method, 2020

- **Firearms**: 100.0% (100 out of 100)
- **Suicide by Suffocation**: 8.1% (356 out of 4,369)
- **Suicide by Poisoning**: 12.2% (540 out of 4,410)
- **Other Suicide**: 53.2% (28,571 out of 53,748)
- **Other and Low-Count Methods**: 26.5% (15,748 out of 58,843)

* Percentages calculated from data for the United States (not including Territories).
Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Mortality Data Repository (MDR). Suicide death counts for the general U.S. population were obtained from CDC WONDER (Wide-ranging ONline Data for Epidemiologic Research). Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury. The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84, U03, and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2020 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard. Linearly interpolated estimates of the Veteran Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2020 divided by the estimated population and multiplied by 100,000. To protect privacy and to prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

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Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). “Other Suicide” includes all other intentional self-harm, including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

Other Suicide” refers to all methods of suicide death apart from firearms, suffocation, and poisoning. “Low-Count Methods” refers to methods involved in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the “Other and Low-Count Methods” category to protect the privacy of individual suicide decedents.

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

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1. The 2020 state data sheets contain suicide information for all 50 states and the District of Columbia.
2. Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.
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