Gun Suicides Among Former and Current Military Members

By Eugenio Weigend and Marissa Edmund  March 2022
Introduction and summary

Suicides are a major public health problem in the United States. From 2015 to 2019, close to 232,180 people died of suicide in the country. In fact, during 2019, suicide was among the top 10 causes of death in the United States.

Firearms play a major role in these deaths. From 2015 to 2019, half of people that died by suicide used a gun, putting firearms as the main mechanism of suicide deaths in the country. Moreover, when looking at overall gun deaths, roughly two-thirds are attributed to suicides—a proportion that is consistent across most states. Notably, the United States has a gun suicide rate that is 10 times higher than that of peer nations. And unfortunately, gun suicides appear to be on the rise: While the rate of gun suicides in 2010 was 6.28 per every 100,000 people, it rose to 7.29 per every 100,000 people by 2019—a 16 percent increase. Data also indicate that men, white Americans, older people, and individuals living in rural areas present higher rates of gun suicides.

This issue brief focuses on a group that presents a unique risk of gun suicides: former and current military members. As with the overall population, suicides among current and former members of the military are far more likely to involve a firearm than any other means. The objective of this brief is to describe how military members—current or former—represent a disproportionately high percentage of gun suicides across different demographics, such as race, ethnicity, and age. Additionally, this brief highlights factors that contribute to this problem, including significantly higher levels of gun ownership among former and current military members. Finally, the issue brief outlines policy recommendations and actions to address veteran suicide.

These policy recommendations include:

- Increasing public awareness about the role of firearms
- Prioritizing timely physical and mental health services
- Disrupting access to guns for those in crisis by facilitating voluntary relinquishment of firearms and encouraging safe storage practices among veterans
- Passing laws that allow extreme risk protection orders (ERPOs)
- Passing waiting period laws

The United States is home to approximately 18 million military veterans. It is imperative that policymakers act swiftly to address their needs. Implementing these recommendations would save lives and work to ensure a future free from firearm suicide.
A high percentage of gun suicide victims are current or former military members

Unfortunately, suicide gun-deaths among former and current military members occur with staggering frequency. According to data from the U.S. Department of Veterans Affairs (VA), in 2019, close to 4,332 veterans died by gun suicide in the United States, representing close to 18 percent of the total number of gun suicides reported by the Centers for Disease Control and Prevention (CDC) during that year. Perhaps more alarming is the fact that this figure shows a veteran is killed by gun suicide every two hours.

Gun suicides are also a problem among active military members. A report from the U.S. Department of Defense (DOD) found that 498 active members lost their lives to suicide in 2019. Of these suicides, 64 percent—318 cases—were perpetrated with a gun, close to one gun suicide per day.

Devastating impact of firearms and PTSD on an Iraq War veteran

On September 9, 2020, Ronnie McNutt, a 33-year-old Army veteran from Mississippi, died by suicide using a gun. Close friends had expressed concerns and had desperately attempted to stop this from happening. The victim had recently lost his job and suffered from post-traumatic stress disorder (PTSD) after serving in Iraq. “He didn’t seem to be the same guy,” a close friend said of McNutt. When live video surfaced of McNutt in distress, friends and loved ones reached out to both him and the police, who were on site just before his death.

While VA and DOD data on suicides among current and former members of the military are limited, data collected by the CDC through the National Violent Death Reporting System (NVDRS) allows for a comparison of how gun suicide affects the military population versus the general population. The database has some limitations, as a few states do not report information to the NVDRS system and the category of military status cannot be broken down to distinguish between former and current military members. Nonetheless, despite its limitations, the NVDRS is an important source of information.
Based on available data, the Center for American Progress found that at least 8,710 former or current military members died by gun suicide from 2003 to 2019. While this number is an undercount, it shows that the number of current and former military members who have died by gun suicide is greater than the number of soldiers that died while deployed during the post-9/11 wars—7,057.

Additionally, when analyzing 2019 data on gun suicides from 41 states and the District of Columbia, CAP found that roughly 23 percent of gun-suicide victims that year were former or current military members. This represents close to 1 in every 4 gun suicides in the United States.

Furthermore, gun suicides among former and current military members represent a high percentage of total gun suicides across various demographics. In 2019, former and current military members represented 25 percent of gun suicides among men across all age and racial/ethnic groups. While the percentages are lower for women, women veterans are still more likely to use firearms in a suicide attempt than are nonveteran women.

Yet the group where current or former military members represent the highest percentage of gun suicides is older Americans—those ages 65 and older. Roughly half of gun suicides within this age group involved current or former military members. As presented in Figure 2, the high proportion of gun suicides involving current or former military members within this age group is present across different race and ethnic groups.
An important factor to consider regarding the significant increase in suicides among older Americans is the circumstances of their time in the military and their current stage in life. This age group would have primarily served in the Vietnam War from the mid-1950s through the mid-1970s, making it the last group of military veterans to experience a draft. This group also represents the largest cohort of veterans in the United States. Notably, a 2019 study found that Vietnam veterans were undergoing significant life events that could contribute negatively to their mental health, aging and reprocessing wartime trauma later in life.
Tragedy struck a young Missouri veteran shortly after he returned home

In October 2015, Kindall Johnson, a 22-year-old former Marine from Missouri, left his home for a football game but instead drove to a police station where he shot himself. Less than a year out of the Marine Corps, the victim was struggling to readjust to civilian life. Johnson was buried a week later with full military honors.25

When looking at gun suicides among young Americans ages 18 to 34, current or former military members still represent a high percentage at close to 13 percent. As shown in Figure 2, this percentage does not vary significantly across race and ethnicity groups. This means that current or former military members represent 1 in every 6 gun suicides among young Americans. In fact, in some states, gun suicides among young veterans have been increasing at alarming rates. In Missouri, for example, rates of gun suicide are even higher among young veterans than older veterans.26
Risk factors and circumstances surrounding gun suicides among current or former military members

There are numerous factors that contribute to the high rates of suicide among current and former military members. One major factor is higher access to firearms. According to NDVRS data, close to 72 percent of suicides among current or former military members in 2019 were perpetrated with a gun. This is higher than the percentage of suicides perpetrated with a gun among the overall population during that year—50 percent. Similarly, while the rate of gun suicides among nonveterans increased 22 percent from 2005 to 2019, the rate of gun suicides among veterans increased 31 percent during that period.

Compared with the general population, current and former military members also have significantly higher rates of gun ownership. According to a 2015 study, nearly 50 percent of U.S. veterans own a gun. In contrast, studies suggest that only about 22 percent of the general U.S. population owns firearms. Similarly, the age groups of 50 to 64 years old and 65 and older have the highest rates of gun ownership, according to a 2017 Pew Research Center study. This can further explain the high rates of suicide among older veterans.

Research has shown that higher levels of gun ownership tend to present higher rates of gun suicide. When looking at current military members, studies have found that the rate of suicide among soldiers who own firearms is higher than it is for those who do not own a gun at home. One of the main reasons is that firearms can easily be accessed and are considerably more lethal than other means. Indeed, while 85 percent of suicide attempts with a gun result in a fatality, this percentage drops to 3 percent in cases of drug overdose—the most widely used mechanism in suicide attempts.

Overall, access to firearms by former and current military members has been acknowledged by both the military and scholarly community as a risk factor for suicides.
In addition to access to firearms, there are other factors that may increase the likelihood of gun suicides among current and former military members. Using NVDRS data, CAP analyzed the circumstances of gun-related suicides in 2019 for both current and former military members as well as nonmilitary members.

As Figure 3 shows, circumstances shared by military and nonmilitary members include mental health problems, depression, a crisis in the preceding two weeks, history of suicidal thoughts, and intimate partner problems. However, a particular circumstance of gun suicide that is frequent among current or former military members but not as frequent among the general population is physical health problems. A 2018 study found that nearly 30 percent of all U.S. veterans had a...
service-related injury.\textsuperscript{37} Indeed, many former military members have physical injuries due to the strenuous physical activity involved in their work or from being wounded in combat. Physical injuries have been associated with PTSD, depression, and anxiety months after patients are released.\textsuperscript{38} Notably, while only 23 percent of gun suicides among the general population involved physical health problems, this percentage rises to 44 for current or former military members. In fact, out of all the analyzed circumstances of gun suicide, physical problems were the most common for current and former military members.

There are also strong links between PTSD and suicidal ideation.\textsuperscript{39} A 2014 study revealed that PTSD—along with other comorbidities caused by trauma, such as substance abuse—increases the likelihood of suicide ideation.\textsuperscript{40} Notably, 2 in 10 veterans struggle with substance abuse.\textsuperscript{41}
Recommendations

To reduce gun suicides in the United States, a major step would be to focus efforts toward reducing gun suicides among former and current military members, a group that represents up to 23 percent of gun suicides in America. There are no one-size-fits-all solutions to this problem; it demands a comprehensive approach that includes the following actions.

Increase public awareness about the role of firearms

Access to firearms is likely the most important factor associated with suicide among veterans. However, many veterans are unaware that having a gun in the home is a suicide risk factor. Therefore, it is fundamental to increase public awareness about this risk. Former military members such as Chris Marvin have advocated for the VA administration to explicitly discuss the impact that access to guns has on veteran suicides. In October 2021, the VA launched its “Don’t Wait, Reach Out” campaign, targeting veterans who may be at risk for suicide and encouraging them to seek support. As a part of this campaign, the VA promoted “Firearm Suicide and Lethal Means Safety,” acknowledging that the time and distance between access to lethal means, especially firearms, can reduce the risk of suicide among veterans. The campaign also promotes safe storage practices for firearm owners.

Prioritize timely physical and mental health services

In addition to reducing access to firearms, other factors must be addressed. This includes the need for mental health treatment and services as well as physical health treatment and services. For example, veterans need timely access to medical care. They often face unreasonably long wait times to see either a VA physician or a physician out of the VA network, even after a clinician has deemed medical attention necessary. While waiting for medical attention, veterans may be in physical pain or even have their conditions worsen.
Moreover, veterans’ injuries can have lasting, adverse effects on their mental health. Both physical and mental health services are therefore necessary to ensure that veterans are safe and healthy. Indeed, there is a strong link between mental and physical health. A 2016 study found that individuals with chronic pain were at higher risk for mental health disorders.48 Similarly, scholars have concluded that conversations between physicians and veterans about firearms should be encouraged to prevent suicides.49 While this can be challenging, studies have concluded that veterans are receptive to having these discussions in the proper setting, particularly for veterans who are at an elevated risk for suicide.50

Disrupt access to guns for those in crisis by facilitating voluntary relinquishment of firearms and encouraging safe storage practices among veterans

When suicidal thoughts are combined with easy access to guns, outcomes are fatal. One way to mitigate suicides, therefore, is by creating time and space between those impulses and access to lethal means such as guns.51 One way to do so is by encouraging and allowing at-risk veterans to temporarily transfer or store their firearms away from home. This has shown positive results. For example, former Marine Jason Stavely has given testimony on how he occasional gets his guns out of the house when bad memories of war are triggered.52 Additionally, research shows that veterans favor measures limiting access to guns for those veterans at risk.53

Another way to disrupt access is to encourage safe storage practices. Studies have concluded that veterans often exhibit risky gun storage behaviors such as not locking firearms or storing loaded guns.54 Studies have also shown that among current military members, storing loaded guns at home increases the likelihood of suicide.55 It is important to incorporate strategies that encourage safe storage practices such as locking guns, unloading firearms, and storing guns and ammunition separately. In January 2021, the VA released a firearm safety training brochure to assist primary care physicians in educating veterans on safe storage practices.56 The guide explains that safe firearm storage is a key factor in preventing gun-related suicides among veterans and active military personnel.
Pass laws that allow extreme risk protection orders (ERPOs)

ERPOs allow law enforcement officers and family members to petition a court to temporarily remove firearms from individuals that show signs of being a risk to themselves or to others.57 These laws are effective at preventing gun suicides: Research shows that for every 10 to 20 orders issued, a life is saved.58

Pass waiting period laws

Suicides are an impulsive action. In addition to generating space and time between that impulse and an individual’s access to firearms, actions can also create time and space between that impulse and an individual’s ability to purchase a firearm. Waiting periods require certain time to pass between the purchase of a gun and the actual acquisition of the firearm.

A 2015 study showed that the implementation of waiting periods on gun purchases is associated with lower rates of gun suicide.59
Conclusion

There are multiple factors driving the high rates of suicide among current and former military members, including easy access to firearms and a lack of timely mental and physical health services. However, suicide among this demographic can be prevented. By both prioritizing health care and passing safe and effective gun laws, we can reduce the rates of suicide among veterans. Addressing this issue cannot wait. Policymakers must act swiftly to protect military members.

Eugenio Weigend Vargas is the director for Gun Violence Prevention at the Center for American Progress. Marissa Edmund is a senior policy analyst for Gun Violence Prevention at the Center.


16 This figure only includes information of those states that provided data to the NVDRS system. In 2003, only seven states had provided information; by 2019, 41 states and District of Columbia had provided information. See Ibid.


19 Center for American Progress analysis of Centers for Disease Control and Prevention, “Violence Prevention: National Violent Death Reporting System (NVDRS).”


21 CAP also analyzed numbers for Asian Americans as well as American Indians and Native Alaskans. However, numbers for these groups were too small and, therefore, were not provided by the NVDRS. See Centers for Disease Control and Prevention, “Violence Prevention: National Violent Death Reporting System (NVDRS).”


26 Ibid.

27 Center for American Progress analysis of Centers for Disease Control and Prevention, “Violence Prevention: National Violent Death Reporting System (NVDRS).”

28 Center for American Progress analysis of Centers for Disease Control and Prevention, “Injury Prevention & Control: Fatal Injury and Violence Data.”


40 Ibid.


46 Ibid.


49 Barnett, Kudler, and Swanson, “To Prevent Suicide Among Veterans, Their Physicians Should Discuss Gun Safety.”


54 Ibid.


