Firearms: The Method Most Often Selected for Suicides and Homicides in Fairfax County - Part II: Progress in Fairfax County

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Introduction

Behind each number in this study there is a human life irretrievably lost. The person lived in or was visiting Fairfax County. He or she may have been family, a friend or a member of a local civic group or church. In presenting these cold facts and figures we are mindful of the pain and grief behind them. We hope that our work will stimulate further inquiry into how and why firearms are so often the first resort in suicide and homicide in this county. In this preference for firearms, the Fairfax County epitomizes the nation as a whole.

While the percentage of these tragedies appears to be relatively small, the number of suicides, particularly, is large because the population of the county is large.

During recent years, state and local social service agencies and law enforcement have recognized the need to coordinate efforts to increase their understanding of the causes and the effectiveness of their interventions. "While behavioral health systems cannot rest as long as any suicides occur, local statistics suggest that our community's combined approaches have made a difference, as reflected in local suicide rates that are consistently below those of the rest of the state and country." [1]

Data about the local use of firearms in suicide and domestic violence are consistent with findings in many national and state studies. We found that suicide and domestic violence are seriously addressed with comprehensive, cross-disciplinary programs that provide mental health services, community education about suicide prevention, and improved access to services for potential victims of domestic violence. Law enforcement is an integral part of these programs.

We were surprised to find that the ready availability of firearms for the commission of these crimes is mentioned, but not discussed, in reports as an important contributor to the problems. When we interviewed participants in the programs, however, we found that great emphasis is actually being given to the health and safety risks of firearm possession, especially in the context of suicide and domestic violence.

Highlights

- The Commonwealth has been collecting and analyzing data on violent death since 2003, as one of the 18 states that participate in the Centers for Disease Control and Prevention's National Violent Death Reporting System.
- Across Northern Virginia, in each county, the firearm was the most frequently used method for both suicide and homicide.
- The suicide rate in Northern Virginia Health Planning Region 8 was 4.1 times higher than the homicide rate, greater than in any other health planning region.
- In 2009 firearms were used in 39.3 percent of suicides, hanging/suffocation in 29.8 percent, and poison in 22.2 percent in Fairfax County.
- Thirteen out of fourteen persons in Fairfax County completed their suicides in 2009 using firearms, even though their families and friends had tried to restrict access to them.
- In 2009 more than half (57 percent) of all of Fairfax County's homicides (14) were domestic violence-related (8)
- In 2010, domestic violence was the leading cause of homicide in Fairfax County (7 of 16 total homicides, or 44 percent).
- Four (57 percent) of the domestic violence-related homicides involved a firearm as the fatal agent. Two (29 percent) of the homicides involved strangulation.
- Medical and social services coordinate with one another and law enforcement to provide programs for reducing suicide and homicide in domestic violence.

Violent Death Monitored as a Public Health Issue

We are fortunate in this state to have medium-term data on events resulting in violent death. The Virginia Violent Death Reporting System is part of the National Violent Death Reporting System, an initiative started by the Centers for Disease Control and Prevention in 2002. Virginia joined the initiative at its beginning. It is one of 18 member states. We now have over a decade's worth of data on violent death, enabling us to start tracking trends and develop a deeper understanding of the root causes of these tragedies.

The Geography of Violent Death in Virginia: A Report from the Virginia Violent Death Reporting System, 2003-2008 is a one-time report produced under the auspices of the Office of the Chief Medical Examiner (OCME) in the Virginia Department of Health. The purpose of this report was to show that suicides, homicides, legal interventions and unintentional deaths vary in number and rate according to location. With this information, public service agencies can develop appropriate policies to answer the problems in their own areas.

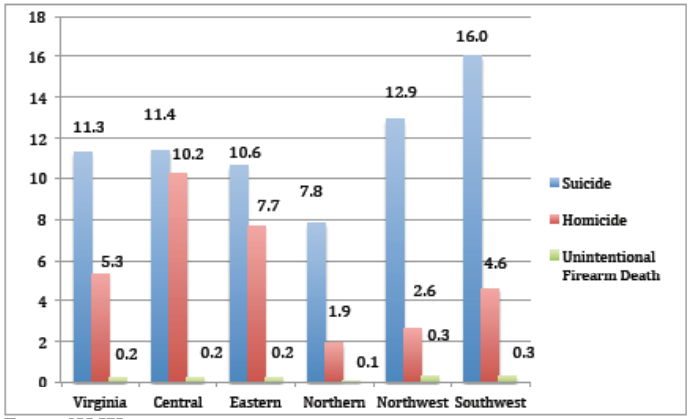
Suicides are attributed to the area in which the person resided, while homicides and unintentional deaths are attributed to the area in which the incident took place. There is overlap; homicides and accidental deaths often take place in the person's residential area.

> The number of persons from a locality who die by suicide informs that locality about the scope of their problem and the needs for their mental health system, medical care system, law enforcement and other related agencies. For homicide, unintentional firearm death and legal intervention, the location of the event is a more important variable than the residential locality (although these two often overlap). These types of deaths may be directly related to the geography itself. Homicides typically occur more often in one area than another; this information assists law enforcement when planning for community safety. Unintentional firearm deaths occur primarily when persons are hunting and while persons are playing with a firearm; knowing where these deaths occur should direct public health campaigns on firearm safety. [2]

In order to make comparisons that account for the variations in characteristics of the populations in the different regions, the report compared rates of suicide, homicide, and unintentional firearm death in Virginia as a whole and then separately compared the results in the five Health Planning Regions and the four OCME Districts. The comparisons between the districts and the regions yielded similar results, so only the Figure 1 of the health planning regions is shown here, in rates per 100,000 of the population. This figure of the regions separates our more populous and urban Northern region from the more rural Northwest region.

The overall rate of suicide in Virginia from 2003-2008

Figure 1 - Comparison of Rates of Suicide (N=5,149), Homicide (N=2,427), and Unintentional Firearm Death (N=68) by Health Planning Region, in Virginia 2003-2008 [3]



was 11.3 per 100,000. The rate of homicide for the state in that period was 5.3 per 100,000. The rate for unintentional firearm death was 0.2 per 100,000. The Northern region had the lowest rates, 7.8, 1.9, and 0.1 respectively, compared with the state, in all three categories. Marc Leslie, coordinator for the Virginia Violent Death Reporting System in the OCME, drew attention to the disparity between the suicide and homicide rates in the Northern Region; suicide occurs 4.1 times more often. The greatest disparity, 4.96 times more often, occurs in the Northwest Region, which is largely rural. Fairfax County had the highest number of suicides in the five-year period, 465, because of its population density. [4] Jesse Ellis, prevention manager for Fairfax County Neighborhood and Community Services, commented, "Our very low homicide rate results in a ratio that shows a relatively large gap between suicide and homicide rates in this region. Hopefully, there are lessons to be learned from our successful public safety and violence prevention efforts that can be applied to further decrease the incidence of suicide" (personal communication, July 21, 2014). Ellis added that new state funding would enable a comprehensive Community Health Improvement Plan to encompass the whole Regional Health Planning District, including Loudoun, Prince William, Fairfax and Arlington Counties, the City of Alexandria and the other cities surrounded by those jurisdictions.

The Geography of Violent Death in Virginia breaks down the

statistics by city and county across the state. It is possible to compare the counties in Northern Virginia with one another. For the following tables, Fairfax County includes Fairfax City and Falls Church. Unintentional death is not tabulated because the rate was 0.1 per 100,000.

Leslie supplied new data for comparing suicide and homicide numbers and rates for 2008-2011. Only two persons in the Northern Virginia Health Planning Region died in firearm accidents, a rate of <0.1 per 100,000.

Table 1 - Suicide and Homicide in Northern Virginia Health Planning Region, 2003-2008

Suicide by Residential Locality			Homicide by Locality of Incident		
County	Number	Avg. Rate/ 100,000 pop.	County	Number	Avg. Rate/ 100,000 pop
Loudoun	111	7.1	Loudoun	16	1.0
Manassas Park	5	7.3	Arlington	16	1.4
Pr William	164	7.8	Fairfax Co.	101	2.0
Arlington	97	8.2	Alexandria	22	2.7
Alexandria	68	8.4	Manassas Park	2	2.9
Fairfax Co	482	8.87	Pr William	65	3.1
Manassas City	27	12.3	Manassas City	16	6.8

[5] Based on Leslie (2011)

Table 2 - Suicide and Homicide in the Northern Virginia Health Planning Region 8, 2008-2011

Suicide by Residential Locality			Homicide by Locality of Incident		
County	Number	Avg. Rate/ 100,000 pop.	County	Number	Avg. Rate/ 100,000 pop.
Manassas Park	3	5.7	Manassas Park	0	0.0
Loudoun	97	7.9	Arlington	5	0.6
Arlington	55	8.7	Loudoun	12	1.0
Fairfax	379	8.7	Fairfax	68	1.6
Pr William	145	9.3	Alexandria	12	2.1
Alexandria	55	9.5	Pr. William	37	2.4
Manassas City	22	14.8	Manassas City	10	6.7

Based on Leslie, personal communication, March 7, 2014

The Virginia Violent Death Reporting System drills down even further into the causes of violent death in Northern Virginia. It classifies deaths by the method of fatal injury. Two tables in the Appendix show that, in each county in Health Planning District 8, the firearm was the single most frequently used method for both completed suicide and homicide. They were constructed using data supplied by Marc Leslie in a personal communication, March 13, 2014. Health Planning Region 8 overlaps geographically with the Northern Virginia Health Planning Region.

If the fatal instruments used in each county or city during this period are summed, there were 277 suicides by firearm and 487 suicides by all other methods taken together. Of the 764 total suicides, 36 percent were completed by a firearm. There were 70 homicides by firearm and 90 homicides by all the other methods added together. Of the 160 total homicides, 44 percent were committed by a firearm.

Suicides and homicides occur in different concentrations across the Northern Virginia region, just as they do across the state. There is a greater frequency of both in Prince William than in the other counties. Policy makers and service planners use this data to determine causes and distribute resources.

Intervention and Public Education to Reduce the Incidence of Suicide and Homicide in Domestic Violence in Fairfax County

Report on Suicide in Fairfax County

Suicide in Fairfax County: a Report to the Fairfax County Board of Supervisors, 2013, was a one-time report using data collected from 2003 to 2011. It presented suicide as a social and mental health problem and described the community service and school system measures to address it. The most common causes of suicide were mental health problems (66 percent), crisis in the past two weeks (33 percent), intimate partner problems (27 percent), alcohol or substance abuse (26 percent) or physical health problems (23percent). [6]

Mortality rates for all the major causes of death in Fairfax County are much lower than the Virginia statewide rates. Suicide is no exception; in 2011, Fairfax's suicide rate was 7.0 per100,000 persons, compared with Virginia's 12.5. Nonetheless, Fairfax County is a large jurisdiction. Even these relatively low rates translate to dozens of lives lost per year (an average of 82 per year between 2003 and 2011).[7]

Our study concentrates on the role of firearms, which were used in almost 40 percent of all suicides during the reporting period.

Three methods account for 92 percent of all suicides in Fairfax County from 2003 to 2011. Firearms were used in 39.3 percent of suicides, hanging/suffocation in 29.8 percent and poison in 22.2 percent. While firearms were the most prevalent overall, hanging/suffocation was most common among youth (61 percent) and young adults (45.3 percent).

Among elder suicides statewide, the same top three methods accounted for nearly 94 percent of suicides. Firearms were used in 72 percent of suicides, including in 79.7 percent of suicides among older men. Older women were as likely to use poison (37.1 percent) as a firearm (36.1 percent).[8]

Note that firearms were the dominant choice among older men, who appeared to choose this method of escaping a

mental or perceived physical health problem because this method offers few "second chances." Older men often "lack ambivalence" about suicide; they have less hope.[9]
It is important to recognize that, once a person has fixed on using a firearm, he or she can be very determined. During the period of the report, relatives or friends of 14 persons had attempted to restrict their access to firearms out of concern for their welfare. Thirteen of those persons obtained firearms in spite of that and completed their suicides.[10]

This report was written by a cross-disciplinary team assembled to study the statistics of completed suicide and to examine existing services and measures being taken to educate the community. There are several recommendations, demonstrating the varying risks for suicide at different ages, the need for tailored programs for each age group, and the need for education and coordination among service providers for the whole community. The report details several educational methods and programs for intervention, but firearms are not mentioned specifically in any of them.

At this time, the use of firearms in suicide is being studied as part of the whole problem, not as an isolated phenomenon. Fairfax now has a permanent suicide prevention team as part of a comprehensive Community Health Improvement Plan resulting from the work of Partnership for a Healthier Fairfax. The regional comprehensive suicide prevention plan will be derived from the National Strategy for Suicide Prevention (http://www.surgeongeneral.gov/library/reports/national-strategy-suicide- prevention/), according to Jesse Ellis.

Goal 6 in the National Strategy is to "promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk." The goal calls for providers to assess the access to lethal means (including firearms) of individuals at risk for suicide, including suicide awareness as a basic tenet of firearm safety, and developing and implementing new safety technologies to reduce access. I fully anticipate that our plan will include strategies focused on this goal, but we are not yet at the point in the process where we have identified specific strategies.

We are developing a Youth Suicide Review Team that will analyze specific cases of youth suicide to identify opportunities for policy and systems changes to prevent future incidents. How the teens accessed lethal means will certainly be a part of any such study, and will hopefully lead to future opportunities for prevention (Jesse Ellis, personal communication, July 7, 2014).

The Fairfax-Falls Church Community Services Board partners with government and non-government agencies to provide social, psychological, and clinical services for county residents who need support because of mental illness, substance abuse or intellectual disability http://www.fairfaxcounty.gov/csb/ Belinda Buescher, the Communications Director for the CSB, described its role in crisis intervention.

The CSB conducts an assessment after any critical incident, such as a suicide, involving an individual receiving CSB services, and files an adverse incident report with the state. That assessment would include information about the means used to complete the suicide. The State Medical Examiner tabulates information about completed suicides, including means used. Most of the suicides that occur in Fairfax County do not involve individuals who had been receiving CSB services (Belinda Buescher, personal communication, July 11, 2014).

As part of its assessment, the CSB Emergency Service and Mobile Crisis Unit staff asks about the means used to complete a suicide, including questions about firearms. If they are present, the staff will "at times, attempt to have the weapons removed (by family members, friends, police, etc.), if not permanently, then at least temporarily." Buescher said that only the police have the legal authority to remove firearms. The CSB has initiatives, such as *Operation Medicine Cabinet Cleanout,* to encourage the public to get rid of toxic medications. The County provides drop-off sites. However, "an education module on firearms would be outside our scope of responsibility," (July 11, 2014).

Buescher stressed this additional point: "Most people who have serious mental illness are not violent; in fact, they are much more likely to be the victims of violent crime, rather than perpetrators."

A statewide report on suicide produced in response to Senate Resolution 312 (see Part I) briefly addressed the effectiveness of several approaches to reducing the risk associated with firearms. The authors cited studies showing that reducing access to guns has been shown to reduce suicide and other studies showing that laws enhancing gun control helped to reduce suicide. The authors said, however, that simply counseling by a physician was an ineffective method and that only 27 percent of families who had been advised to remove guns from the home actually did so.[11] Clearly, a variety of approaches is needed to reduce the risk posed by firearms in the home.

Reports on Homicide in Domestic Violence in Fairfax County

The Fairfax County Domestic Violence Fatality Review Team (DVFRT) was established in 2007. It reviews closed cases in order to discern common patterns of behavior that can be recognized before a homicide or suicide occurs, in time for an intervention. In its 2012 report the team recommended that professionals in such fields as education, social services and legal services be trained to recognize the signs in order to refer a potential victim before an event occurs. Often, a victim does not ask for help from law enforcement or domestic violence advocates. All disciplines need to coordinate through a system for providing aid and advocacy. The victim needs to see that there are many open doors; reporting to the police is not the only way to get help. The team also recommended educating the public about domestic violence and safe ways for bystanders to intervene.[12]

In its *Annual Report, 2012*, the DVFRT studied domestic violence incidents occurring during 2009. Of the 12 events, eight were homicides; four were suicides. The homicides accounted for more than half of the total homicides, 14, for that year. Firearms were used in five of the cases, 63 percent. The other homicides were committed by knife, strangulation, or a combination of the two.[13]

The DVFRT has released its 2013 Annual Report, a review of 2010 domestic violence-related homicides in Fairfax County. Domestic violence homicides accounted for seven, or 44 percent, of the 16 homicides that year. Four of the seven homicides, or 57 percent, involved a firearm. Two, or 29 percent, involved strangulation.[14] This report made many recommendations for making access to services easy for persons at risk for being victims, including training professionals to notice the signs of domestic violence, providing counseling for potential victims and offenders, and consistent screening/risk assessment by law enforcement and other agencies. There are no recommendations specifically mentioning firearms, but one of the recommendations is that all agencies in the Domestic Violence Action Center (DVAC) will work toward implementing a lethality assessment tool system-wide.[15]

Sandra Bromley, the Fairfax County domestic violence coordinator, said that over the last three years agencies and law enforcement personnel have been increasing the awareness of the danger of firearms in the home. In the first two years, the agencies dealing with domestic violence and the Police Department chose screening questionnaires and implemented their use.

The Danger Assessment and Lethality Assessment instruments ask the victim of a domestic assault a number of questions about the presence of guns in the home. The Danger Assessment assigns scores to the answers; the scores are added to determine the likely risk of the weapons' being used. The victim is told what the score is and is offered the hotline number for services. Bromley said that victims quite often seek services after they learn how greatly the presence of a firearm in their homes increases the risk of further violence. (Bromley, personal communication April 14, 2014)

This year the Domestic Violence Prevention, Policy, and Coordinating Council (DVPPCC) is emphasizing the education of bystanders in recognizing dangers to potential victims and safe ways to intervene if they witness an event. Victims are encouraged to reach out to friends and co-workers for help. Domestic Violence Awareness Month occurs each year in October. (Bromley, April 14, 2014). LWVFA already participates in public education by publishing the Domestic Violence Hotline, 703-360-7273, in the VOTER every month. Our area League also frequently conducts studies on developments in domestic violence services. Barbara Nunes, a member of the Fairfax League Board, is a member of this council.

The Role of Fairfax County Law Enforcement

Colonel Edwin Roessler, Chief of the Fairfax County Police Department, and Captain Ronald T. Manzo, Commander of the Department's Planning & Research Bureau, said that the Department works to reduce injuries from readily available firearms by embedding a "culture of safety" in the whole community to ensure that individuals take responsibility for securing firearms. "Everyone is a safety officer," said Colonel Roessler (personal communication, April 21, 2014).

Police officers hold educational sessions on gun safety at public meetings when invited to do so. They explain the safe handling and securing of firearms away from persons at risk, such as young people and elderly relatives who may be depressed. They provide free gun locks. There is gun safety instruction on the police website. Police safety programs have increased coverage in local newsletters. There is a voluntary gun turn-in program, but Fairfax does not offer a financial incentive.

In addition, Captain Manzo recommended the Sexual Assault Free and Empowered (SAFE) program, for women only, which teaches women how to protect themselves physically and psychologically from attacks. http://www.fairfaxcounty.gov/police/services/women-self-defense.htm

The Department cooperates closely with Fairfax County Public Schools. A School Resource Officer is stationed in every high school and middle school. Officers go to elementary schools on request. Colonel Roessler said that youth suicide is a major concern in Fairfax County and that the Department participates in a cross-disciplinary team to address it.

All officers will soon be trained in crisis intervention skills, such as establishing an atmosphere of trust during negotiations. Officers are given background information before they intervene, particularly in a domestic violence event. They conduct a Lethality Assessment after a death to determine what warning signs were missed and what services were needed. They follow a protocol to ensure safety during an arrest and ensure that individuals get appropriate services. Providing access to services may be the Sheriff's responsibility after an arrest, but "The episode is not over until you get them to a service," Roessler said.

The Department wants to see mental health services increased at a cost that does not prevent the individual from obtaining them. The police cooperate with "the A to Z" of agencies that serve specific populations—youth, persons in crisis or elderly persons. The main problem is that there are not enough resources for crisis intervention. There is only one mobile emergency response unit for mental illness crises. "We have to drive them to other parts of the state," the Colonel said. "We contribute the most to the state's revenue, but we get less in services…. We have lost 46 officers. We've held people for four hours, released them, and then we learn that they have committed suicide."

The Department has published data on weapons law violations in its annual reports since 2010, when a new method of recording data was initiated in the state. This data cannot be merged with data reported under the old system, so a continuum cannot be reported, but an idea of the scope of weapons use can be obtained. Within the Department, analysts break down the data into separate weapon categories. These data show that, over the last four years, the total of reported offenses involving firearms are 457 in 2010, 423 in 2011, 416 in 2012, and 437 in 2013. "These four grand totals are neither significantly trending up or trending down," said Captain Manzo (personal communication, February 25, 2014).

The Department does not independently take positions on legislation, but it supports the Board of Supervisors' legislative program. The County supported legislation that would have allowed local governments to pass ordinances prohibiting the possession of dangerous weapons in facilities or properties owned or leased by the County, with some exceptions, such as permitted concealed carrying. The County also supported a ban on pneumatic guns on school grounds.[16] Neither of these initiatives passed in the 2014 legislative session (Claudia Arko, Legislative Director Office of the Fairfax County Executive, personal communication, June 24, 2014).

Lieutenant Steve Elbert, the public relations officer of the Fairfax County Sheriff's Office, explained that mental health clinicians from the Fairfax-Falls Church Community Board are available on the premises of the jail. Every person on remand, no matter what his or her offense, is offered the opportunity to see a clinician, but no one is required to do so. The sheriff's office itself does not inquire about the nature of the person's offense, whether it is violent or not or whether firearms were used. "We have no stance on that because we have one job," he said. "We are charged with the safety and security of persons remanded to the county jail. We treat everyone the same, regardless of the reason they were committed" (personal communication, June 23, 2014).

Conclusion

Fairfax County is actively engaged in preventing suicide and homicide in domestic violence. In practice, police officers and mental health clinicians address the use of firearms, but the approach to firearms is not discussed in reports in proportion to the dominance of firearms in these tragic events.

Research conducted by the Virginia Violent Death Reporting System indicates that firearms are the most frequently used method for committing suicide and homicide. That fact alone ought to lead law enforcement and public health officials and legislators throughout the state to determine whether regulating the availability of firearms more carefully would lead to fewer suicides and homicides in the Commonwealth.

Members of the League can track bills on the impartial Virginia Legislative Information System. To get a fuller understanding of the arguments, it is also instructive to follow websites devoted to one side or the other of the gun rights debate, the Law Center to Prevent Gun Violence and National Rifle Association Institute for Legislative Action. Health and policy websites, such as the Centers for Disease Control and Prevention and the Kaiser Family Foundation, are excellent sources for data.

The Fairfax Area League will re-visit some of the circumstances leading to suicide and homicide in domestic violence when it conducts its study of mental health concerns

and services in Fairfax County later this year.

End Notes

1. *Suicide in Fairfax County: A Report to the Fairfax County Board of Supervisors*. September, 2013. http://www.fairfaxcounty.gov/living/healthhuman/reports/suicide-in-fairfax-county.pdf p.26
2. Virginia Violent Death Reporting System (VVDRS), Office of the Chief Medical Examiner, Virginia Department of Health. *The Geography of Violent Death in Virginia: 2003-2008*. November, 2011. p.1
3. *ibid.* p.5
4. *ibid.* p.6
5. *ibid.* pp.18-20, 21-23, 27-29
6. *Suicide in Fairfax County* p.48
7. *ibid.* p.5
8. *ibid.* p.10
9. *ibid.* p.9
10. *ibid.* p.52
11. Barbosa, Cecilia. *Suicide Prevention Across the Life Span Plan for the Commonwealth of Virginia: Report of the Secretary of Health and Human Services to the Governor and the General Assembly of Virginia. Senate Document No. 17. Richmond: Commonwealth of Virginia, 2004.* p. 23
12. Fairfax County Domestic Violence Fatality Review Team. *Annual Report 2012: A Review of Calendar Year 2009 Intimate Partner Homicides and Homicide-Suicides.* Fairfax County Board of Supervisors, 2013, pp. 4-5
13. *ibid.* p.13
14. *ibid*. p.3
15. *ibid*. pp.17-23
16. Fairfax County Board of Supervisors. *Fairfax County VA 2014 Legislative Program*, December 3, 2013, pp. 15-16

Gun Safety Questions for Part II

1. Did any information under the "Highlights" section surprise you?

2. The number of suicides declined from 2003-2008 to 2008-2011 by 198. The number of homicides declined by 94. Discuss some possible reasons. What are some common causes of suicide?

3. Suicides in Fairfax County vary by methods at different stages of the life span. Why is this? What have been the County responses?

4. Discuss some of the effective techniques used by the County to curb domestic violence-related homicides.

5. What has the Fairfax County Law Enforcement done to reduce death/injuries from firearms? Are there other things that might be done?

6. What can citizens do to support County efforts to reduce gun violence? What can the LWVFA or League members as individuals do?

Appendices

Homicide in Northern Virginia Health Planning Region 8, 2008-2011

	Firearm	Sharp Instrument	Hanging Strangulation Suffocation	Blunt Instrument	Shaking	Personal Weapons	Poison	Drowning	Fire Burns	Motor Vehicle + Other	TOTAL
Fairfax County											
Number	30	27	8	7	3	1	0	0	0	0	68
Percentage	44.1	39.7	11.8	10.3	4.4	1.5	0.0	0.0	0.0	0.0	
Rate	0.7	0.6	0.2	0.2	0.1	<0.1	0.0	0.0	0.0	0.0	1.6
Alexandria											
Number	6	4	2	1	0	0	0	0	0	0	12
Percentage	50	33.3	16.7	8.3	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	1	0.7	0.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	2.1
Arlington											
Number	2	2	1	2	0	0	0	0	0	0	5
Percentage	40.0	40.0	20	40.0	0.0	0.0	0.0	0.0	0.0	0	
Rate	0.2	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0	0.6
Loudoun											
Number	6	3	1	3	0	0	0	0	0	0	12
Percentage	50.0	25.0	8.3	25.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	0.5	0.2	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Manassas City											
Number	6	4	0	0	0	0	0	0	0	0	10
Percentage	60.0	40	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	4.0	2,7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7
Manassas Park											
Number	0	0	0	0	0	0	0	0	0	0	0
Percentage	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Prince William											
Number	20	5	2	2	2	4	2	1	1	2	37
Percentage	545.1	54.1	5.4	5.4	5.4	10.8	5.4	2.7	2.7	5.4	
Rate	1.3	0.3	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.1	2.4

g. Fairfax County Electoral Board

Suicide in Northern Virginia Health Planning District 8, by Method of Fatal Injury, 2008-2011											
	Firearm	Hanging Strangulation Suffocation	Poison	Sharp Instrument	Fall	Drowning	Fire Burns	Other Transport Vehicle	Motor Vehicle	Other	TOTAL
Fairfax County											
Number	146	127	81	13	11	5	4	2	1	3	379
Percentage	38.5	33.5	21.4	3.4	2.9	1.3	1.1	0.5	0.3	0.8	
Rate	3.3	2.9	1.9	0.3	0.3	0.1	0.1	<0.1	<0.1	0.1	8.7
Alexandria											
Number	17	17	17	2	2	1	0	2	0	1	55
Percentage	30.9	30.9	30.9	3.6	3.6	1.8	0.0	3.6	0.0	1.8	
Rate	2.9	2.9	2.9	0.3	0.3	0.2	0.0	0.3	0.0	0.2	9.5
Arlington											
Number	24	18	21	2	8	1	0	2	0	1	74
Percentage	32.4	24.3	28.4	2.7	10.8	1.4	0.0	2.7	0.0	1.4	
Rate	2.8	2.1	2.1	0.2	0.9	0.1	0.0	0.2	0.0	0.1	9.5
Loudoun											
Number	46	18	23	2	6	1	0	0	1	0	97
Percentage	47.4	18.6	23.7	2.1	6.2	1.0	0.0	0.0	1.0	0.0	
Rate	3.7	1.5	1.9	0.2	0.5	0.1	0.0	0.0	0.1	0.0	7.9
Manassas City											
Number	10	10	3	0	0	0	0	0	0	0	22
Percentage	45.5	45.5	13.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	6.7	6.7	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.8
Manassas Park											
Number	3	0	0	0	0	0	0	0	0	0	3
Percentage	100	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0	
Rate	5.7	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0	5.7
Prince William											
Number	69	31	32	3	7	2	1	2	1	1	145
Percentage	47.6	21.4	22.1	2.1	4.8	1.4	0.7	1.4	0.7	0.7	
Rate	44.0	2.0	2.0	0.2	0.4	0.1	0.1	0.1	0.1	0.1	93.0