SUICIDES ON GUAM

1970 - 1983

BUREAU OF PLANNING

1984

SUICIDES ON GUAM (1970-1983)

This report was orginally designed to examine actual and attempted suicides on Guam from 1970 to 1983 in order to provide an indication of the Quality of Life on Guam. A quality of life (QOL) indicator is a measure of some aspect of life or living conditions related to human well-being and satisfaction. Indicators provide a way of finding out how things are and where they have been going.

However, in the process of collecting suicide data from the Planning and Research Section of the Department of Public Safety (DPS) and from the Office of Vital Statistics, Department of Public Health and Social Services (DPHSS), numerous discrepancies were found which adversely affected our ability to analyze suicides. These discrepancies are discussed in this report with a view toward encouraging the appropriate government agencies to modify and coordinate data collection activities.

SUICIDE DATA FROM DPS

According to DPS, there were a total of 26 actual suicides and 45 attempted suicides from 1970 to March 1983 (shown Table 1 below).

TABLE 1
DEPARTMENT OF PUBLIC SAFETY
SUICIDE DATA

YEAR	ACTUAL	ATTEMPTS
1970	0	0
1971	0	0
1972	1	3
1973	2	5
1974	3	4
1975	0	0
1976	1	3
1977	0	1
1978	2	0
1979	3	15
1980	3	3
1981	4	2
1982	5	8
1983	2	1
TOTAL	26	45

Source: Department of Public Safety

SUICIDES BY ETHNIC GROUPS

In reporting suicides the Department of Public Safety showed four (4) ethnic categories:

1. Guamanian;
2. Filipino;
3. Caucasian; and
4. All Other

The Guamanian ethnic group committed 13 actual and 24 attempted suicides in the period from 1972 through 1983. This is 50% of the total actual suicides and 53% of the total attempted suicides on Guam.

The Filipino ethnic group ranks second with a total of 7 actual suicides being committed and 15 attempted suicides. This is 27% of the total actual suicides and 33% of the total attempted suicides on Guam.

In the Caucasian ethnic group a total of 4 or 15 % were actual suicides and 2 or 4% were attempted suicides.

For the "All Other ethnic group," a total of 2 or 8% actual suicides were committed and 4 or 9% were attempted suicides during the period of 1972 to 1983.

TABLE 2:

ACTUAL AND ATTEMPTED SUICIDES
BY ETHNIC GROUP
1970 - 1983

	GUAMANIAN		FILIPINO		CAUCASIAN		ALL OTHERS	
YEAR	ACTUAL	ATTEMPTS	ACTUAL	ATTEMPTS	ACTUAL	ATTEMPTS	ACTUAL	ATTEMPTS
1970	0	0	0	0	0	0	0	0
1971	0	0	0	0	0	0	0	0
1972	1	3	0	0	0	0	0	0
1973	1	4	1	1	0	0	0	0
1974	2	2	1	2	0	0	0	0
1975	0	0	0	0	0	0	0	0
1976	0	1	1	2	0	0	0	0
1977	0	0	0	1	0	0	0	0
1978	1	0	0	0	0	0	1	0
1979	1	6	1	7	0	0	1	2
1980	1	2	2	1	0	0	0	0
1981	3	0	0	1	1	1	0	0
1982	3	6	1	0	1	0	0	2
1983	0	0	0	0	2	1	0	0
TOTAL	13	24	7	15	4	2	2	4
%	50	53	27	33	15	4	8	9

otal actual suicides from 1970 - 1983 = 26
otal attempted suicides from 1970 - 1983 = 45

ource: Department of Public Safety

AGE

A survey of suicide from 1955 to 1969 conducted by Phil Penningroth (probably in 1970), indicates that the younger age groups are the most active in actual and attempted suicides. This study (1970 to 1983) also indicates that the younger age groups are the most active in actual and attempted suicides (see Table 4 below).

TABLE 4

COMPARISON OF SUICIDE DATA
1955-1969 and 1970-1983

	1955-1969		1970-1983	
AGE	ACTUAL	ATTEMPTS	ACTUAL	ATTEMPTS
10-19 Yrs.	3	8	1	4
20-29 Yrs.	19	19	6	18
30-39 Yrs.	18	4	7	8
40-49 Yrs.	10	6	7	4
50-59 Yrs.	7	0	4	8
60-69 Yrs.	4	0	0	3
70-79 Yrs.	2	0	1	0
80+	1	0	0	0
UNKNOWN	1	21	-	-

SOURCE: Bureau of Planning

AGE AND ETHNICITY

DPS data indicate that in the Guamanian ethnic group, the 20 to 29 year age group was most active in actual suicide committments and similiarly in attempted suicides.

In the Filipino ethnic group, the most active age in actual suicide committments was the 30 to 39 years of age and in attempts it was the 50 to 59 year. Although the 20 to 29, 40 to 49, and 60 to 69 age groups followed closely behind.

In the Caucasian ethnic group, the 20 to 29 and the 40 to 49 age groups committed the most actual suicides. The 20 to 29 and the 30 to 39 age groups were most active in attempted suicides.

In the "Other" ethnic group, the 30 to 39 year age group committed the most actual suicides while the 20 to 29 and the 30 to 39 age groups were most active in attempted suicides.

TABLE 5:

AGE AND ETHNICITY
1970 - 1983

	AGE	GUAMANIAN	FILIPINO	CAUCASIAN	OTHER	TOTAL OF COMBINED ETHNIC GROUPS
	10-19 yrs.	1	0	0	0	1
A	20-29 yrs.	4	0	2	0	6
C	30-39 yrs.	2	3	0	2	7
T	40-49 yrs.	3	2	2	0	7
U	50-59 yrs.	3	1	0	0	4
A	60-69 yrs.	0	0	0	0	0
L	70-79 yrs.	0	1	0	0	1
	80+ yrs.	0	0	0	0	0
						TOTAL: 26
A	10-19 yrs.	2	1	1	0	4
T	20-29 yrs.	12	3	1	2	18
T	30-39 yrs.	5	1	0	2	8
E	40-49 yrs.	1	3	0	0	4
M	50-59 yrs.	4	4	0	0	8
P	60-69 yrs.	0	3	0	0	3
T	70-79 yrs.	0	0	0	0	0
S	80+ yrs.	0	0	0	0	0
						TOTAL: 45

Source: Department of Public Safety

Data from the 1981 Statistical Abstract of the U.S. indicates a much older age bracket from the U.S. as being most active in suicide. U.S. data shows the age brackets of 65 and over for the males and 45 to 64 years for females as committing the most actual suicides.

CAUSES OF SUICIDE

In terms of the causes of suicide, DPS summarized the reasons for the suicides committed from 1970 to 1980 and attributed them to domestic or health causes. However, from 1981 to 1983, instead of continuing to attribute a "cause" to the suicide, DPS now indicates the "circumstances" surrounding the suicide. DPS possibly realized the difficulty of pinpointing a specific cause for suicides. As stated by Mr. Don Rubenstein who conducted a suicide study in Micronesia, "... suicide has to be seen against the complex background of family, and cultural influences, personal history and attitudes, and recent events or changes in the person's life." What this simply means is that human lives are complex and that there are many influences themes that affect human lives and therefore, tacking on a cause may only superficially identify a complex human problem. An example of this complexity is illustrated in a DPS report where a particular person had a marital problem, was depressed, felt unwanted, and developed an uncaring attitude towards his physical health compounded by drinking liquor. Although it may be possible to identify a single cause which could be referred to as the major cause of the suicide committment, there usually are other causes or influences that result in a decision to commit suicide. Furthermore, when a suicide report is given to DPS, the perception of that suicide committment is usually from someone who knew the victim as the victim would either be dead or could not discuss the suicide attempt.

SUICIDE DATA FROM THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

In addition to the four ethnic groups identified in the Department of Public Safety report (Guamanian, Filipino, Caucasian, and Others), the Office of Vital Statistics of the Department of Public Health and Social Services includes Micronesian, Japanese, Negro, Chinese, Other Asians, and All Others.

However, information on the four variables identified in the introduction of this report cannot easily be collected because:

1. Vital Statistics, although it reported ethnic groups in overall deaths on Guam, does not classify suicide deaths by ethnicity or by age distribution.

2. The source from which Vital Statistics depends on to record a suicide death or deaths is the death certificate from the Medical Examiner. Death certificates are confidential files of Vital Statistics, DPHSS.

3. Vital Statistics does not keep records of attempted suicides.

4. Finally, suicide is listed by Vital Statistics as a cause of death and not as a type of death caused by some adverse factor.

Nevertheless, some essential information was provided in the Vital Statistics reports of the Department of Public Health and Social Services (1970 to 1982).

Vital Statistics reported that from 1970 to 1982, there were 90 suicide deaths. The total number of suicide deaths in 1983 is not yet available (see Table 3 below).

TABLE 3

SUICIDES PER YEAR: 1970-82

Year	No. of Suicides/Year	Total No. of Deaths/Year	Percent of Suicides per Total Deaths
1970	0	355	0
1971	5	364	1.37%
1972	6	409	1.47%
1973	8	435	1.84%
1974	6	449	1.34%
1975	9	441	2.04%
1976	3	466	.64%
1977	15	380	3.95%
1978	7	424	1.65%
1979	8	377	2.12%
1980	5	422	1.18%
1981	9	406	2.22%
1982	9	443	2.03%

Average Number of Suicides per year is 1.63.

Source: Vital Statistics, Department of Public Health and Social Services.

The crude suicide rate for the entire U.S. in 1978 was 12.5 per 100,000 population; for the Pacific States of Washington, Oregon, California, Alaska, and Hawaii, the suicide rate was 15.8 per 100,000 population; while in 1978 Guam had close to 7 suicide deaths per 100,000 population.

CONCLUSION

So long as there exists even one case of suicide, there is cause for concern. The apparent trend of younger persons committing the most actual and attempted suicides and should be cause for alarm. The differences in the data collected by DPS and DPHSS however, increase the difficulty in examining the extent of suicides on Guam. To resolve this problem, greater coordination among government agencies is required. As a first step, the agencies could focus on the following:

1. The reasons for collecting data on suicides.

   Differences in the data may result from the possibility that DPS collects data for reasons different from DPHSS.

2. The source of the data.

   Both DPS and DPHSS obtain data on actual suicides from the Office of the Chief Medical Examiner and consequently, the possibility of receiving inconsistent data seems remote. It should be noted however, that DPS should continue obtaining data on attempted suicides.

3. The type of data needed.

   The agencies should clearly define the types of data needed and the manner in which data should be reported. In particular, agreement should be reached on the ethnic categories and the age groupings to be used.

Once the data are standardize to the extent possible, the analysis of Suicides on Guam will be facilitated. For agencies responsible for preventing suicides and other social ills, it will still be necessary for DPS to continue to collect information on the circumstances for the suicide. Therefore, it is suggested that DPS continue to collect this information and if possible, relay the data to responsible agencies.

CONCLUSION

So long as there exists even one case of suicide, there is cause for concern. The apparent trend of younger persons committing the most actual and attempted suicides and should be cause for alarm. The differences in the data collected by DPS and DPHSS however, increase the difficulty in examining the extent of suicides on Guam. To resolve this problem, greater coordination among government agencies is required. As a first step, the agencies could focus on the following:

1. The reasons for collecting data on suicides.

   Differences in the data may result from the possibility that DPS collects data for reasons different from DPHSS.

2. The source of the data.

   Both DPS and DPHSS obtain data on actual suicides from the Office of the Chief Medical Examiner and consequently, the possibility of receiving inconsistent data seems remote. It should be noted however, that DPS should continue obtaining data on attempted suicides.

3. The type of data needed.

   The agencies should clearly define the types of data needed and the manner in which data should be reported. In particular, agreement should be reached on the ethnic categories and the age groupings to be used.

Once the data are standardize to the extent possible, the analysis of Suicides on Guam will be facilitated. For agencies responsible for preventing suicides and other social ills, it will still be necessary for DPS to continue to collect information on the circumstances for the suicide. Therefore, it is suggested that DPS continue to collect this information and if possible, relay the data to responsible agencies.