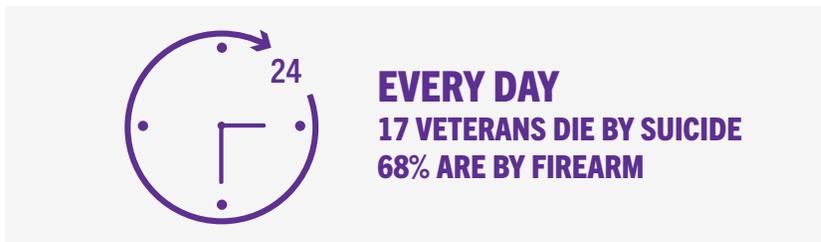


FIREARM SUICIDE RISK AMONG VETERANS AND MILITARY SERVICE MEMBERS



In 2019, the most recent year for which data is available, a total of 47,511 people died by suicide in the U.S. and more than half of those deaths (23,941) involved a firearm. According to the 2020 Veteran Suicide Prevention Annual Report from the U.S. Department of Veterans Affairs (VA), the suicide rate for veterans is one and a half times the rate for non-veteran adults, after adjusting for population differences in age and sex.¹ Every day, about 17 veterans die by suicide, and 12 of those 17 veterans (68%) die from a self-inflicted firearm injury.² In addition, the Department of Defense 2020 Annual Suicide Report found that there were 498 suicide deaths among service members in 2019, and about 64% of those deaths (318) involved a firearm.³ While veterans make up about 7% of the U.S. adult population,⁴ they account for 18% of the nation's gun suicide deaths.



Some communities are uniquely at risk for suicide. As a group, service members and veterans are uniquely at risk for suicide partly because they are more likely than their civilian counterparts to have access to firearms, and they have the knowledge and training in how to use them. Nearly half of all veterans own at least one firearm,⁵ while about one-third of U.S. adults own a firearm.⁶ Firearms are, by far, the most lethal method used in suicide attempts: 90% of suicidal acts with a firearm result in death.⁷ Firearms are used in 68% of veteran suicides compared to 48% of non-veteran suicides.⁸ Among military service members, firearms were used in 60% of suicides among the Active Component, 66% of suicides among the Reserve, and 79% among the National Guard.⁹ The availability and effectiveness of firearms greatly increases the risk of a fatal outcome should someone attempt suicide.¹⁰

Research from Kate Hendricks Thomas and Kyleanne Hunter's "Invisible Veterans: What Happens when Military Women become Civilians Again," which is referenced in the "Military Times," notes that women veterans are the fastest growing veteran population in the nation, but the challenges and health risks women face when they

return from deployment can be significantly greater in some instances than the challenges faced by their male counterparts.¹¹ Women veterans often feel unwelcome in places that are meant to support them and experience severe social alienation and isolation.¹² This has serious consequences: For women veterans, the rate of suicide is slightly more than two times greater than their non-veteran counterparts.¹³ The rise is compounded for women who are further isolated from the veteran community; from 2003 - 2017 there has been a 98% increase in suicides among women who do not use VA services.¹⁴ Additionally, suicides among female veterans involve a firearm 41.9% of the time, compared to 31.7% for female, non-veteran adults.

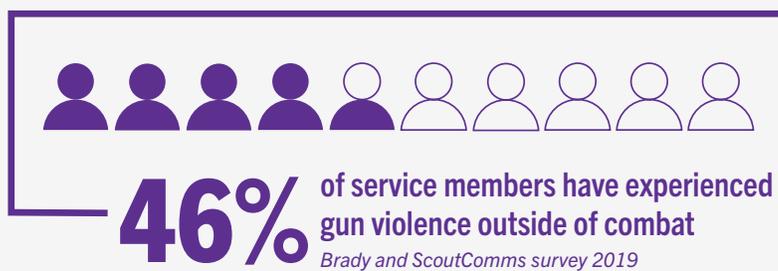
A 2019 survey conducted by Brady and ScoutComms found that service members and veterans are significantly impacted by gun violence.¹⁵ The survey received input from 359 current or former service members or immediate family members to a current or former service member who either owns a gun or lives in a household with a gun. Our results found that 46% of current and former service members selected “yes” when asked if they have personally been impacted by firearm violence outside of combat. Out of respondents who selected “yes,” 76% identified as combat veterans. Overall, 55% of the identified combat veterans who answered this question selected “yes” to being impacted by firearm violence outside of combat. For those who have no combat deployment history, 41% of those who answered this question also selected “yes.” In an open-ended follow-up question asking those who selected “yes” to provide further detail on how they have personally been impacted by firearm violence outside of combat, 71% of the qualitative responses were related to the suicide of a friend or family member. The impact of this is felt very personally. Here are just a few of the experiences they shared:

“I’ve had five friends take their life via firearms.”

“My father threatened suicide by gunshot twice. My grandfather died by gunshot and my husband has had suicidal thoughts involving a firearm.”

“Still, after my problems with depression and PTSD, I gave the barrel of [my] pistol to my psychologist. I haven’t asked for it back yet and probably won’t. I just got married. If we decide we need a gun in the house, my wife will be the one with biometric access to it. If we ever need to use it, she can hand it to me. I am not saying I will never shoot again, but I do not need unsupervised access to firearms.”

“My father-in-law, [...] used a gun to kill himself. My sister, also a veteran, used a gun to kill herself. I’ve lost a lot of army buddies to suicide with guns too.”



VETERAN SERVICE ORGANIZATIONS EXPRESS URGENT NEED FOR ACTION



The veteran community understands the gravity of this issue and the urgent need for action to address the problems of suicide. The American Legion 2019 Mental Health Survey Report revealed that 30% of respondents personally know a veteran who has died by suicide. The survey also identified that 84% of respondents had never received mental health care from VA Vet Centers and 77% of respondents had never sought mental health care from VA medical centers.¹⁶ Additionally, 40% of respondents were unsure of their eligibility for VA mental health services.

The 2019 Annual Wounded Warrior Project Survey shows similar trends. Of the 35,908 respondents who completed the survey, 86% suffer from depressive symptoms, 38.8% currently suffer from severe depression, and nearly 60% currently suffer from PTSD.¹⁷ About one-third of respondents reported having thoughts related to suicide in the past two weeks, and only about half of respondents are currently meeting with a professional for their mental health. The survey also shows that mental health injury influences employment opportunities and daily life functioning for many veterans, compounding many of the factors that lead to suicidal ideation: The primary reason that respondents listed for not being in the labor force was mental health injury (31.4%) followed by physical injury (19%), and the average respondent reported that he or she was unable to do usual activities such as self-care, work, school, volunteering, or recreational activities for about 10 days of the month due to poor mental health.

In a March 2020 joint hearing of the House and Senate Veterans' Affairs Committees, James W. "Bill" Oxford, National Commander of the American Legion, stated that suicide prevention is a top issue the American Legion expects the next session of Congress to tackle. He mentioned that "many factors increase the risk of veteran suicides: post-traumatic stress disorder; traumatic brain injury; loss of a sense of purpose; loss of a sense of belonging; stigma surrounding mental health; access to lethal means (firearms, bridges, opioids, etc.); and substance use and abuse disorders."¹⁸

Similarly, the Iraq and Afghanistan Veterans of America (IAVA) 2019 Member Survey revealed that mental health and suicide prevention are the most important issues for post-9/11 veterans, ranking above employment, jobs, and VA reform.¹⁹ A majority of the 4,600 IAVA members who took the survey reported mental health injuries: Approximately 65% of IAVA members reported service-connected PTSD and over half reported anxiety (65%) or depression (56%). Additionally, 59% of respondents personally know a post-9/11 veteran who has died by suicide, and 65% personally know a post 9/11-veteran who has attempted suicide. IAVA states that each year, there is a rise in the percent of members who know a post-9/11 veteran who has died by

suicide or attempted suicide. To put this in perspective, civilians are less likely to know someone who has died by suicide than IAVA members: About one-third of all U.S. adults know someone who has died by suicide according to a 2015 survey from the American Foundation for Suicide Prevention.²⁰

It is important to note that 43% of IAVA members report suicidal ideation since joining the military (42% of males and 49% of females), a 6% rise from 2017, and a 12% increase since 2014. The survey also identified that 68% of respondents own personal firearms, and among respondents who revealed their primary method of firearm storage, the most common method was locked, unloaded, and ammunition stored separately (32%). Alternative methods of storage included locked and loaded or unlocked and unloaded with ammunition stored separately (32%); unlocked and loaded (10%); and would rather not say or other (25%). In his witness statement before the Senate and House Veterans' Affairs Committees, IAVA Chief Executive Officer Jeremy Butler said that mental health and suicide prevention is one of the six major priorities that members see as most pressing. Butler made the following statement in his testimony:

“For nearly a decade, IAVA and the veteran community has called for immediate action by our nation’s leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members, and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of increased media coverage, a reduction in stigma for seeking treatment, and a surge of government, non-profit, and private support. Yet, the problem continues to loom. According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, continue to have the highest rate of suicide.”²¹

The abundance of evidence from veteran service organization membership surveys demonstrates the need for evidence-based approaches to preventing suicide through lethal means safety especially the safe storage of firearms.

ACCESS TO FIREARMS INCREASES THE RISK OF SUICIDE

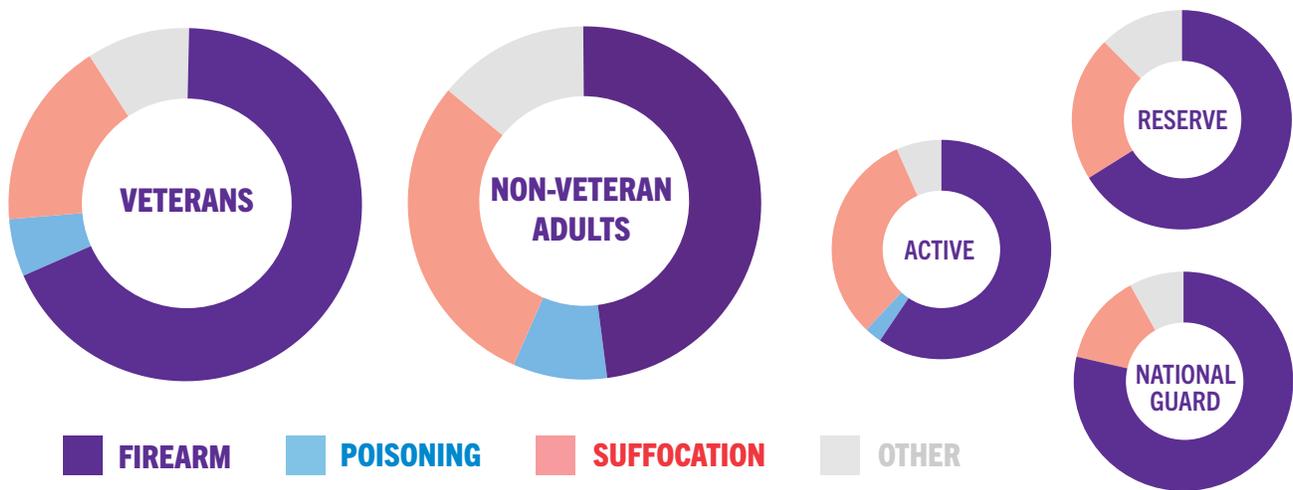
Multiple studies link the accessibility of firearms with higher suicide rates: States with the highest rates of household firearm ownership have higher rates of suicide overall than states with the lowest household firearm ownership rates, even though rates of non-firearm suicide are comparable across these states.²² While owning a firearm does not increase suicidal thoughts, access to a gun in the home increases the risk of suicide death by 300%.²³

Most people who survive a suicide attempt do not make a second attempt. But firearms are extremely lethal compared to other commonly used methods in suicide attempts; up to 90% of those who attempt suicide with a firearm do not survive. Most suicide

METHOD OF SUICIDE AMONG VETERAN AND NON-VETERAN ADULTS WHO DIED FROM SUICIDE IN 2018

METHOD	% OF NON-VETERAN ADULT SUICIDE DEATHS	% OF VETERAN SUICIDE DEATHS	% OF MALE NON-VETERAN ADULT SUICIDE DEATHS	% OF MALE VETERAN SUICIDE DEATHS	% OF FEMALE NON-VETERAN ADULT SUICIDE DEATHS	% OF FEMALE VETERAN SUICIDE DEATHS
Firearm	48.2%	68.2%	53.5%	69.4%	31.7%	41.9%
Poisoning	13.8%	9.5%	8.5%	8.5%	30.3%	31.6%
Suffocation	29.5%	17.1%	29.8%	16.9%	28.4%	20.3%
Other	8.5%	5.2%	8.2%	5.2%	9.6%	6.2%

Source: U.S. Department of Veteran Affairs and U.S. Department of Defense



METHOD OF SUICIDE AMONG SERVICE MEMBERS IN 2019

METHOD OF DEATH	ACTIVE COMPONENT		RESERVE		NATIONAL GUARD	
	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT
Total	344	100%	65	100%	89	100%
Firearm	205	59.6%	43	66.2%	70	78.8%
Hanging/Asphyxiation	108	31.4%	14	21.5%	12	13.5%
Drugs/Alcohol	6	1.7%	1	1.5%	0	0%
Sharp/Blunt Object	7	2.0%	0	0%	1	1.1%
Poisoning	9	2.6%	0	0%	0	0%
Falling/Jumping	3	0.9%	0	0%	0	0%
Other	3	0.9%	0	0%	2	2.2%
Pending/Unknown	3	0.9%	7	10.8%	4	4.5%

Source: U.S. Department of Defense

CY 2019 method of death data obtained from AFMES for active duty Service members; method of death data for non-duty status Reserve and National Guard obtained from the Military Services. The poisoning category includes deaths unrelated to drug overdose, such as carbon monoxide poisoning.

attempts happen in a moment of great distress, occurring within less than an hour of thinking about them²⁴ and 25% of individuals who attempt suicide make an attempt within five minutes of deciding to end their lives.²⁵ While these moments of crisis are extremely dangerous, they are often temporary. If a firearm is safely stored, it is less likely to be used during this moment of urgent — but temporary — distress. Therefore, means safety and safe storage of firearms are evidence-based methods of suicide prevention.

Brady's 2019 survey of the military and veteran community revealed that 81% of current and former service members agreed that gun safety measures practiced by the U.S. military should be made a standard of practice in the U.S. Additionally, over 41% respondents selected that they store firearms in a locked box, gun cabinet or gun safe, unloaded — which was the most common response given when asked about the kinds of safe storage practices they utilize. Among the 9% of respondents who reported that their guns are never kept in a locked storage unit, open-ended responses outlining the reasons for this method of storage included wanting quick access to the firearm for home defense and not living in a home where children are present.

SAFE FIREARM STORAGE SAVES LIVES

According to the VA, one way to reduce the risk of suicide among veterans is to build time and space between a veteran who has expressed thoughts of suicide by a firearm.²⁶ If a person is considering suicide or is at risk of a personal crisis, safe storage of a firearm can help prevent a dangerous, lethal suicide attempt. If a lethal attempt can be avoided, a veteran might have more time to seek help during a difficult time. However, a 2019 study of active-duty military personnel revealed that military personnel with recent thoughts about death or self-harm were much less likely than nonsuicidal service members to store their firearms locked and unloaded.²⁷

These findings demonstrate that education regarding the risks associated with unlocked and loaded firearms in the home is crucial, and that promoting safe firearm storage is imperative to preventing suicide, especially among military service members and veterans.

IF YOU OR SOMEONE YOU KNOW IS CONTEMPLATING SUICIDE, PLEASE CALL THE FREE AND CONFIDENTIAL NATIONAL SUICIDE PREVENTION LIFELINE AT 1-800-273-8255. PRESS 1 TO BE CONNECTED WITH THE VETERANS CRISIS LINE. YOU CAN ALSO TEXT "838255" OR CHAT ONLINE.

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