Veterans, Firearms and Suicide: 
The Importance of Lethal Means Safety as a Prevention Strategy

Russell B. Lemle, PhD
Senior Policy Analyst
October 29, 2019

OVERVIEW

United States veterans die by suicide, and by suicide using a firearm, at higher rates than non-veterans. There is a growing body of research indicating that increasing the time and space needed for at-risk veteran to access a firearm saves lives in the short and long run.

This document reviews the background data on veterans, firearms, and suicide, and the emerging Department of Veterans Affairs (VA) suicide prevention efforts to encourage at-risk veterans to voluntarily store their firearms more safely. It concludes with suggestions for policy and research initiatives that could further diminish these tragic deaths.

VETERAN SUICIDES

Veterans are at higher risk of suicide, and firearm suicide, than non-veterans.

⇒ In 2017, there were 6,139 U.S. veterans who died by suicide, approximately 17 per day.1

⇒ The rate for veteran suicides is 1.5 times greater than for non-veterans (adjusting for age + gender). There are approximately 28 veteran suicides and 18 non-veteran suicides per 100,000 adults.1

⇒ Though comprising only 8% of the adult U.S. population, veterans account for 13.5% of adult suicides.1

⇒ Firearms are, by far, the most common means for suicide among veterans. Approximately 71% of male veteran suicide deaths and 43% of female veteran suicide deaths are caused by self-inflicted firearm injury, (rates that exceed their non-veteran counterparts).1

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<th>Percentage of non-veteran adult suicide deaths</th>
<th>Percentage of veteran suicide deaths</th>
<th>Percentage of male non-veteran adult suicide deaths</th>
<th>Percentage of male veteran suicide deaths</th>
<th>Percentage of female non-veteran adult suicide deaths</th>
<th>Percentage of female veteran suicide deaths</th>
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<td>70.7</td>
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1 A 501(c)3 non-profit founded by veterans, medical professionals, and patient advocates.
Learn more at VeteransPolicy.org | On Facebook & Twitter @VeteransPolicy
⇒ For all age groups, veterans have higher proportions of suicide involving firearms than non-veterans.²

⇒ 28% of veterans live in rural areas compared with 14% of the general population.³ Compared to urban residence, rural residence for veterans is associated with 20-22% greater risk of suicide, including suicide by firearm, even after controlling for access to mental health care.⁴ ⁵

⇒ Lowered fear of death, habituation to painful experiences, plus comfort with highly lethal means are theorized to be core traits that increase one’s capability for suicide. These attributes are common in those who served in the military ⁶ ⁷ ⁸

FIREARMS AND SUICIDE

Ready access to firearms at home increases the risk of suicide.

⇒ There is greater risk of suicide among persons with access to firearms at home. People with any firearm at home are two to three times as likely to die by suicide as people without firearms at home. The elevated suicide risk applies not only to the firearm owner but to all other household members as well. ⁹ ¹⁰ ¹¹ ¹² ¹³ ¹⁴ ¹⁵ ¹⁶ Living in a home with a firearm stored unsafely is associated with higher risk of firearm suicide than living in a home with a safely secured firearm.¹⁰

⇒ Survivors of suicide attempts using firearms report that the availability of firearms in their home was usually the reason for using firearms rather than another method.¹⁷ ¹⁸

⇒ Higher rates of firearm ownership are strongly associated with higher rates of overall suicide and firearm suicide.¹⁹ ²⁰

⇒ Rates of firearm suicide and firearm ownership are higher in rural than urban communities.²¹ ²²

⇒ In 2006, when the Israeli Defense Forces began requiring soldiers to store their firearms on base before going on weekend leave, the overall suicide rate dropped 40%, led by significant decreases in weekend suicides.²³ Since then, the rates have declined even further.²⁴

The decision to attempt suicide is often made quickly.

⇒ While some suicides are considered and planned over an extended period, for many individuals the decision to attempt suicide is often made hastily. Surveys have found that
a large percentage of people who survived suicide attempts began their attempt within minutes or hours after making the decision.\textsuperscript{25,26,27,28} The high-risk, acute phase of many suicidal crises is quick and brief.

**Individuals who survive a suicide attempt, or are thwarted while attempting, rarely go on to subsequently die by suicide.**

⇒ There is a common myth that people who are intent on suicide and are thwarted or survive an attempt using one method will inevitably use another way to kill themselves.\textsuperscript{29} On the contrary: only 10\% of people who survive an attempt (including a serious attempt such as jumping in front of a moving train\textsuperscript{30}) go on to die from a subsequent suicide act.\textsuperscript{31}

**Firearms are the most lethal means of attempting suicide.**

⇒ Using a firearm has the highest lethality of all means of attempting suicide, with 80\% to 91\% attempts being fatal.\textsuperscript{33,34,35,36} Once a trigger is pulled, attempters have no opportunity to change their mind and abort, summon help or be rescued.

**VETERANS’ READY ACCESS TO FIREARMS**

⇒ 45\% of veterans (47\% male and 24\% female veterans) own one or more firearms.\textsuperscript{37}

⇒ 33\% of veteran firearm owners store at least one firearm loaded AND unlocked. An additional 44\% store a firearm either loaded OR unlocked. Only 23\% safely store their firearms at home unloaded and locked.\textsuperscript{38}

⇒ In a recent study of military personnel (not veterans) with firearms at home, servicemembers who had thought about suicide were much more likely than non-suicidal servicemembers to store their firearms unsafely.\textsuperscript{39}

**LIMITING ACCESS TO FIREARMS FOR AT-RISK VETERANS**

RAND’s 2018 extensive review of the empirical relationship between firearm availability and suicide concluded:

Although there is more to learn before we can conclude with confidence that gun prevalence has a causal effect of increasing suicide rates, the theoretical or logical arguments for this claim are sufficiently compelling that individuals and policymakers might reasonably choose to assume that gun availability does increase the risk of suicide. These logical considerations include that guns are an
especially lethal means of attempting suicide and that suicide attempts are impulsive acts that may never be repeated if the first attempt fails. Because those who impulsively attempt suicide with a gun rarely get a chance to reconsider the decision, it is reasonable to suspect that when guns are less available, fewer suicide attempts will result in fatality, more people will have the chance to reconsider their decisions, and suicide rates will therefore decline.\textsuperscript{10}

The voluntary, temporary safe storage of firearms for at-risk individuals has been endorsed by the U.S. Office of the Surgeon General as an evidenced-based strategy for reducing suicide rates.\textsuperscript{40} The approach is also a component of the VA’s “National Strategy for Preventing Veteran Suicide 2018-2028”\textsuperscript{41} and the “2019 VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide.”\textsuperscript{42}

In a study that asked veterans who own firearms whether it is appropriate for clinicians to talk with patients about safer firearm storage, a majority agree it was appropriate, and would personally participate in at least one intervention that substantially limited access, if needed.\textsuperscript{43}

The VA’s Lethal Means Safety initiatives include:

1. Suicide Prevention Safety Plan that require providers to inquire and counsel about access/storage of firearms when engaging veterans at intermediate/high acute or chronic suicide risk.

2. One-hour training of mental health providers and peer specialists in lethal means safety counseling. Web-based training occurs via the VA’s Talent Management System (also available to the public for a fee). The syllabus was adapted and modified from the Harvard Injury Control Research Center Means Matter Campaign “CALM: Counseling on Access to Lethal Means.” The VA’s counseling strives to be veteran-centric and emphasizes:
   - collaborative decision-making regarding safety actions that are taken voluntarily on one’s own terms,
   - these actions are a demonstration of personal strength,
   - the right to own firearms is explicitly supported,
   - the transfer of firearms from the home is temporary until the veteran is no longer at elevated risk,
   - firearms, in or out of the home, are recommended to be stored unloaded and locked in a secure location with ammunition locked in a separate location.

There is a demonstration project at the San Francisco VA Health Care System to offer this training to all mental health trainees upon arrival of their rotation.

There is a demonstration project at the VA Portland Health Care System to refine messages that primary care staff use when discussing firearm safety with veterans.
3. Free distribution of trigger locks to any veteran of their family member who requests one.

4. Lethal means safety information website.
   https://www.mirecc.va.gov/lethalmeanssafety/index.asp

5. Free, one on one risk management consultation service by lethal means safety experts to any VA or community provider working with veterans.
   https://www.mirecc.va.gov/visn19/consult/

6. Private-public partnerships with the National Shooting Sports Foundation (NSSF) and the American Foundation for Suicide Prevention (AFSP) to help create community coalitions promote and sustain secure storage of firearms, with an emphasis on service members, veterans and their families. The three-organization partnership is now piloting a 22-page safe storage community toolkit “Suicide Prevention is Everyone’s Business.”

7. The “Mayor’s Challenge” to prevent suicide among service members, veterans and their families at seven cities across the country, sponsored by the VA and Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). Leaders from the participating cities develop their own interagency plans to implement the “National Strategy for Preventing Veteran Suicide,” including safe messaging and enhanced lethal means safety processes.

8. The 2018 “Gun Safety Matters Challenge,” an open-innovation contest to develop cost-effective, new solutions for safer firearm storage. Private industry, academia, and committed individuals were invited to submit ideas, and three entries won awards. Their in-home solutions are especially relevant and promising to at-risk veterans who are reticent to transfer their firearms outside the home.

9. Ongoing lethal means safety research within VA’s Suicide Prevention Centers: VA Rocky Mountain MIRECC for Veteran Suicide Prevention, VA Center of Excellence for Suicide Prevention, and VA Health Services Research & Development.

POLICY AND RESEARCH SUGGESTIONS FOR LETHAL MEANS SAFETY FOR VETERANS

The following are lethal means safety ideas that could make substantive advances in mitigating veteran’s suicides.

1. Create federal subsidies for gun shops and ranges to offer free lockers for voluntary, temporary safe harbor. With all the expenses paid, gun shops/ranges could offer storage at no cost to individuals or to their business. Private gun shops/ranges are more acceptable locations than police stations. Implementation by big retailers would foster a
new cultural norm. The idea avoids “Red Flag Law” processes which engender concerns about ownership rights and could undermine VA’s standing with veterans. A side benefit of free lockers may be lessening of accidental firearm fatalities in the home, particularly with children and people with dementia.

2. Add other firearm and veteran constituencies to the VA/NSSF/AFSP partnership and develop a multi-year campaign to change social norms for firearm storage behaviors “if you’re in a crisis, it’s a strength to talk to friends, loved ones or counselors about temporarily storing guns until the crisis passes.”

3. Use the workgroup above to communicate messages that veterans won’t lose their guns by seeking VA care. This is especially important given that 21% of veterans with mental health needs have the misperception that seeking VA care would result in the potential of having their personal firearms taken away and is an obstacle to their using VA mental health services. The campaign must use spokespersons with strong respect and credibility among veterans.

4. Sponsor another VA Gun Safety Matters Challenge for in-home safe storage gun products and actively assist in bringing winning entries to market.

5. To better target interventions for the affected population, perform an expanded national Behavioral Health Autopsy of every veteran suicide, especially veterans who don’t use the VHA. That should include information about method of storage of the means used, veteran’s enrollment priority group and what other outpatient health insurance did the veteran have.

6. Study veterans' preferred storage places away from home, recipients, and in-home locking devices.

7. Conduct semi-yearly health record clinical pertinence reviews of each VA and Veterans Community Care Program (VCCP) mental health provider that ascertains whether (i) a suicide assessment is recorded in the health record, and (ii) when there’s elevated risk, the Safety Plan documents a lethal means safety assessment and plan. Evaluate frequency of different changes in storage habits by CPRS searchable health factors.

8. Modify the VA Safety Plan to include when an at-risk patient agrees to take a safe storage action, providers inquire and document at the follow-up visit whether it was implemented. Recommend that the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities add this as a new suicide prevention standard.

9. Require all VCCP and VA mental health providers to undertake 1-hour training in lethal means safety counseling to have the privilege of treating veterans. When the 2018 “Joint
Action Plan on transitioning servicemembers is implemented, train peers involved in Buddy Checks.

SUMMARY

The high rate of veteran suicides, especially using firearms, necessitates active interventions at societal, institutional, community and individual levels. Increasing the cultural acceptance and use of lethal means counseling for safe storage of firearms for veterans at elevated risk of suicide could save innumerable lives.

REFERENCES


