

LETHAL MEANS SAFETY FOR MILITARY SERVICE MEMBERS AND THEIR FAMILIES



DEFENSE
SUICIDE
PREVENTION
OFFICE
www.DSPO.mil

TABLE OF CONTENTS

PREFACE	3
PROTECTING YOURSELF AND YOUR FAMILY FROM SUICIDE: MISCONCEPTIONS AND FACTS	4
WHAT IS LETHAL MEANS SAFETY?	6
MEDICATION SAFETY	7
SAFELY STORE MEDICATIONS	7
FIREARM SAFETY	8
HOW TO SECURE FIREARMS IN THE HOME	8
HOW TO SECURE FIREARMS OUTSIDE OF THE HOME	9
KEEPING YOUR FAMILY SAFE	10
WAYS TO TAKE ACTION: CONCERNS ABOUT A CHILD OR TEEN	10
ASK: ARE YOU THINKING ABOUT SUICIDE?.....	11
START THE CONVERSATION	12
RESOURCES	13
SOURCES	16

Did You Know?

Research shows a 91% reduction in suicides from initiatives that focus on limiting access to lethal means.

(Pirkis et al., 2015)

PREFACE

Suicide rates are increasing nationally in the U.S. population; and tragically, suicide is now the second leading cause of death for children 10 years of age and older.¹ Suicide also significantly impacts our military community. The issue of suicide may seem daunting for you and your family. You may wonder how you can keep yourself and your loved ones safe. Suicide is a serious and complex issue, with many contributing factors and no single solution. This guide will help you understand one of the contributing factors to suicide – access to lethal means – and will share information and strategies to help.

Let's face it, this military life – and life in general – presents us with challenges. This is why we need support from our Service members, family, friends, peers, and community the most – to help us get through hard times. It is particularly important during the toughest of times to keep safety in mind. It is an important issue that we must take seriously, especially when it comes to something as complex and difficult as suicide. Lethal means safety, the topic of this guide, has been found to be one of the most effective approaches to reducing suicide and protecting yourself and your family.

It is equally as important to know and understand the warning signs for suicide. If someone you know is feeling stressed or overwhelmed, check on them and don't be afraid to ask if they own or have access to any lethal means. Lethal means are objects (e.g., medications, firearms, sharp objects) that can be used to engage in suicidal behavior. If so, ask if they would allow you to safely store any lethal means (e.g., a firearm or medications) for them during these challenging times. One of the most effective ways to save a life is to put time and distance between someone who is feeling overwhelmed and a method of suicide. Someone at risk may not ask for help, but that does not mean they do not need the help. We all can take small steps to help, remember to check on them, and offer support.

Public Health Approach:

The Department of Defense (DOD) embraces a public health approach to suicide prevention that acknowledges a complex interplay of risk and protective factors and a bundled approach to prevention that focuses on reducing suicide risk for you and your family. This is a research-informed strategy that is in place to help keep you and your loved ones safe and is the foundation of all we do to prevent suicide in our community.



Source: 2017 CDC's *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*

¹ National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention (2018). Preventing Suicide. Retrieved from <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>

PROTECTING YOURSELF AND YOUR FAMILY FROM SUICIDE: MISCONCEPTIONS AND FACTS

When it comes to suicide and suicide risk, there are many misconceptions. Some of the most common involve mental health, deployment, and other factors that could place someone at greater risk for harm. Below are some facts on protecting you and your family from suicide.

► **Misconception 1:** Suicide is not impulsive.

Fact: Research shows it can take less than 10 minutes between thinking about suicide to acting on it. Putting time and distance between a person at risk and a means for suicide is an effective way to prevent death.^{2 3 4 5 6}

► **Misconception 2:** Deployment increases suicide risk among Service members.

Fact: Although it may be a factor for some, several research studies have shown that **being deployed (including combat experience, length of deployment, and number of deployments) is not associated with suicide risk among Service members.**^{7 8}

► **Misconception 3:** The majority of individuals who die by suicide had a mental illness.

Fact: Less than half of individuals who died by suicide in the military and in the U.S. general population had a mental health diagnosis at the time of their death.^{9,10}

► **Misconception 4:** Only mental health professionals can help individuals who are at risk for suicide.

Fact: Everyone has a role to play in preventing suicide. **Engaging community stakeholders, like financial counselors, can be an impactful way to prevent suicide.**¹¹

► **Misconception 5:** Suicidal behavior is hereditary.

Fact: There is no genetic predisposition to suicide – it does not “run in the family.”¹² Although there may be over-representation of suicide in some families, behaviors such as suicide ideation and/or attempts do not transmit genetically.

Approximately 45% of Service members who died by suicide had at least one current or past mental health diagnosis¹⁴ (whereas 46% of the U.S. population had a known mental health diagnosis⁹). The two most common diagnoses were 1) adjustment disorder (an emotional response to a stressful event), and 2) substance use disorder (an impairment from using alcohol or drugs).¹⁰ It is important to help loved ones use more positive strategies to cope with stressful life events, and it is critical to safely store lethal means such as a firearm or medications, so the stressful event does not become a crisis.

² Simon, O. R., Swann, A. C., Powell, K. E., Potter, L. B., Kresnow, M. J., & O'Carroll, P. W. (2001). Characteristics of impulsive suicide attempts and attempters. *Suicide and Life-Threatening Behavior*, 32(1 Suppl), 49–59.

³ Swann, A. C., Lijffijt, M., O'Brien, B., & Mathew, S. J. (2020). Impulsivity and Suicidal Behavior. *Current topics in behavioral neurosciences*, 47, 179–195.

⁴ Anestis, M. D., Soberay, K. A., Gutierrez, P. M., Hernández, T. D., & Joiner, T. E. (2014). Reconsidering the link between impulsivity and suicidal behavior. *Personality and Social Psychology Review: An Official Journal of the Society for Personality and Social Psychology, Inc*, 18(4), 366–386.

⁵ Klonsky, E., & May, A. (2010). Rethinking impulsivity in suicide. *Suicide and Life-Threatening Behavior*, 40(6), 612–619.

⁶ Henn, M., Barber, C., & Hemenway, D. (2019). Involving firearm stakeholders in community-based suicide prevention efforts. *Current Epidemiology Reports*, 6(2), 231-237.

⁷ 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 the American Medical Association*, 310(5), 496-506.

⁸ Reger, M.A., Tucker, R.P., Carter, S.P., & Ammerman, B.A. (2018). Military deployments and suicide: A critical examination. *Perspectives on Psychological Science*, 13(6), 688–699.

⁹ Centers for Disease Control. (2018). Suicide rising across the US: More than a mental health concern. Retrieved from <https://www.cdc.gov/vitalsigns/suicide/index.html>

¹⁰ Tucker, J., Smolenski, D.J., & Kennedy, C.H. (2019). Department of Defense Suicide Event Report (DODSER): Calendar Year 2018 Annual Report. Retrieved from www.dspo.mil/asr

¹¹ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., 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.

¹² Edwards, A.C., Ohlsson, H., Mościcki, E.K., Sundquist, J., Sundquist, K., & Kendler, K.S. (2019). Geographic proximity is associated with transmission of suicidal behaviour among siblings. *Acta Psychiatrica Scandinavica*, 140(1), 30-38.

PROTECTING YOURSELF AND YOUR FAMILY FROM SUICIDE: MISCONCEPTIONS AND FACTS

- ▶ **Misconception 6:** Talking about suicide will lead to and encourage suicide.
Fact: Talking about suicide in a supportive way will not lead to suicide;¹³ instead it gives the at-risk individual an opportunity to express thoughts and feelings about something they may have been keeping secret, as well as obtain help and support as needed.
- ▶ **Misconception 7:** The military suicide rate is higher than the U.S. general population.
Fact: Given the differences in composition of the national population and the U.S. military population, any comparison of suicide rates must first account for age and sex. After controlling for differences in age and sex between these populations, **military suicide rates are roughly equivalent or lower** than the U.S. population.¹⁴
- ▶ **Misconception 8:** If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.
Fact: Research has debunked the misconception that people substitute methods of suicide. **If access to the preferred lethal means of suicide is limited, other means are generally not substituted.**^{15,16}
- ▶ **Misconception 9:** Owning a firearm is not associated with suicide risk.
Fact: Owning a firearm does not *cause* someone to be suicidal; however, **storing a loaded firearm at home increases risk for dying by suicide four to six times.**^{17,18}
- ▶ **Misconception 10:** Most military firearm deaths are by combat.
Fact: **Most firearm deaths of Service members are the result of suicide (83.0%),** as compared to combat (3.5%), accident (2.0%), and homicide (9.0%).¹⁴

¹³ Dazzi, T., Gribble, R., Wessely, S., & Fear, N.T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44(16), 3361–3363.

¹⁴ Department of Defense (2020). Calendar Year 2019 DOD Annual Suicide Report. Retrieved from www.dspo.mil/asr.

¹⁵ Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm: Systematic review. *British Journal of Psychiatry*, 18(3), 193-199.

¹⁶ Barber, C.W., & Miller, M.J. (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. *American Journal of Preventive Medicine*, 47(3), S264–S272.

¹⁷ Dempsey, C.L., Benedek, D.M., Zuromski, K.L., Riggs-Donovan, C., Ng, T.H.H., Nock, M.K., ... & Ursano, R.J. (2019). Association of firearm ownership, use, accessibility, and storage practices with suicide risk among US Army soldiers. *Journal of the American Medical Association Network Open*, 2(6), e195383-e195383.

¹⁸ Simonetti, J.A., Dorsey Holliman, B., Holiday, R., Brenner, L.A., & Monteith, L.L. (2020). Firearm-related experiences and perceptions among United States male veterans: A qualitative interview study. *PLoS one*, 15(3), e0230135.

Did You Know?

As many as one in four individuals who have attempted suicide waited for less than five minutes before acting on the thought.

(Simon et al., 2001)

WHAT IS LETHAL MEANS SAFETY?

Lethal means safety in suicide involves making a method less available and less likely to cause death in a suicide attempt.

The goal is to make suicide methods – or means – more difficult to access when someone is at risk for suicide. Research tells us that putting time and distance between an at-risk individual and a means of suicide is an effective way to prevent suicide death.

Application:

Lethal means safety can be applied to medications, firearms, and other methods used for self-harm. You can use these safety measures to keep yourself and your loved ones safe.

Why is lethal means safety important?

Suicide is a complex issue, but it is absolutely *preventable*. Lethal means safety is important because the time period between thinking about suicide to acting on it is quick – moving from thought to action can last only a few minutes. In fact, as many as one in four individuals who have attempted suicide waited less than five minutes before acting on the thought.¹⁹ Lethal means safety extends the time available for a change of heart or for someone else to intervene. Simply put, removing access and improving lethal means safety can reduce the number of suicides, save lives, and protect you and your family/loved one.

Some risk factors for suicide to be aware of include:

- Increased use of alcohol or drugs
- Self-isolation
- Violent behavior
- A history of mental illness treatment
- Recent challenging major life event such as divorce or other romantic relationship challenges, job loss, or financial trouble

We now know what lethal means safety is, and why it is important. So, what does it involve? How do you keep yourself and your loved ones safe when it comes to lethal means safety?



Putting time and distance between a suicidal person and a lethal means of suicide may save a life. The odds of survival go up for three reasons:

1. A personal crisis is often brief.
2. Deadliness of an attempt often depends in part on the method.
3. 90% of those who attempt suicide and survive, do not attempt suicide again.

If someone you know is at risk, help reduce access to lethal means until they are no longer in distress.

¹⁹ Simon, T., Swann, A., Powell, K., Potter, L., Kresnow, M., & O'Carroll, P. (2001). Characteristics of impulsive suicide attempts and attempters. *Suicide and Life-Threatening Behavior*, 32(sup), 49-59.

Did You Know?

Medications are the most common method of non-fatal suicide attempts for Service members.

(DOD Suicide Event Report, CY 2018)

MEDICATION SAFETY

Why safe storage of medications?

We all use medications to address common concerns like headaches or to treat chronic conditions. Most homes have access to medications that help keep us healthy. On their own, they are seen as a means to treat conditions. They can be. However, in some instances, medications can become a means for suicide.

Research tells us that suicide attempts with medications and other drugs have increased in the past few years and are the most common method of non-fatal suicide attempts for Service members.²⁰ Storing medications safely can reduce medication-related suicides and suicide attempts and can help save your life or the life of your loved ones.

SAFELY STORE MEDICATIONS

To help you safely store your medications, we have some tips below:



Do not keep lethal doses of medications on-hand. If you are unsure of what a lethal dose is, talk to your pharmacist who can advise you on safe quantities.



Discuss prescription and non-prescription medications with your doctor or pharmacist. Don't be afraid to ask any questions about proper dosage, side effects, or any other concerns you might have.



Consider locking up all medications. Medication lock boxes are available online and in many pharmacies. Be particularly careful about locking medications that can be abused, such as opioid medications and others. You may be concerned that it would be difficult to access your needed medications with a lock box. This is not the case; many have features that allow for dispensing of the right amount of medication when needed.



Dispose of medications that are no longer needed or are outdated. Go to any military or non-military pharmacy to safely dispose of unwanted, unused, or expired medications.



Drinking alcohol while taking medications can be lethal and can lead to impulsive choices such as a suicide attempt. Keep only small quantities of alcohol in the home and consider that alcohol could not only increase medical complications, it could also increase risk for suicide.

²⁰ Tucker, J., Smolenski, D.J., & Kennedy, C.H. (2019). Department of Defense Suicide Event Report (DoDSER): Calendar Year 2018 Annual Report.

Did You Know?

Home invasions are a rare event. The majority of firearm deaths are from suicide, not homicide.

(Institute of Medicine Report, 2013)

FIREARM SAFETY

Why secure firearms?

Firearms protection is important in lethal means safety. **Did you know that one of the most lethal and common method for suicide among Service members and their families is via firearm?** (DOD Annual Suicide Report, CY 2019). This makes firearm safety an important factor in keeping you and your family safe.

HOW TO SECURE FIREARMS IN THE HOME

What is safe firearm storage?

To many people, firearm safety is only about the handling of your firearm, but that responsibility also extends beyond safe handling and storage at work or on the range. Securing your firearm at home is just as important.

While firearm owners concerned about self-defense may find this difficult, it is important to compare the potential threat of suicide during times of elevated risk to other threats to the family's well-being.

Options for safe firearm storage:

Safe storage requires a firearm locking device that creates a barrier to unauthorized access or use, separation of firearms and ammunition when not in use, and/or storage in a secure, locked box. It is important to make sure that household members also understand the safety guidelines concerning firearms.

Firearm Safety Tip #1

CABLE LOCKS:

Prevents a firearm from being loaded and fired.



Firearm Safety Tip #2

GUN CASE:

Storage solution to secure, conceal, protect, and legally transport a firearm.



Firearm Safety Tip #3

LOCK BOX:

Provides reliable protection for firearms.



Firearm Safety Tip #4

FULL SIZE GUN SAFE:

Allows you to store multiple firearms in one place.



Did You Know?

More Service members die by suicide via firearm than by combat, accident, homicide, and other means combined.

(CY 2019 DOD Annual Suicide Report, 2020)

HOW TO SECURE FIREARMS OUTSIDE OF THE HOME

When should you consider out of home storage?

Consider increasing firearm security when you or someone in your home is at-risk for misusing a firearm. Weighing the risks and the benefits of storing a firearm outside of the home is an important step towards possibly preventing suicide or other accidents.

Out-of-home storage options:

Before bringing your firearms to any of the places noted in the graphic, call ahead to make sure they can store them.

Some points to consider:

- Risk increases in periods of distress.
- Learning how to use safe storage can help before experiencing challenging times.
- Many do not secure firearms at home.
- As Service members, you are well-versed in the handling and secure storage of firearms, but a family member or friend might not be.
- Firearms are the most lethal means of suicide; attempts by firearm are the most fatal (approximately 90% fatal) and leave less opportunity for assistance or rescue.
- Those who survive a suicide attempt – often from using a less lethal means – go on to live.

In times of distress, consider:

	Family members, friends, or neighbors
	Police department
	Gun shop
	Shooting range
	Armory
	Commercial storage facility
	Pawn shop

Did You Know?

Risk of suicide is 4-6 times higher in households with a firearm; this risk may be reduced if the firearms are kept unloaded and/or locked.

(Bryan et al., 2019)

KEEPING YOUR FAMILY SAFE

Often, the first person someone turns to is a family member or spouse when in distress. By learning the warning signs for suicide, you can help yourself and your loved ones decrease the risk factors and seek help. Talking about suicide in a supportive way can help prevent suicide.

WAYS TO TAKE ACTION: CONCERNS ABOUT A CHILD OR TEEN

Pay attention and watch for warning signs:

While not every child or teen is at risk for suicide, it is important to be familiar with the warning signs of suicide, pay attention to the behavior of your child or teen, and take action if you have any concerns. Parents are not always aware their child or teen is having thoughts about suicide. The warning signs for suicide risk in youth are similar to suicide warning signs for adults.



ASK: Are you thinking about suicide?

WHEN YOU RECOGNIZE SOMEONE EXHIBITING THESE WARNING SIGNS, IT'S OK TO ASK DIRECTLY.

- Increased substance (alcohol or drug) use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all of the time
- Feeling trapped - like there's no way out
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Giving away prized personal possessions or seeking long-term care for pets

For a full list of Crisis Resources, visit suicidology.org/resources/crisis-resources
National Suicide Prevention Lifeline: 1-800-273-8255
Crisis Text Line: Text HOME to 741 741



Did You Know?

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease COMBINED. Tragically, suicide is now the second leading cause of death for kids 10 years of age and older.

(CDC (2017) Youth Risk Behavior Surveillance &
CDC (2020) Preventing Suicide, National Center for Injury Prevention and Control, Division of Violence Prevention)

START THE CONVERSATION

If you are concerned about your child's mental health and possible thoughts of suicide, it is important that you recognize the [warning signs and risk factors of suicide](#), be there to listen to your child, and know where professional resources are. This guide, adapted from the American Foundation for Suicide Prevention, will help you start a caring conversation.



- Check in regularly with your child. Invite them for deeper conversations by simply asking, “It sounds like you’ve been dealing with a lot lately. Are you okay?”
- Listen to your child, without judgment, and take them seriously. Listening without judgment means avoiding the urge to jump to conclusions or forming quick opinions about what is being said.
- Do not downplay or minimize their feelings. Show that you care by validating and supporting their feelings. Ask open-ended questions – those that cannot be answered with a simple yes or no, such as asking them how they feel.
- Keep the lines of communication open by creating a safe environment and letting them know they can come to you to discuss any problem.
- If your child has a history of depression, anxiety, suicidal thoughts, self-harm, substance use, or other mental health conditions, monitor them more closely and consider involving a professional.
- Remove or safely secure any means that could be used in a suicide attempt, such as firearms and medications.
- Consider enlisting the help of schools, such as teachers, administrators, and counselors who interact with your child or teen on a regular basis.
- Seek help by contacting their health care provider or mental health professional to discuss any concerns that you may have noticed. It can be scary to think that your child may be having thoughts about suicide, but it is important not to downplay or ignore signs. Health care professionals can conduct a screening to assess for suicide risk or other issues that might need support.
- If you notice any warning signs in your child, ask them directly if they have thoughts about hurting themselves or ending their life. Talking about suicide will not lead to suicide.

Seek immediate help. If your child is experiencing a crisis, such as threatening to hurt or kill themselves, call 911. Service members, veterans, and their family members can also call the Veterans/Military Crisis Line, available 24/7 at 800-273-8255 (press 1).

If you are on the phone with your child, and you believe he or she is in immediate danger, try to keep them on the line while you or someone else calls 911. Ask if there is someone nearby who could offer support and keep talking to them until help arrives.

RESOURCES

Note: Any reference to or listing of non-governmental organizations does not constitute endorsement by the United States Department of Defense

Non-Crisis Resources

DOD Resources

Defense Suicide Prevention Office

Advances holistic, data-driven suicide prevention in our military community through policy, oversight, and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change. Additional materials and resources can be found on the Defense Suicide Prevention Office website.

Contact Information:

Web: www.dspo.mil



inTransition

A free, confidential program that offers specialized coaching and assistance for active duty Service members, National Guard members, reservists, veterans, and retirees who need access to a new mental health provider or wish to initiate mental health care for the first time. inTransition services are available to ALL military members regardless of length of service or discharge status.

Contact Information:

Phone: 800-424-7877

Outside the United States (international toll-free number): 800-424-4685

Outside the United States (collect): 314-387-4700

All calls are confidential and free.



Military OneSource

For non-crisis concerns, such as relationship, family, or financial challenges, Military OneSource provides 24/7 service to all Service members, including National Guard and Reserve members, and eligible family members. Arrange a face-to-face, phone, online, or video counseling session via the contacts below.

Contact Information:

Phone: 800-342-9647

Chat: livechat.militaryonesourceconnect.org/chat

Web: www.militaryonesource.mil



Call. 800-342-9647

Click. www.MilitaryOneSource.mil

Connect. 24/7

National Resources

American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention is the nation's largest non-profit dedicated to saving lives and bringing hope to those affected by suicide.

Contact Information:

Toll-Free: 888-333-AFSP (2377)

Phone: 212-363-3500

General Inquiries: info@afsp.org

Web: afsp.org



**American
Foundation
for Suicide
Prevention**

Give An Hour

Give An Hour provides care and support for those who otherwise might not receive it by harnessing the skill, expertise, and generosity of volunteer mental health professionals across the country.

Contact Information:

Email: info@giveanhour.org

Web: giveanhour.org



Crisis Resources

DOD Resources

Veterans/Military Crisis Line (VCL/MCL)

The VCL/MCL is a free, confidential resource that provides Department of Veterans Affairs (VA) support for all Service members, including members of the National Guard and Reserve, all Veterans, and their families, even if they are not registered with VA or enrolled in VA health care. The caring, qualified responders at the VCL/MCL are specially trained and experienced in helping Service members and Veterans of all ages and circumstances. If you, or someone you know is in a crisis, there is help – contact the VCL/MCL.

Contact Information:

Phone: 800-273-8255, press 1

Chat: www.veteranscrisisline.net/get-help/chat

Web: www.veteranscrisisline.net

Calling from overseas:

In Europe: Call 00800 1273 8255 or DSN 118

In Korea: Call 0808 555 118 or DSN 118

In Afghanistan: Call 00 1 800 273 8255 or DSN 111



1-800-273-8255 PRESS 1

National Resources

911

In an emergency, dial 911 or your local emergency number immediately. An emergency is any situation that requires immediate assistance from the police, fire department, or an ambulance.

Contact Information:

Phone: 911

Web: www.911.gov



National Poison Control

If you suspect a poisoning, contact a Poison Control Center right away, online, or by phone. Knowing is safer than guessing, and quick action could save a life. Help is available online, with the web POISONCONTROL tool, or by phone at 800-222-1222. Both options are free, expert, and confidential.

Contact Information:

Website: www.poison.org



National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Your call is routed to the nearest crisis center in the national network of 150+ crisis centers.

Contact Information:

Phone: 800-273-TALK (8255); TTY: 800-799-4889

Web: suicidepreventionlifeline.org



SOURCES

Anestis, M.D., & Houtsma, C. (2017). The association between gun ownership and statewide overall suicide rates. *Suicide and Life-Threatening Behavior, 48*(2), 204-217.

Anestis, M.D., Selby, E., & Butterworth, S. (2017). Rising longitudinal trajectories in suicide rates: The role of firearm suicide rates and firearm legislation. *Preventive Medicine, 100*, 159-166.

Barber, C., & Miller, M. (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. *American Journal of Preventive Medicine, 47*(3), S264-S272.

Bryan, C.J., Bryan, A.O., Anestis, M.D., Khazem, L.R., Harris, J.A., May, A.M., & Thomsen, C. (2019). Firearm availability and storage practices among military personnel who have thought about suicide. *Journal of the American Medical Association Network Open, 2*(8), e199160.

Centers for Disease Control and Prevention (2019). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>.

Dazzi, T., Gribble, R., Wessely, S., & Fear, N. (2014). Does asking about suicide and related behaviors induce suicidal ideation? What is the evidence? *Psychological Medicine, 44*(16), 3361-3363.

Deisenhammer, E., Ing, C., Strauss, R., Kemmler, G., Hinterhuber, H., & Weiss, E. (2009). The duration of the suicidal process: How much time is left for intervention between consideration and accomplishment of a suicide attempt? *Journal of Clinical Psychiatry, 70*(1), 19-24.

Dempsey, C., Benedek, D., Zuromski, K., Riggs-Donovan, C., Ng, T., Nock, M., & Ursano, R. (2019). Association of firearm ownership, use, accessibility, and storage practices with suicide risk among US Army soldiers. *Journal of the American Medical Association Network Open, 2*(6), e195383-e195383.

Department of Defense, Under Secretary of Defense for Personnel and Readiness (2020). Calendar Year 2019 DOD Annual Suicide Report. Defense Suicide Prevention Office. Retrieved from <https://www.dspo.mil/asr>.

Gilman, S., Bromet, E., Cox, K., Colpe, L., Fullerton, C., Gruber, M., & Nock, M. (2014). Sociodemographic and career history predictors of suicide mortality in the United States Army 2004–2009. *Psychological Medicine, 44*(12), 2579-2592.

Grossman, D., Mueller, B., Riedy, C., Dowd, M.D., Villaveces, A., Prodzinski, J., & Haruff, R. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *Journal of the American Medical Association, 293*(6), 707–714.

Harvard T. H. Chan School of Public Health. (2019) *Means Matter Website*. Retrieved from <http://www.hsph.harvard.edu/means-matter>

Institute of Medicine and National Research Council. (2013). *Priorities for research to reduce the threat of firearm-related violence*. Washington, DC: The National Academies Press.

Kang, H., Bullman, T., Smolenski, D., Skopp, N., Gahm, G., & Reger, M. (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology, 25*(2), 96-100.

Miller, M., Azrael, D., & Barber, C. (2012). Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. *Annual Review of Public Health, 33*, 393-408.

Miller, M., Barber, C., White, R., & Azrael, D. (2013). Firearms and suicide in the United States: Is risk independent of underlying suicidal behavior? *American Journal of Epidemiology*, 178(6), 946-955.

Miller, M., Lippmann, S., Azrael, D., & Hemenway, D. (2007). Household firearm ownership and rates of suicide across the 50 United States. *Journal of Trauma and Acute Care Surgery*, 62(4), 1029-1035.

Monuteaux, M., Azrael, D., & Miller, M. (2019). Association of increased safe household firearm storage with firearm suicide and unintentional death among US youths. *Journal of the American Medical Association Pediatrics*, 173(7), 657-662.

Nock, M., Millner, A., Joiner, T., Gutierrez, P., Han, G., Hwang, I., King, A., Naifeh, J., Sampson, N., Zaslavsky, A., Stein, M., Ursano, R., & Kessler, R. (2018). Risk factors for the transition from suicide ideation to suicide attempt: Results from the Army study to assess risk and resilience in service members (Army STARRS). *Journal of Abnormal Psychology*, 127(2), 139-149.

Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm: Systematic review. *The British Journal of Psychiatry*, 181(3), 193-199.

Pirkis, J., San Too, L., Spittal, M. J., Krysinska, K., Robinson, J., & Cheung, Y. T. D. (2015). Interventions to reduce suicides at suicide hotspots: A systematic review and meta-analysis. *The Lancet Psychiatry*, 2(11), 994-1001.

Reger, M., Tucker, R., Carter, S., & Ammerman, B. (2018). Military deployments and suicide: A critical examination. *Perspectives on Psychological Science*, 13(6), 688-699.

Simon, T., Swann, A., Powell, K., Potter, L., Kresnow, M., & O'Carroll, P. (2001). Characteristics of impulsive suicide attempts and attempters. *Suicide and Life-Threatening Behavior*, 32(sup), 49-59.

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.

Tucker, J., Smolenski, D., Kennedy, C. (2019). The Calendar Year 2018 DODSER Annual Report. *Psychological Health Center of Excellence, Research and Development Directorate, Defense Health Agency*. Retrieved from: www.pdhealth.mil/sites/default/files/images/docs/TAB_B_2018_DoDSER_Annual_Report-508%20final-9MAR2020.pdf

Ursano R., Kessler R., & Naifeh J. (2018). Associations of time-related deployment variables with risk of suicide attempt among soldiers: Results from the Army study to assess risk and resilience in service members (Army STARRS). *Journal of the American Medical Association Psychiatry*, 75(6), 596-604.