

# Death Rates Due to Suicide and Homicide Among Persons Aged 10–24: United States, 2000–2017

Sally C. Curtin, M.A., and Melonie Heron, Ph.D.

## Key findings

### Data from the National Vital Statistics System

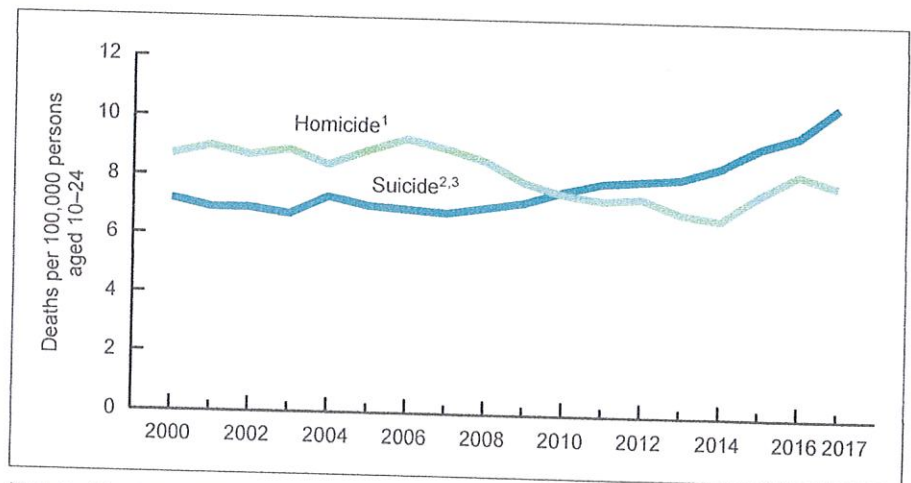
- After stable trends from 2000 to 2007, suicide rates for persons aged 10–24 increased from 2007 (6.8 per 100,000 persons) to 2017 (10.6), while homicide rates declined from 2007 to 2014 and then increased through 2017.
- The suicide rate for persons aged 10–14 declined from 2000 (1.5) to 2007 (0.9), and then nearly tripled from 2007 to 2017 (2.5), while the homicide rate declined 18% from 2000 (1.1) to 2017 (0.9).
- For persons aged 15–19 and 20–24, suicide and homicide death rates both increased more recently during the 2000–2017 period, with the increase in suicide rates beginning earlier than for homicide rates.
- For the total age group 10–24 and for persons aged 15–19 and 20–24, suicide rates surpassed homicide rates during the latter part of the 2000–2017 period.

Deaths due to suicide and homicide, often referred to collectively as violent deaths, have consistently been a major cause of premature death to persons aged 10–24 in the United States (1–3). In 2017, suicide was the second leading cause of death for persons aged 10–14, 15–19, and 20–24, and homicide ranked third for persons aged 15–19 and 20–24 and fifth for persons aged 10–14 (4). This report presents trends for 2000–2017 in suicide and homicide death rates for all persons aged 10–24 and for age groups 10–14, 15–19, and 20–24.

### After a stable period from 2000 to 2007, suicide rates for persons aged 10–24 increased from 2007 to 2017, while homicide rates increased from 2014 to 2017.

- The suicide rate among persons aged 10–24 was stable from 2000 to 2007, and then increased 56% between 2007 (6.8 per 100,000) and 2017 (10.6).

Figure 1. Suicide and homicide death rates among persons aged 10–24: United States, 2000–2017



<sup>1</sup>Stable trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017,  $p < 0.05$ .  
<sup>2</sup>Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time,  $p < 0.05$ .  
<sup>3</sup>Rate significantly lower than the rate for homicide from 2000 to 2009 and significantly higher from 2011 to 2017,  $p < 0.05$ .  
 NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD-10) codes U03, X60–X84, and Y87.0, and homicide deaths with ICD-10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 1 at: [https://www.cdc.gov/nchs/data/databriefs/db352\\_tables-508.pdf#1](https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#1).  
 SOURCE: NCHS, National Vital Statistics System, Mortality.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Centers for Disease Control and Prevention  
 National Center for Health Statistics



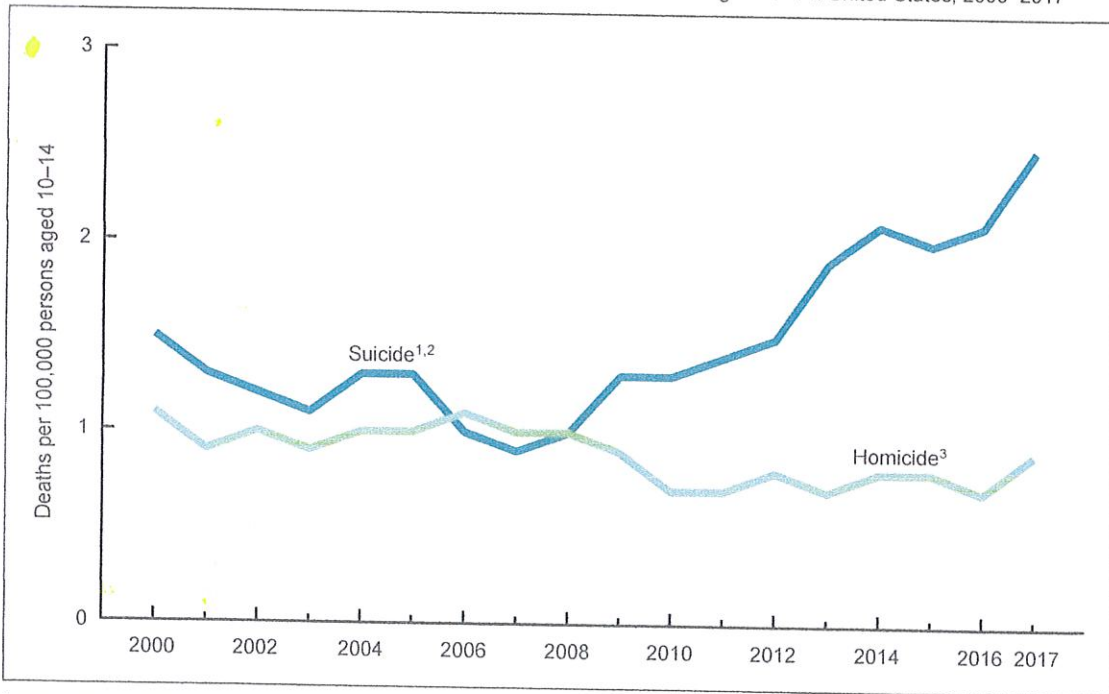
2017 (10.6) (Figure 1). The pace of increase for suicide was greater from 2013 to 2017 (7% annually, on average) than from 2007 to 2013 (3% annually).

- After a stable period from 2000 to 2007, the homicide rate among persons aged 10–24 declined 23% from 2007 (9.0) to 2014 (6.7), and then increased 18% through 2017 (7.9).
- In 2000, the homicide rate for persons aged 10–24 (8.7) was higher than the suicide rate (7.2) and remained higher through 2009. From 2011 to 2017, the suicide rate was higher than the homicide rate (10.6 and 7.9, respectively, in 2017).

**For persons aged 10–14, suicide rates increased from 2007 to 2017, while homicide rates declined.**

- The suicide rate for persons aged 10–14 declined from 2000 (1.5) to 2007 (0.9), and then nearly tripled from 2007 to 2017 (2.5) (Figure 2).
- Homicide rates for persons aged 10–14 declined 18% from 2000 (1.1) to 2017 (0.9).
- The suicide rate for persons aged 10–14 was higher than the homicide rate from 2000 to 2005, not significantly different from 2006 to 2008, and higher again from 2009 to 2017. By 2017, the suicide rate was more than twice the homicide rate (2.5 compared with 0.9).

Figure 2. Suicide and homicide death rates among children and adolescents aged 10–14: United States, 2000–2017



<sup>1</sup>Significant decreasing trend from 2000 to 2007; significant increasing trend from 2007 to 2017,  $p < 0.05$ .

<sup>2</sup>Rate significantly higher than the rate for homicide from 2000 to 2005 and from 2009 to 2017,  $p < 0.05$ .

<sup>3</sup>Significant decreasing trend from 2000 to 2017,  $p < 0.05$ .

NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD-10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD-10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 2 at: [https://www.cdc.gov/nchs/data/databriefs/db352\\_tables-508.pdf#2](https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#2).

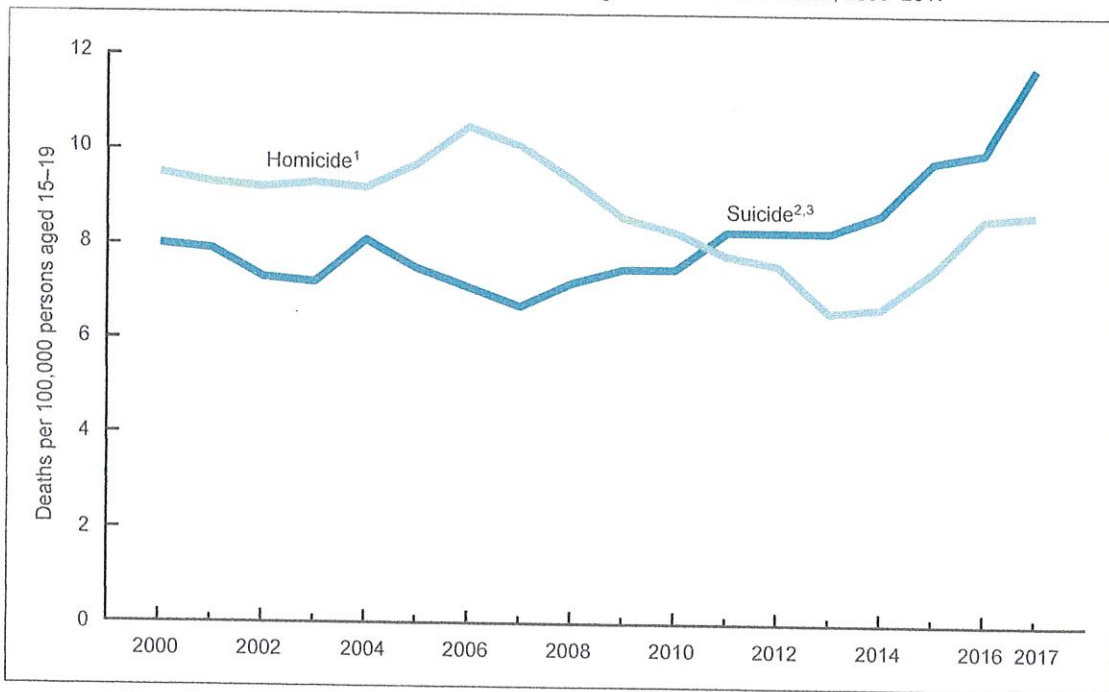
SOURCE: NCHS, National Vital Statistics System, Mortality.



**Suicide and homicide death rates for persons aged 15–19 have increased recently during 2000–2017, from 2007 to 2017 for suicide and from 2014 to 2017 for homicide.**

- The suicide rate for persons aged 15–19 was stable from 2000 to 2007, and then increased 76% from 2007 (6.7) to 2017 (11.8) (Figure 3). The pace of increase was greater from 2014 to 2017 (10% annually, on average) than from 2007 to 2014 (3% annually).
- Homicide rates for persons aged 15–19 increased from 2000 to 2007, declined from 2007 to 2014, and then increased 30% from 2014 (6.7) to 2017 (8.7).
- In 2000, the homicide rate for persons aged 15–19 (9.5) was higher than the suicide rate (8.0) and remained higher through 2010. From 2011 to 2017, the suicide rate was higher than the homicide rate (11.8 and 8.7, respectively, in 2017).

Figure 3. Suicide and homicide death rates among adolescents aged 15–19: United States, 2000–2017



<sup>1</sup>Significant increasing trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017,  $p < 0.05$ .

<sup>2</sup>Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time,  $p < 0.05$ .

<sup>3</sup>Rate significantly lower than the rate for homicide from 2000 to 2010 and significantly higher from 2011 to 2017,  $p < 0.05$ .

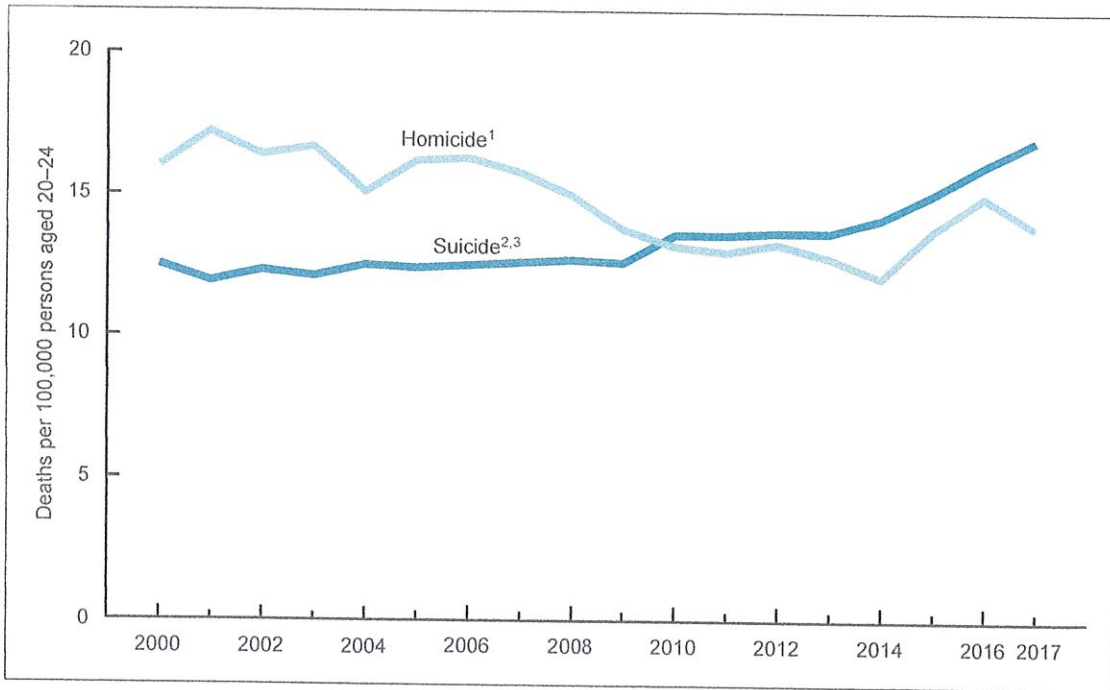
NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD-10)* codes U03, X60–X84, and Y87.0; and homicide deaths with ICD-10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db352\\_tables-508.pdf#3](https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#3).

SOURCE: NCHS, National Vital Statistics System, Mortality.

**Suicide death rates for persons aged 20–24 increased from 2000 to 2017, and homicide rates increased from 2014 to 2017.**

- The suicide rate increased 36% from 2000 (12.5) to 2017 (17.0), with a greater pace of increase from 2013 to 2017 (6% annually, on average) than from 2000 to 2013 (1% annually) (Figure 4).
- The homicide rate declined 24% from 2000 (16.0) to 2014 (12.1), and then increased 15% through 2017 (13.9).
- In 2000, the homicide rate for persons aged 20–24 (16.0) was 28% higher than the suicide rate (12.5); the rates converged in 2010, were essentially the same from 2010 to 2012, and then the suicide rate was higher than the homicide rate from 2013 to 2017 (17.0 and 13.9, respectively, in 2017).

Figure 4. Suicide and homicide death rates among young adults aged 20–24: United States, 2000–2017



<sup>1</sup>Significant decreasing trend from 2000 to 2014; significant increasing trend from 2014 to 2017,  $p < 0.05$ .

<sup>2</sup>Significant increasing trend from 2000 to 2017 with different rates of change over time,  $p < 0.05$ .

<sup>3</sup>Rate significantly lower than the rate for homicide from 2000 to 2009 and significantly higher from 2013 to 2017,  $p < 0.05$ .

NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD-10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD-10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 4 at: [https://www.cdc.gov/nchs/data/databriefs/db352\\_tables-508.pdf#4](https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#4).

SOURCE: NCHS, National Vital Statistics System, Mortality.

## Summary

In 2017, suicide and homicide were the second and third leading causes of death for persons aged 15–19 and 20–24 and ranked second and fifth among persons aged 10–14 (4). After a stable period from 2000 to 2007, suicide and homicide death rates for persons aged 10–24 increased recently during the time period, since 2007 for suicide, and since 2014 for homicide. For persons aged 10–14, suicide rates began increasing in 2010, whereas the homicide rate declined during the 2000–2017 period. In contrast, recent increases were observed for both suicide and homicide death rates among persons aged 15–19 and 20–24, with the increases for suicide rates beginning earlier than for homicide rates. In addition, for persons aged 15–19 and 20–24, suicide rates surpassed homicide rates during the latter part of the period.



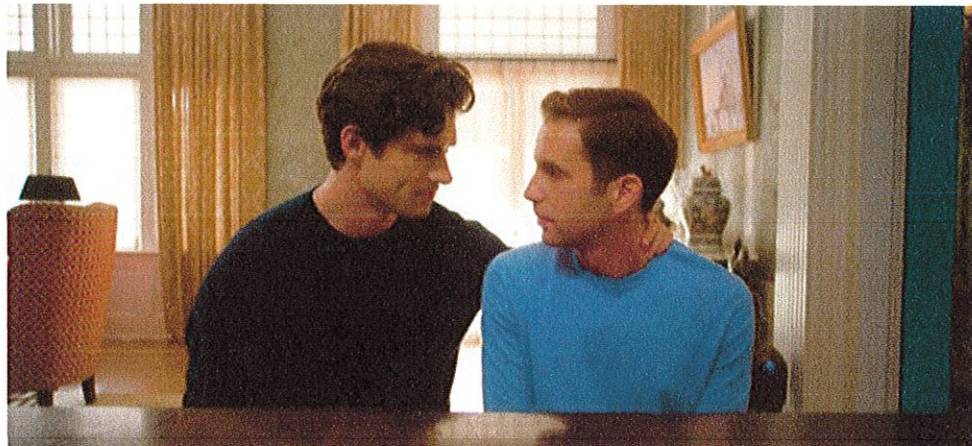
## Netflix Leaned Into Teen Suicide Again With "The Politician" To Mixed Reviews From Mental Health Experts

"Clearly, [Netflix] has become more aware of and sensitive to these issues ... but it's a really hard thing to portray in a way that's completely unproblematic," one expert said.



**Krystie Lee Yandoli**  
BuzzFeed News Reporter

Posted on October 23, 2019, at 4:45 p.m. ET



David Corenswet, who plays River Barkley (left), with Ben Platt, who stars as Payton Hobart in *The Politician*.

*Courtesy Of Netflix*

Two and a half years after Netflix sparked a global controversy with its depiction of teen suicide in *13 Reasons Why*, mental health experts say the streaming service made progress with *The Politician*, but the continued portrayal of high schoolers killing themselves — no matter what precautions are taken — is in itself dangerous.

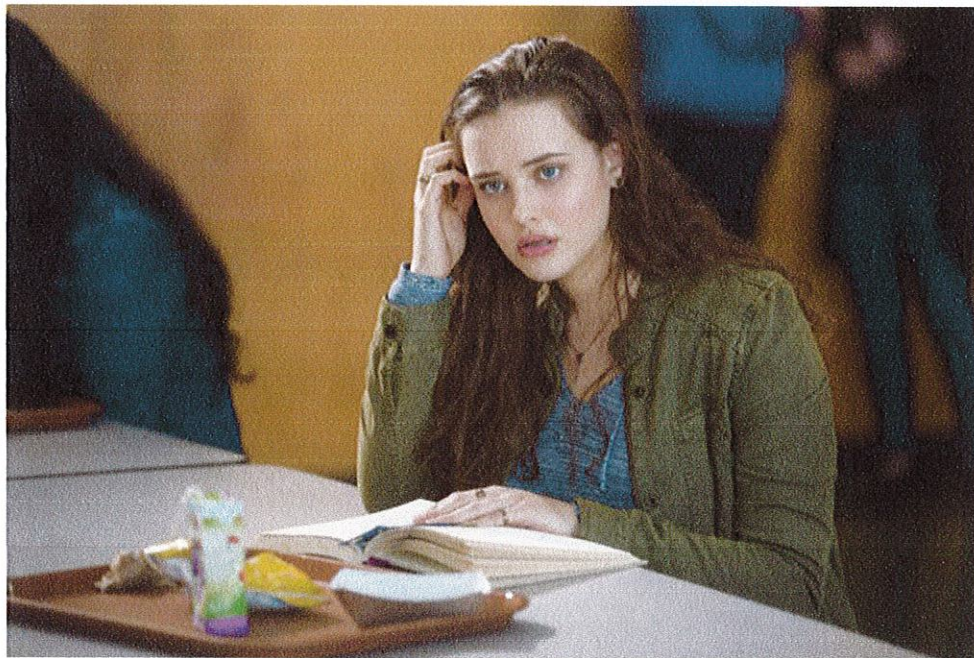
“I think the show is an example of somebody trying to figure out how to tell this story in a way that is not as problematic as many other depictions have been,” Chris Bright, director of public training for the LGBTQ suicide prevention organization the Trevor Project, said. “But I think a key problem that we're facing with a lot of content today is that, graphically or less graphically, depictions of suicide are just not particularly safe.”

Nearly halfway through the first episode of Ryan Murphy's satirical series, high school student River Barkley (David Corenswet) suddenly kills himself. His death sets the tone for the rest of the season, shaping the cutthroat school election and life decisions made by the show's main protagonist, the hypercompetitive Payton Hobart (Ben Platt).



Suicidal ideation is a running theme in the episode from the first five minutes, when River sits alone at a dining room table holding a gun, from a scenes in which he contemplates different methods of killing himself, to when, as a candidate for class president, he speaks about his thoughts of suicide to an auditorium full of his peers.

A warning ahead of the episode states: “*The Politician* is a comedy about moxie, ambition, and getting what you want at all costs. But for those who struggle with their mental health, some elements may be disturbing. Viewer discretion is advised.”



Katherine Langford as Hannah Baker in *13 Reasons Why*.  
Beth Dubber/Netflix

Twenty-five minutes later, there's the gunshot, then a scene shows Payton, standing right in front of River,



splattered with blood. The actual act isn't shown, unlike in the first season of *13 Reasons Why*, which portrayed the graphic suicide of high schooler Hannah Baker (Katherine Langford). Still, mental health experts said *The Politician's* version was problematic.

"Maybe they felt that was enough of a pullback, but it was still pretty gruesome," Bright said. "There was still blood splattered on Ben Platt's character, and I would say that for all intents and purposes, it still counts as showing or depicting a suicide, even though they cut the camera away."

But Paul Gionfriddo, president and CEO of Mental Health America, which advised Netflix on the *The Politician*, said he thinks the depiction of River's suicide is an improvement from *13 Reasons Why* and "probably not dangerous." Whether it's problematic, he added, "is in the eye of the beholder."

"I think that it's important, obviously, for people in the entertainment industry to be sensitive to the fact that all kinds of people are going to bring all kinds of perspectives when looking at material like this," Gionfriddo told BuzzFeed News. "But I would say that it's hard to please and satisfy 100% of the people 100% of the time. Suicide is a very serious subject and it deserves serious attention, even when being included in a satirical setting, but I think the

important thing really is to put the warning out there.”

Victor Schwartz, chief medical officer of the Jed Foundation, a nonprofit focusing on suicide prevention for young people, doesn't think *The Politician* glamorizes suicide, but he worries that there's a “social norming” problem with stories about suicide in pop culture.

The American Foundation for Suicide Prevention reports that suicide is the 10th leading cause of death in the United States, with more than 47,000 suicides in 2017 and an estimated 1.4 million attempts. A 2019 report from the Trevor Project also found that 39% of LGBTQ youths seriously considered attempting suicide in the past 12 months.

The issue with portraying a graphic suicide onscreen is the fear of suicidal ideation or contagion, which means viewers who are exposed to depictions of suicide may imitate what they see in media. Experts say this is a particular concern when it comes to content aimed at young people.

Before airing the third season of *13 Reasons Why*, Netflix announced it was removing the Season 1 scene that showed Hannah's suicide. The decision was applauded by viewers, fans, and mental health organizations, but it came only after heavy criticism,



including from parents who said the show influenced their children to kill themselves.

Langford with Dylan Minnette as Clay Jensen in *13 Reasons Why*.  
*Beth Dubber / Beth Dubber/Netflix*

“Clearly, [Netflix] has become more aware of and sensitive to these issues, which in and of itself is a good thing, but it's a really hard thing to portray in a way that's completely unproblematic,” Schwartz said.

A spokesperson for Netflix told BuzzFeed News that producers for the show met with the American Foundation for Suicide Prevention while creating the show in order to “get their advice on how to tell River’s story in the most responsible way.”

Netflix also added the warning under the advice of the AFSP and Mental Health America, the spokesperson added.

“I think *The Politician* is interesting, and it definitely raises a lot of questions about whether there’s a way to talk about someone dying by suicide and someone’s mental health without glamorizing it and without making it seem like that person gets to make decisions or impact people after their death,” Bright said.

Throughout the rest of the season, Payton has mental health issues of his own and never properly addresses the trauma of witnessing River’s suicide. River also continues to make appearances on the show by coming to Payton as a hallucination after his death.

River appears to Payton in a hallucination in *The Politician*.

*Courtesy Of Netflix*

Gionfriddo said he does understand why some people might have an issue with River’s character.



reappearing throughout the season, even after his death, because it could “suggest that suicide is impermanent.” But ultimately, Mental Health America stands behind Netflix’s portrayal because there's “nothing that really glamorized it or sensationalized it.”

“We felt quite comfortable that this is not a show that ought to be considered the radical extreme kind of show you need to worry about in terms of triggering suicide,” Gionfriddo said.

According to Schwartz and Bright, the ideal way to address suicide on television involves a positive overall message and outcome for a character who has mental health issues.

“I would love if a show like *The Politician* showed someone who was struggling with their mental health, maybe considering suicide, maybe even have developed the plan for how they would kill themselves, but then get help, get support, and show what their life is like when they get that support,” Bright said. “Sometimes people are thinking of suicide, but we can show that there are options out there for them to seek help and maybe get to a place where they're feeling a lot better.”

Schwartz agreed, saying story arcs that show a character going through this trajectory actually helps viewers who are having suicidal thoughts.

“Seeing the fact that people can have hard times — they can have very difficult moments, but if they get support and help to get through it, they can come out the other end OK and keep working at their life,” Schwartz said. “And that's a positive thing.”

*The National Suicide Prevention Lifeline is 1-800-273-8255. Other international suicide helplines can be found at befrienders.org. You can also text TALK to 741741 for free, anonymous 24/7 crisis support in the US from the Crisis Text Line.*

#### TOPICS IN THIS ARTICLE

Netflix



Krystie Yandoli is an entertainment editor for BuzzFeed News and is based in New York.

Contact Krystie Lee Yandoli at krystie.yandoli@buzzfeed.com.

Got a confidential tip? Submit it here.