

PREVENT FIREARM SUICIDE: Service Members and Veterans



NOVEMBER 2019



THE EDUCATIONAL FUND
TO STOP GUN VIOLENCE

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|| INTRODUCTION

The headlines are all too familiar: [*Suicide Has Been Deadlier Than Combat for the Military*](#);¹ [*The Parking Lot Suicides*](#).² Every day in America, 124 people die by suicide, of which more than 62 are firearm suicides. Among the 62 firearm suicide decedents, roughly one is a military service member and 11 are veterans. Still more military service members and veterans die by non-firearm suicide.³

Military service member and veteran suicide is a public health crisis in America and firearms play a critical role, as firearms are the most common method chosen across these populations. Though there is no single explanation or cause for suicide, there are risk factors that do increase the risk for suicide, including access to firearms. Firearm ownership does not necessarily increase suicidal ideation, but access to and familiarity with firearms increases the capability for suicide, which is considered necessary for how suicidal thoughts progress into suicide attempts. Since firearms are the deadliest suicide method in America, these attempts are much more likely to be lethal than suicide attempts using other methods. While half of the suicides in the U.S. are by firearm, 60-70% percent of service member and veteran suicides are by firearm. Military family members also die by firearm suicide more often than expected. Firearms are fundamental to military culture, but they cannot be ignored in addressing suicide.

If you are a veteran, service member, or military family member and you need support now, please contact the Military and Veteran Crisis Line at 1-800-273-TALK (8255) Option 1, text 838255, or visit <http://veteranscrisisline.net/>.

¹ Giacomo C. (2019, November 1). Suicide Has Been Deadlier Than Combat for the Military. *New York Times*. Retrieved from <https://www.nytimes.com/2019/11/01/opinion/military-suicides.html>

² Wax-Thibodeaux, E. (2019, February 7). The Parking Lot Suicides. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/news/national/wp/2019/02/07/feature/the-parking-lot-suicides/>

³ An average of 1.5 service members and more than 16 veterans die by suicide every day. General population and veteran estimates are based on 3-year averages, while service member estimates are based on 2018 data; a 3-year estimate that included firearms data was not available across both Active and Reserve components.

PREVENT FIREARM SUICIDE: SERVICE MEMBERS

In September 2019, the Department of Defense (DoD) released its first-ever Annual Suicide Report (ASR) for calendar year 2018. The DoD ASR serves as the official source for annual suicide counts and unadjusted rates for service members⁴ and is the first DoD report to include recent suicide data on military family members. Below are key findings from the report.

OVERVIEW OF SERVICE MEMBER SUICIDE IN THE UNITED STATES

- 541 service members died by suicide in 2018, with counts and rates (per 100,000 service members) by component and service as follows:
 - **Active Component:** 325 suicides (24.8 suicides per 100,000 Active Duty Service Members)
 - Air Force: 60 suicides (18.5 suicides per 100,000 Airmen)
 - Army: 139 suicides (29.5 suicides per 100,000 Soldiers)
 - Marine Corps: 58 suicides (31.4 suicides per 100,000 Marines)
 - Navy: 68 suicides (20.7 suicides per 100,000 Sailors)
 - **Reserve:** 81 suicides (22.9 suicides per 100,000 Reservists)
 - Air Force Reserve: 3 suicides (rate not reported)
 - Army Reserve: 48 suicides (25.3 suicides per 100,000 Army Reserve Soldiers)
 - Marine Corps Reserve: 19 suicides (rate not reported)
 - Navy Reserve: 11 suicides (rate not reported)
 - **National Guard:** 135 suicides (30.6 suicides per 100,000 National Guardsmen)
 - Air National Guard: 17 suicides (rate not reported)
 - Army National Guard: 118 suicides (30.6 suicides per 100,000 Army National Guard Soldiers)

Note: Rates for groups with fewer than 20 suicides are not reported due to statistical instability.
- **Demographic and military profile of suicide decedents:** Across the Active Component, Reserve, and National Guard, the majority of 2018 service member suicide decedents were enlisted (specifically junior enlisted, ranks E1-E4), male, younger than 30 years old, and White.

⁴ Since 2008, the DoD has also published an annual Suicide Event Report, which provides further depth and interpretations of military suicide data, including risk and contextual factors; the new ASR supplements the Suicide Event Report by providing a mechanism for more timely release of official annual DoD suicide rates to the public. The Department of Defense Suicide Event Report Annual Report for calendar year 2018 is not yet available.

- **Comparison to the general population:** Though both are too high, the service member suicide rate is similar to the U.S. general population's suicide rate.
 - While many believe the military suicide rate is higher than the U.S. population, suicide rates for the Active Component and Reserve are actually comparable to U.S. population suicide rates after accounting for age and sex.
 - Only the National Guard's suicide rate is higher than the U.S. population suicide rate after accounting for age and sex.
- **Role of deployments:** Contrary to popular belief, deployment does not increase the risk of suicide among service members.^{5,6} In 2017, 41.7% of Active Duty service members who died by suicide had no history of deployment.⁷
- **Role of mental illness:** While mental illness can play a role in suicidality, there is no single cause of suicide. Most people with mental health problems do not attempt suicide or die by suicide.⁸ Half (50.8%) of military suicide decedents in 2017 did not have a mental illness diagnosis.⁹

FIREARMS ARE THE MOST COMMON SUICIDE METHOD FOR SERVICE MEMBERS

- Firearms are the most common suicide method across the Active Component, Reserve, and National Guard. Nine in ten firearms used in military suicides are personally-owned, not military-issued.¹⁰
- 60.0% (n=195) of Active Component suicides in 2018 were by firearm.
- 61.7% (n=50) of Reserve suicides in 2018 were by firearm.
- 69.6% (n=94) of National Guard suicides in 2018 were by firearm.

⁵ LeardMann C, Powell T, Smith T, Bell M, Smith B, Boyko E, ...Hoge C. (2012). Risk factors associated with suicide in current and former US military personnel. *Journal of American Medical Association*. <https://www.ncbi.nlm.nih.gov/pubmed/23925620>

⁶ Reger MA, Tucker RP, Carter SP, & Ammerman BA. (2018). Military deployments and suicide: A critical examination. *Perspectives on Psychological Science*. <https://doi.org/10.1177/1745691618785366>

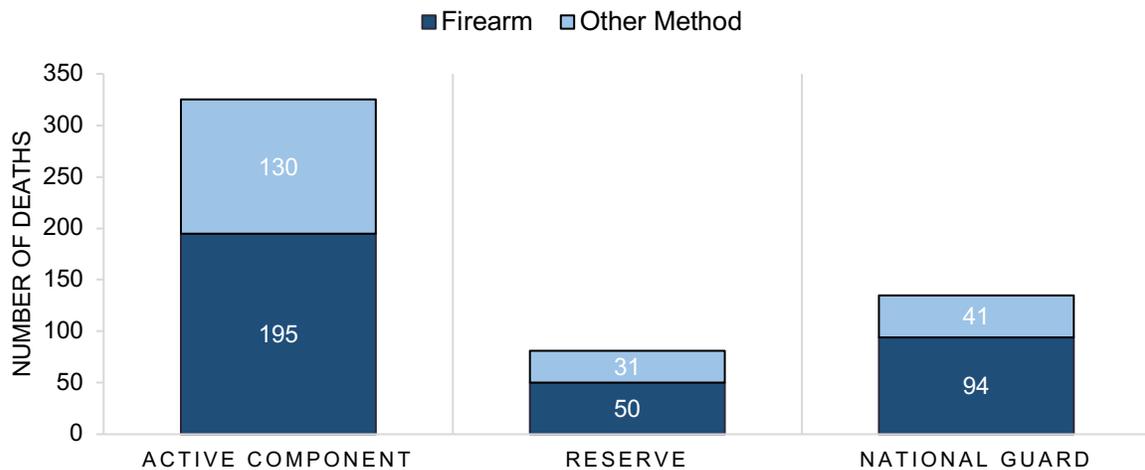
⁷ Pruitt LD, Smolenski DJ, Tucker J, Issa F, Chodacki J, McGraw K, & Kennedy CH. (2019). Department of Defense Suicide Event Report (DoDSER): Calendar Year 2017 Annual Report. <https://www.dspo.mil/Portals/113/Documents/2017-DoDSER-Annual-Report.pdf?ver=2019-07-19-110951-577>

⁸ Stone D, Holland K, Bartholow B, Crosby A, Davis S, & Wilkins N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

⁹ Pruitt LD, Smolenski DJ, Tucker J, Issa F, Chodacki J, McGraw K, & Kennedy CH. (2019). Department of Defense Suicide Event Report (DoDSER): Calendar Year 2017 Annual Report. <https://www.dspo.mil/Portals/113/Documents/2017-DoDSER-Annual-Report.pdf?ver=2019-07-19-110951-577>

¹⁰ According to the DoD's Suicide Event Report for CY2017, approximately 90% of active duty service members who died by firearm suicide used a personally-owned firearm (as opposed to a military-issued weapon).

SERVICE MEMBERS SUICIDE DEATHS BY METHOD, 2018



SERVICE MEMBER SUICIDE RATES OVER TIME

Overall, the suicide rate for the military population has remained steady over the last few years. However, when examined by component, the Active Component suicide rate increased significantly across all services from 2013 to 2018, from 18.5 suicides per 100,000 Active Duty service members in 2013 to 24.8 suicides per 100,000 Active Duty service members in 2018 (34% increase). The Navy's suicide rate in particular increased from 12.7 suicides per 100,000 Active Duty service members to 20.7 suicides per 100,000 Active Duty service members (63% increase); other small, statistically insignificant increases across the other services contributed to the overall rate increase.

There was no statistically significant change in suicide rates for the Reserve and National Guard from 2013 to 2018, though there was a statistically significant increase for the Army National Guard specifically. Individual service rates for four of the six Reserve component services were not reported due to low counts.

OVERVIEW OF SUICIDE AMONG MILITARY FAMILY MEMBERS

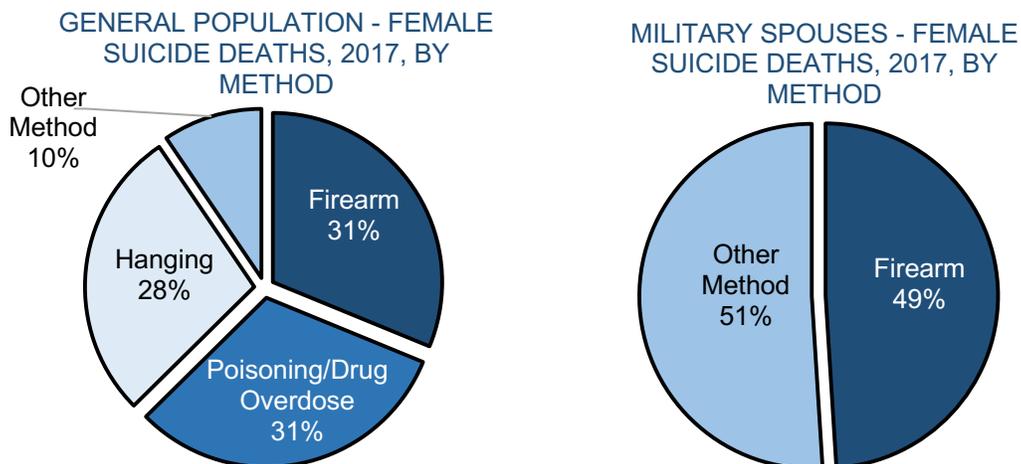
- The suicide rate among military family members in 2017 was 6.8 suicides per 100,000 military family members and was fairly steady across components.¹¹

¹¹ These military family member suicide data may be underestimates due to some family members being ineligible for military benefits and thus not being included.

- 123 military spouses died by suicide in 2017 (11.5 suicides per 100,000 military spouses):¹²
 - 69% were female
 - 82% were under 40 years of age
- 63 military dependents died by suicide in 2017 (3.8 suicides per 100,000 military dependents):
 - 70% were male
 - Their ages ranged from 12-23 years old; almost 50% were 18 years and older
 - Of those under 18 years old, 62% were ages 15-17 years
- *Comparison to the general population:* Suicide rates for military spouses and dependents in 2017 were lower than the U.S. general population as a whole (6.8 suicides per 100,000 military family members as compared to 14.5 suicides per 100,000 people), but this difference is expected after accounting for age and sex.

FIREARMS ARE THE MOST COMMON SUICIDE METHOD FOR MILITARY FAMILY MEMBERS

- Overall, 52.7% of military family member suicide deaths were by firearm injury in 2017.
- For each group, firearms were the most common method of suicide for military spouses and dependents across components, except for dependents of National Guard members, for whom hanging/asphyxiation was the most common method. Use of firearms in suicides ranged from 52.2-63.6% for spouses and 45.8-77.8% for dependents, depending on component, in 2017.
- Firearms were the leading method of suicide for both male and female spouses in 2017.
 - 49.4% of female spouse suicides were by firearm. This is significantly more than what is expected when compared to the general population in the same year, in which 31.2% of female suicides were by firearm.



¹² 2017 is the most recent year of data available for military family members. According to the 2018 DoD ASR Report, "It can take between 12 to 18 months for the CDC to receive death information from the state vital statistics offices. As a result, there is a 2-year lag between the most recent available death information and any related report on military family member suicides." (p. 17)

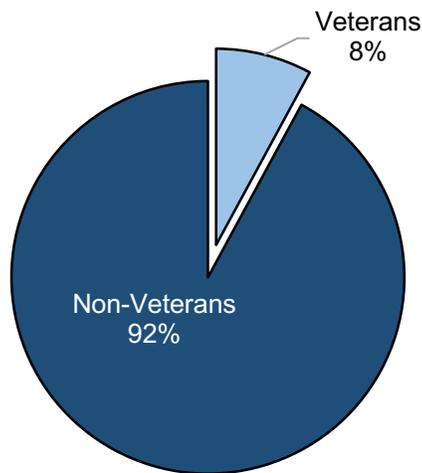
PREVENT FIREARM SUICIDE: VETERANS

In September 2019, the Department of Veterans Affairs' (VA) Office of Mental Health and Suicide Prevention released its 2019 National Veteran Suicide Prevention Annual Report. The report examines trends and the most current (2017) national data on veteran suicide from the Centers for Disease Control and Prevention's National Death Index and overviews key initiatives and public health approaches to suicide prevention among veterans. Below are key findings from the report.

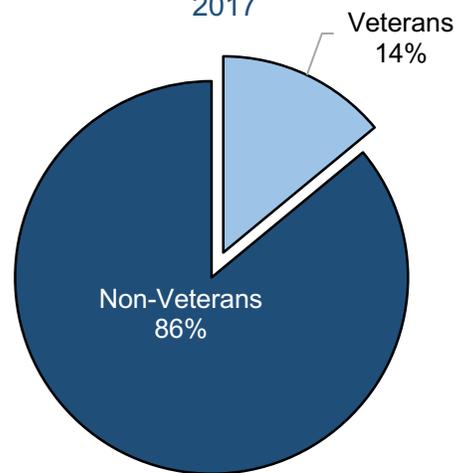
OVERVIEW OF VETERAN SUICIDE IN THE UNITED STATES

- 6,139 veterans died by suicide in 2017 - an average of 16.8 every day.¹³
- 69.4% (n=4,258) of veteran suicide decedents died by firearm injury.
- *Demographic profile of suicide decedents:* Young veterans ages 18-34 had the highest suicide rate, while middle-aged and older veterans ages 55-74 had the lowest suicide rate.
- *Comparison to the general population:* While veterans made up 7.9% of the U.S. adult population, they comprised 13.5% of all suicide deaths among U.S. adults in 2017.

U.S. ADULT POPULATION, 2017



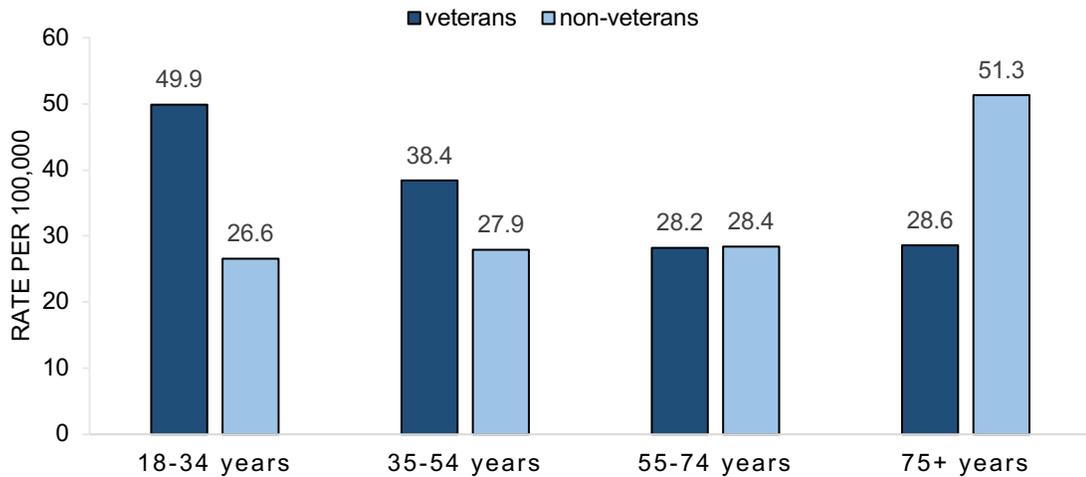
U.S. ADULT SUICIDE DEATHS, 2017



¹³ The 2016 [National Veteran Suicide Prevention Annual Report](#) stated that an average of 20 Veterans die by suicide every day. However, this statistic was misleading, as the figure combined three groups who died by suicide: veterans, current service members, and former National Guard or Reserve members. Therefore, a more accurate statistic is that the average number of veteran suicide deaths per day has equaled or exceeded 16.0 since 2007.

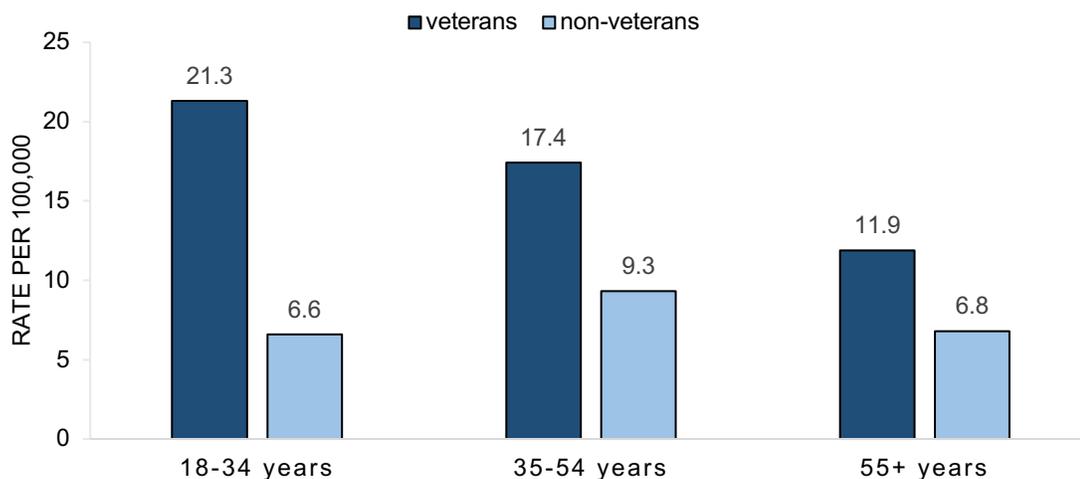
- After adjusting for population differences in age and sex, veterans had a suicide rate 1.5 times higher than non-veteran adults in 2017.
- After adjusting for population differences in age:
 - Female veterans had a suicide rate 2.2 times higher than non-veteran females.
 - Male veterans had a suicide rate 1.3 times higher than non-veteran males.
- Among males, veterans ages 18-34 had the highest suicide rate, whereas non-veterans ages 75 and older had the highest suicide rate.

SUICIDE RATE FOR MALE VETERANS VS. NON-VETERAN MALE ADULTS BY AGE, 2017



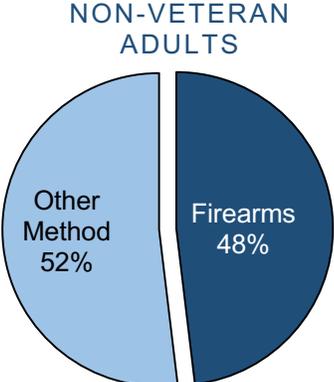
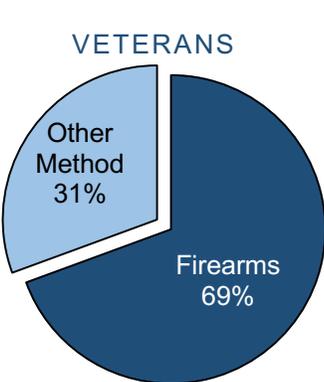
- Among females, veterans ages 18-34 had the highest suicide rate whereas non-veterans ages 35-54 had the highest suicide rate.

SUICIDE RATE FOR FEMALE VETERANS VS. NON-VETERAN FEMALE ADULTS BY AGE, 2017

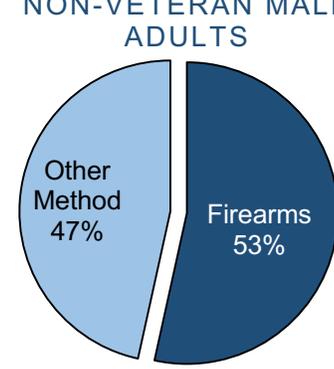
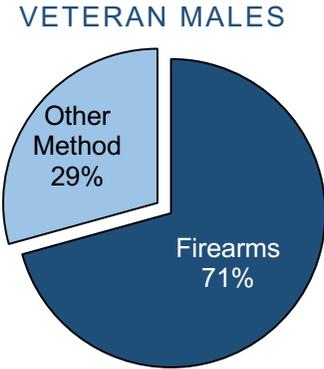


FIREARMS ARE THE MOST COMMON SUICIDE METHOD FOR VETERANS

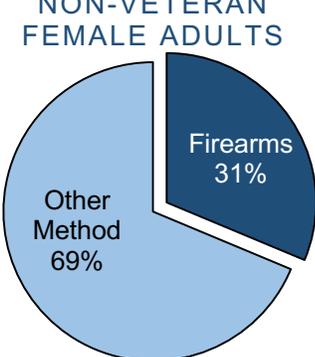
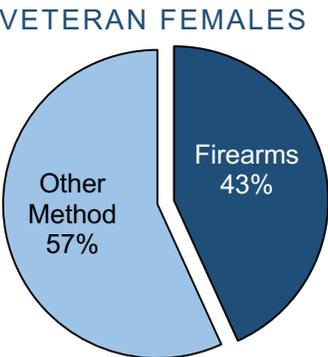
- In 2017:
 - 69.4% of veteran suicide decedents died by firearm injury, compared to 48.1% of non-veteran adult suicide decedents.



- 70.7% of male veteran suicide decedents died by firearm suicide, compared to 53.5% of non-veteran adult male suicide decedents.



- 43.2% of female veteran suicide decedents died by firearm suicide, compared to 31.3% of non-veteran adult female suicide decedents.



VETERAN SUICIDE BY STATE, 2017

Suicide rates, including veteran suicide rates, vary by region and state. Based on the data included in the 2019 National Veteran Suicide Prevention Annual Report, states with higher percentages of veteran suicides by firearm also tended to have higher overall veteran suicide rates. For example, New Jersey had both the 5th lowest suicide rate and the 5th lowest proportion of suicides by firearm, while Arizona had the 9th highest suicide rate and the second highest proportion of suicides by firearm.

STATE OF DEATH	PERCENTAGE OF VETERAN SUICIDE DEATHS BY FIREARM INJURY	VETERAN SUICIDE RATE PER 100,000
Alabama	83.1%	33.3
Alaska	*	39.1
Arizona	79.8%	44.9
Arkansas	79.4%	43.5
California	61.3%	29.2
Colorado	66.4%	36.9
Connecticut	45.9%	20.3
Delaware	*	22.2**
Florida	70.7%	33.6
Georgia	76.8%	27.9
Hawaii	*	16.8**
Idaho	75.5%	41.2
Illinois	57.7%	26.7
Indiana	73.0%	28
Iowa	69.7%	32
Kansas	77.1%	35.9
Kentucky	72.9%	35.8
Louisiana	69.6%	32.5
Maine	75.0%	42.1
Maryland	64.1%	19.9
Massachusetts	38.3%	18.5
Michigan	64.1%	28.9
Minnesota	62.9%	27.1

STATE OF DEATH	PERCENTAGE OF VETERAN SUICIDE DEATHS BY FIREARM INJURY	VETERAN SUICIDE RATE PER 100,000
Mississippi	69.6%	29.2
Missouri	71.2%	35.1
Montana	*	57.0
Nebraska	56.4%	30.7
Nevada	69.0%	53.2
New Hampshire	71.8%	36.8
New Jersey	56.6%	21.4
New Mexico	76.5%	43.0
New York	45.6%	17.5
North Carolina	73.6%	29.1
North Dakota	*	42.0
Ohio	72.5%	32.0
Oklahoma	69.4%	28.1
Oregon	75.3%	49.3
Pennsylvania	65.8%	31.3
Rhode Island	*	19.7*
South Carolina	75.8%	29.9
South Dakota	*	28.8**
Tennessee	68.2%	32.6
Texas	78.0%	31.3
Utah	68.4%	41.9
Vermont	*	25.6**
Virginia	65.5%	22.8
Washington	67.6%	31.3
West Virginia	79.7%	41.5
Wisconsin	66.9%	33.8
Wyoming	*	62.8

* In order to protect the privacy of suicide decedents, counts and rates of suicide deaths by firearm are suppressed in which fewer than 10 suicides are reported. Therefore, percentages of firearm deaths were unable to be calculated.

** The suicide rates presented are unadjusted and are calculated as the number of suicide deaths in 2017 divided by the estimated veteran population and multiplied by 100,000. Where asterisked, there were fewer than 20 suicide deaths. Therefore, the rate is considered statistically unreliable since a small change in the number of deaths could result in a large change in the suicide rate.

RECOMMENDATIONS TO PREVENT FIREARM SUICIDE: SERVICE MEMBERS AND VETERANS

Anything that delays the time between suicidal thoughts and action by reducing access to lethal means, such as firearms, can help prevent suicide since it allows more opportunity for intervention. Means safety has been shown to be an effective suicide prevention strategy, and even has been noted to have more potential for reducing suicides than traditional clinical interventions.

The Educational Fund to Stop Gun Violence, therefore, recommends a multilevel approach to suicide prevention that addresses firearms access. Specifically, we use the social ecological model to explore interventions at four levels for firearm suicide prevention — individual, relationship, community, and societal — to build a comprehensive prevention strategy focused on limiting access to lethal means.¹⁴

Interventions to prevent firearm suicide are important for civilian, service member, and veteran populations alike, as well as for their families, and must be implemented and adapted as needed in settings for all four. Both the Departments of Defense (DoD) and Veterans Affairs (VA) recognize that access to firearms increases the risk for suicide and that in order to meaningfully prevent suicide among service members, veterans, and their families, addressing access to firearms must be part of a comprehensive suicide prevention plan.

Read on for the Educational Fund to Stop Gun Violence’s evidence-based recommendations for firearm suicide prevention and how the DoD and VA are developing and implementing programs and strategies that align with these recommendations. We commend these efforts, though more is needed to curb the suicide epidemic.

¹⁴ See PreventFirearmSuicide.efsgv.org for complete recommendations. See also: Allchin, A., Chaplin, V., & Horwitz, J. (2019). Limiting access to lethal means: Applying the social ecological model for firearm suicide prevention. *Injury Prevention*. doi.org/10.1136/injuryprev-2018-042809.

INDIVIDUAL LEVEL

At the individual level, biological and personal history factors affect a person's suicide risk and how prevention efforts — typically education — can address those factors. Educating individuals about the importance of separating oneself from lethal means, often through safer storage practices, is a critical component of prevention at the individual level.

Safely storing and limiting access to firearms for the gun owner and other people in the home is a suicide prevention strategy supported by both the DoD and VA. Putting time and space between individuals experiencing suicidality and firearms, through safer storage, is an effective suicide prevention intervention because it provides a 'critical window of time' for a person to reconsider their attempt, reach out for help, seek treatment, or practice coping strategies they may have. The DoD and VA have the following recommendations:

Service members: The DoD recommends four safer storage practices for service members and their families that protect firearm-owning homes from suicide:

- using gun locks
- keeping firearms unloaded
- storing ammunition separate from firearms
- storing firearms away from the home.

Veterans: The VA endorses Project ChildSafe, a program that provides free cable gun locks at VA medical facilities across the country. Veterans can get a free gun lock from their primary care team or the facility's suicide prevention coordinator. For at-home firearm storage, the VA recommends to:

- store firearms locked and unloaded
- store and lock ammunition separately from firearms
- ensure the key or lock combination is inaccessible to the veteran at risk of suicide
- disassemble the gun.

RELATIONSHIP LEVEL

At the relationship level, relationships with family, friends, and other people may influence the risk of suicide. Suicide prevention efforts at the relationship level focus on the support and influence of others in temporarily separating firearms from an at-risk individual. In addition to loved ones, health care providers can engage in firearm suicide prevention at this level by providing lethal means safety counseling to patients.

The DoD and VA promote lethal means safety counseling for service members and veterans at risk for suicide. Lethal means safety counseling is a process that healthcare providers undertake to help patients and their families or friends find ways to reduce access to lethal means of suicide attempt, at least temporarily, during times of elevated risk of suicide. They first work to determine if a person at risk of suicide has access to lethal means, like firearms. The provider then works with the person and their family or friends to reduce access until the risk of suicide decreases. The Educational Fund to Stop Gun Violence recommends that all healthcare professionals are trained in lethal means safety counseling. This is particularly important for veterans, as the majority of veterans don't use Veteran Health Administration (VHA) services and the majority of veteran suicide decedents did not recently receive VHA services prior to their death. While the VA is working to expand lethal means counseling, it is imperative that they promote this practice outside of the VHA as well, including by providing in-depth training for Community Care Network providers.

The DoD and VA have the following recommendations:

Service members: One of the DoD's suicide prevention initiatives is the Counseling on Access to Lethal Means Training Pilot. Counseling on Access to Lethal Means (CALM) is the Suicide Prevention Resource Center's free two-hour, online lethal means safety counseling training course. The DoD is piloting CALM training for non-medical military providers, including Military and Family Life Counselors and Military OneSource triage consultants. The initial training for providers began in 2019 and will be expanded to chaplains and community counselors in 2020.

Veterans: The VA encourages providers who interact with veterans at risk for suicide to routinely assess for access to lethal means. The VA promotes the use of safety plans for veterans who are at risk for suicide, have previously made a suicide attempt, and/or have suicidal ideation. Made collaboratively with the veteran and their clinician, the veteran then keeps the safety plan with them, using their list of strategies to help manage crises. The VA directs healthcare professionals to ask if the veteran has access to a firearm when creating a safety plan, if a firearm is a "method of choice," and then *collaboratively determine ways to secure or limit access to firearms during periods of risk*. The goal is for veterans to reduce their access to firearms by having them stored so they do not have direct contact with the weapons. Ideally, firearms should be safely stored by a designated, responsible person, such as a family member, close friend, or the police.

COMMUNITY LEVEL

At the community level, interventions involve engaging groups or members of the community who may have influence to prevent firearm suicide. This could include activities like engaging firearm retailers through gun shop projects or educating gun owners about suicide prevention in the community. The DoD and VA have the following recommendations:

Service members: The DoD will be implementing a collaborative public health communications campaign to help promote social norms for safer firearm storage. The safer firearm storage messaging is intended to have a clear goal and include an easy to remember slogan to ensure greatest reach to service members and families. According to the DoD, the messages are in development and are planned to be disseminated across all services in 2020.

Veterans: The VA's National Strategy for Preventing Veteran Suicide outlines strategic directions and goals in their framework to prevent suicide. One of their goals is to promote efforts to reduce access to lethal means of suicide, including firearms, among veterans who are at risk for suicide. As part of this goal, they plan to partner with firearm dealers and firearm owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

SOCIETAL LEVEL

At the societal level, policy, social and cultural norms, and other larger societal factors influence firearm suicide. This includes policies like extreme risk laws and how implementing such policies can prevent suicide and ultimately shift cultural norms related to guns and suicide. The societal level also includes large-scale public awareness campaigns and highly visible efforts to normalize safer storage of firearms in the context of suicide prevention.

The fact that the DoD and VA are publicly recognizing and promoting addressing access to firearms as an important component in suicide prevention has the potential to shift cultural norms around gun storage and acceptability of talking about lethal means safety and firearms in the context of suicide prevention. While the DoD and VA specifically design these efforts for service members and veterans, they have the potential to influence cultural norms among civilians as well.

|| CONCLUSION

The Educational Fund to Stop Gun Violence seeks to make gun violence rare and abnormal. To do so, we must prevent gun suicide.

Firearms are the primary method of suicide death for service members, military family members, and veterans. This is unacceptable. Suicide is preventable and reducing access to firearms while service members, veterans, and their families are at risk will save lives. Both the Departments of Defense and Veterans Affairs recognize how important this is to meaningfully prevent suicide among the people who serve and have served our country. Important suicide prevention efforts, including interventions focused on firearms, are in development and underway, but these efforts must continue to grow in order to stem the suicide epidemic. Respectfully addressing access to firearms is a key component of suicide prevention, particularly among service members and veterans. Thus, policies and programs pertaining to lethal means access, especially firearms, must be part of a comprehensive suicide prevention strategy.

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https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf

Pruitt LD, Smolenski DJ, Tucker J, Issa F, Chodacki J, McGraw K, & Kennedy CH. (2019). *Department of Defense Suicide Event Report (DoDSER): Calendar Year 2017 Annual Report*.
<https://www.dspo.mil/Portals/113/Documents/2017-DoDSER-Annual-Report.pdf?ver=2019-07-19-110951-577>

RESOURCES

If you are a veteran, service member, or military family member and you need support now, please contact the Military and Veteran Crisis Line at 1-800-273-TALK (8255) Option 1, text 838255, or visit <http://veteranscrisisline.net/>.

See PreventFirearmSuicide.efsqv.org for in-depth information on interventions at each of these four levels, as well as general facts, statistics, frequently asked questions about firearm suicide, a map detailing state-specific firearm suicide facts, and a resources tab for those seeking more information.

EDUCATIONAL MATERIALS

Defense Suicide Prevention Office's slides, "Lethal Means Safety Counseling to Reduce Suicide Risk."

<http://www.dsppo.mil/Portals/113/Documents/2017%20Conference/Presentations/Lethal%20Means%20Safety%20Counseling%20.pptx?ver=2017-08-10-132538-280>

Department of Veterans Affairs' guide to talking to a veteran about firearm safety <https://starttheconversation.veteranscrisisline.net/pdf/talking-to-a-veteran-about-firearm-safety/>

Department of Veterans Affairs' "Safety Plan Quick Guide for Clinicians" handout.

https://www.mentalhealth.va.gov/docs/VA_SafetyPlan_quickguide.pdf

Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide.

<https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskFullCPGFinal5088919.pdf>

Psychological Health Center of Excellence's "Managing Suicide Risk and Access to Firearms: Guidelines for Providers." <https://www.pdhealth.mil/news/blog/managing-suicide-risk-and-access-firearms-guidelines-providers>

Rocky Mountain MIRECC for Suicide Prevention's, "Lethal Means and Suicide among Veterans: Intervening by Safety Planning and Focusing on Firearm Safety" presentation.

<https://www.suicidepreventioncolorado.org/resources/Documents/Lethal%20Means%20and%20Suicide%20among%20Veterans%20Intervening%20by%20Safety%20Planning%20and%20Focusing%20on%20Firearm%20Safety.pdf>

Rocky Mountain MIRECC for Veteran Suicide Prevention's "Firearm Safety Matters" presentation.

https://www.mirecc.va.gov/visn19/firearmsafety/docs/Firearm_Safety_Matters_Final.pdf

Rocky Mountain MIRECC for Suicide Prevention's "Firearm Storage" infographic on Veterans' firearm locking device preferences. <https://my.visme.co/projects/rxygy7d0-firearm-locking-devices>

The Veterans Crisis Line's Firearm Safety Video highlights the importance of safer storage practices. <https://www.youtube.com/watch?v=M3g4lxPnh4w>

Veterans Healthcare Policy Institute's "Veterans, Firearms and Suicide: The Importance of Lethal Means Safety as a Prevention Strategy"

<https://static1.squarespace.com/static/5b19e25e89c1722037f0fdab/t/5d87c94214ffd35492aa05d0/1569179990474/Veterans%2C+Firearms+and+Suicide+-+Importance+of+Lethal+Means+Safety+as+a+Prevention+Strategy.pdf>

INITIATIVES

Center for Deployment Psychology: <https://deploymentpsych.org/disorders/suicide-main>

Defense Suicide Prevention Office: <http://www.dspo.mil/>

Psychological Health Center of Excellence: <https://www.pdhealth.mil/resource-center/national-suicide-prevention-awareness-month-2018>

U.S. Air Force Suicide Prevention: <https://www.resilience.af.mil/>

U.S. Army Suicide Prevention: <https://www.armyg1.army.mil/hr/suicide/default.asp>

U.S. Coast Guard Suicide Prevention: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Suicide-Prevention-Program/>

U.S. Department of Veterans Affairs Suicide Prevention:
http://www.mentalhealth.va.gov/suicide_prevention/

U.S. Marine Corps Suicide Prevention: <https://usmc-mccs.org/services/support/suicide-prevention/>

U.S. National Guard Suicide Prevention:
https://www.nationalguard.mil/features/suicide_prevention/

U.S. Navy Suicide Prevention: http://www.public.navy.mil/bupers-npc/support/21st_century_sailor/suicide_prevention/Pages/default.aspx

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|| GLOSSARY

Active Component: Per the Office of the Deputy Chief Management Officer, the Active Component is, “the portion of the armed forces as identified in annual authorization acts as ‘active forces,’ and in section 115 of Title 10 USC as those active duty personnel paid from funds appropriated for active duty personnel.”

Active Duty: Full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Active duty is prescribed by Title 10 U.S. Code.

Extreme risk laws: A risk-based state policy that establishes a new kind of protection order that temporarily prohibits the purchase and possession of a firearm and/or requires the removal of firearms from persons demonstrating behavioral risk factors for harming themselves or others. Law enforcement and, in some states, family or household members, among others, may request that a court issue an order. As of October 2019, 17 states and D.C. have these laws.

Lethal means safety counseling: A process that healthcare providers undertake to help patients and their families or friends find ways to reduce access to lethal means of suicide attempt, at least temporarily, during times of elevated risk of suicide. They first work to determine if a person at risk of suicide has access to lethal means, like firearms. The provider then works with the person and their family or friends to reduce access until the risk of suicide decreases.

Means safety: Programs and policies aimed at making lethal means less available or safer and thereby reducing the overall lethality of suicide attempts.

Military family members: Section 1072 (2) of the Title 10 U.S. Code defines a military family member with respect to a member (or former) member of a uniformed service. In the DoD ASR report, military family members are limited to spouses (“military spouses”) and dependent children (“dependents”; including minor and non-minor biological, step-, foster, ward, preadoptive, and domestic partner children) who are eligible to receive military benefits under Title 10 and registered in the Defense Eligibility Enrollment System (DEERS).

Reserve Component: The Armed Forces of the United States Reserve Component consists of the Army National Guard of the United States, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and the Coast Guard Reserve.

Safer storage: Safer storage practices mitigate access to firearms for the gun owner and other individuals by storing firearms unloaded and locked, storing and locking ammunition separately from firearms, ensuring the key and/or combination is inaccessible to the person at risk of suicide, and/or temporarily removing firearms from the home. Safer storage practices fall on a continuum and different practices may be chosen in different circumstances.

Safety plan: Written list of warning signs, coping responses, and support sources that an individual may use to avert or manage a suicide crisis.

Service member: A person appointed, enlisted, or inducted into a branch of the military services, including Reserve Components (e.g., National Guard), cadets, or midshipmen of the military service academies.

Suicidal ideation: Thinking about, considering, or planning suicide.

Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicide crisis: A suicide crisis, or potential suicide, is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency, requiring immediate suicide intervention and emergency medical treatment.

Suicide rate: The average number of deaths by suicide in a fixed population per unit of time. As suicide is relatively rare, the suicide rate is commonly standardized to deaths per 100,000 persons per year. A suicide rate is calculated by dividing the number of deaths by suicide in the unit of time (typically a calendar year) by the exposed population.

Veteran: For the purposes of the 2019 National Veteran Suicide Prevention Annual Report, a veteran is defined as someone who had been activated for federal military service and was not currently serving at the time of their death.

|| ABOUT

PREVENT FIREARM SUICIDE: [PREVENTFIREARMSUICIDE.EFSGV.ORG](https://www.preventfirearmsuicide.efsgv.org)

Prevent Firearm Suicide is a project of the Educational Fund to Stop Gun Violence that raises awareness about how temporarily reducing access to firearms during periods of high risk for suicide is life-saving. *Prevent Firearm Suicide* shares effective, evidence-based interventions for firearm suicide prevention; information on the intersection of firearms and suicide including risk factors and statistics; state-level firearm suicide data for all 50 states and the District of Columbia; and hosts a robust directory of educational materials, initiatives, research, and other resources about firearm suicide prevention and means safety.

EDUCATIONAL FUND TO STOP GUN VIOLENCE

The Educational Fund to Stop Gun Violence (Ed Fund) seeks to make gun violence rare and abnormal. Founded in 1978, the Ed Fund is a nonprofit organization that makes communities safer by translating research into policy to prevent gun violence and engaging impacted communities in the policymaking process. The Ed Fund is the gun violence prevention movement's premier research intermediary and founder of the Consortium for Risk-Based Firearm Policy (Consortium), a group of researchers and practitioners who collaborate to develop innovative recommendations for policymakers. The Ed Fund's affiliate organization, the Coalition to Stop Gun Violence, has advocated for stronger gun laws since 1974. Together, they have paved the way for the gun violence prevention movement to address firearm suicides, which make up 3 out of every 5 firearm-related deaths today. Today, the Ed Fund works tirelessly to advance research and support evidence-based firearm suicide prevention programs and policies, partners with suicide prevention and gun violence prevention groups alike, and continues to lead the national dialogue with *Prevent Firearm Suicide*.

REPORT CONTRIBUTORS

The Ed Fund would like to thank Dakota Jablon, Vicka Chaplin, and Adelyn Allchin for their contributions to the development of this report.

SUGGESTED CITATION

Educational Fund to Stop Gun Violence. (2019). *Prevent Firearm Suicide: Service Members and Veterans*. [PreventFirearmSuicide.efsgv.org](https://www.preventfirearmsuicide.efsgv.org).