

Department of Defense Suicide Event Report (DoDSER)

Calendar Year 2009 Annual Report



National Center for Telehealth & Technology (T2)
Defense Centers of Excellence for Psychological Health & TBI (DCoE)
t2health.org





PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

Dear Military Leadership and Community Members:

I am pleased to share with you the 2008 and 2009 Annual Reports of the Department of Defense Suicide Event Report (DoDSER) program. The DoDSER project was directed by the Deputy Under Secretary of Defense (Plans), Performing the Duties of the Under Secretary of Defense (Personnel & Readiness). The program was launched in 2008 to refine the DoD's suicide surveillance system. The DoDSER system adapted the best practices from each of the Services' individual surveillance systems to develop a single standardized program across the DoD.

The DoDSER program is one of the primary systems used in the DoD to help characterize suicide behaviors that occur among military personnel. The DoDSER thoroughly assesses several areas of interest to suicide prevention efforts: physical and behavioral health histories, military history, circumstances at the time of the event (e.g., stressors and significant life events), and demographic data. These Reports were developed to support a wide range of possible needs with the ultimate goal of preventing suicides. The Annual Reports represent the combined efforts of the National Center for Telehealth & Technology (T2), all the Services' suicide prevention programs, and the DoD's Suicide Prevention and Risk Reduction Committee (SPARRC).

Suicide prevention is a top priority in the Department of Defense. Every member of our community plays an important role in this mission. Collection and dissemination of these data is an important step in arming leaders, preventionists, and the military community with information that can help refine ongoing efforts. The Reports are available on two websites: 1) T2's website, www.t2health.org, and 2) the DoD's Suicide Prevention and Risk Reduction Committee (SPARRC) website, www.suicideoutreach.org. The DoDSER program undergoes regular efforts to continue to refine the system; we invite comments on ways it could be more helpful.

Thank you for your time as you consider these findings and their implications for your part of the suicide prevention mission.

A handwritten signature in blue ink, appearing to read "Samuel Kleinman", is positioned above the printed name.

Dr. Samuel Kleinman
Deputy Assistant Secretary of Defense
Readiness

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Authors: David D. Luxton, Ph.D., Nancy A. Skopp, Ph.D., Julie T. Kinn, Ph.D., Nigel E. Bush, Ph.D., Mark A. Reger, Ph.D., Gregory A. Gahm, Ph.D.

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EXECUTIVE SUMMARY

This annual report summarizes data collected on Department of Defense (DoD) suicide events for calendar year 2009 as reported and submitted by 1 April 2010. The report presents overall DoD suicide data as well as Service-specific (Air Force, Army, Marine Corps, and Navy) data. This second year of the program provided the opportunity to present 2009 data relative to 2008. Personally identifiable information has been redacted from this report.

Background

The DoD Suicide Event Report (DoDSER) was developed to standardize suicide surveillance efforts across the Services with the ultimate goal of facilitating DoD's suicide prevention mission. When a death is ruled a suicide by the Armed Forces Medical Examiner's System (AFMES), each Service has a professional review records, conduct interviews where appropriate, and respond to DoDSER items on a webform that collects comprehensive information about the Service Member and the suicide event.

Results

The AFMES indicates that 309 Service Members died by suicide in 2009 (Air Force = 46; Army = 164; Marine Corps = 52; Navy = 47). This number includes deaths strongly suspected to be suicides but pending final determination.

DoDSERs were received for 97% of AFMES confirmed 2009 suicides as of 1 April 2010. This represented a significant improvement compared to 2008 (90%).

Dispositional/Personal Factors

Demographic risk factor trends for DoD suicides in 2009 were similar to those reported in 2008 and are generally consistent with those of the US population.^[1] In general:

- Caucasians under the age of 25 who were junior enlisted (E1-E4) or had earned a GED were at increased risk for suicide relative to their respective demographic comparison groups in crude rate comparisons.
- Although the suicide rate among married persons was similar to the rate for persons who had never married, divorced persons were almost three times more likely to die by suicide than married persons in crude rate comparisons.

- The majority of suicides were completed by Regular Component Service Members (92%, $n=284$). The suicide rate for these Service Members was 120% higher than the rate for Service Members in the Reserve and National Guard in crude rate comparisons.
- The majority of decedents used a firearm (59%; 41% of all decedents used a non-military firearm). The second most frequent method of suicide was hanging (23%).
- Most decedents (72%) had no known history of communicating their potential for self-harm before taking their lives. When potential for self-harm was communicated, this was most frequently disclosed to spouses (13%), followed by friends (9%).

Contextual Factors

- Forty-six percent of decedents lived in off-post housing at the time of the suicide; 31% lived in a shared military environment (barracks, tent, other shared environment).
- Thirty-seven percent were known to have children, and 17% lived with their children.
- Firearms were present in the home or immediate environment for 49% of decedents.

Clinical/Symptom Factors

- Seventeen percent of Service Members who died by suicide had a known history of prior self-injurious behavior.
- The majority of suicide decedents (57%) did not have a known history of a behavioral health disorder. Eighteen percent had been diagnosed with an anxiety disorder, including 6% diagnosed with PTSD; 25% had a history of a mood disorder.
- Twenty-four percent had a history of receiving psychotropic medications.
- Forty-nine percent reportedly received medical, behavioral health, substance abuse, family or chaplaincy services within 30 days of death.

Historical/Developmental Factors

The DoDSER data provides a description of the stressors decedents experienced prior to dying by suicide. Although these factors are not necessarily causal, they help characterize the circumstances of the decedents' lives prior to the suicide.

- Fifty percent of decedents experienced a failed or failing spousal or intimate partner relationship prior to their suicide; 27% of decedents experienced the relationship problem within 30 days of the suicide. In addition, other failed relationships (non-intimate) were reported for 13% of decedents (8% within 30 days).
- Legal problems were identified for a minority of individuals. The most common legal problems were Article 15 proceedings (15%) and civil problems (12%). Ten percent had a history of being absent without leave (AWOL).
- Excessive debt or bankruptcy was identified for 11% of decedents. Job problems were noted for 27% of decedents.

Deployment Factors

- Most suicides did not occur in theater. There were ten suicides (3%) in Operation Enduring Freedom and 33 (11%) in Operation Iraqi Freedom. Fifty-one percent of decedents had a history of deployment to Operation Enduring Freedom or Operation Iraqi Freedom, and 7% had a history of multiple deployments to Iraq, Afghanistan, or Kuwait.
- Seventeen percent of decedents had reportedly experienced direct combat operations.

Conclusion

The DoDSER program is a key aspect of the DoD's suicide prevention program. This second year of DoDSER analyses confirmed many of the patterns described in the 2008 data; there were very few differences between 2008 and 2009. Chapters in the report provide additional details including Service-level analyses. Conclusions and interpretations regarding noted patterns must be made cautiously because it is not possible to statistically determine if a given DoDSER variable is a true risk factor for suicide without additional data about the rate of that variable in the population.

Chapter 1

INTRODUCTION

Background

This report presents results from all the Department of Defense Suicide Event Reports (DoDSERs) collected for calendar year 2009. The DoDSER is part of a suicide surveillance program that standardizes retrospective suicide surveillance efforts across the Services. Historically, the Services collected suicide surveillance data through separate processes. The Army used the Army Suicide Event Report (ASER), the Air Force used the Suicide Event Surveillance System (SESS), and the Navy and Marine Corps used the Department of the Navy Suicide Incident Report (DoNSIR). A major limitation of these disparate systems was that aggregated DoD-level analyses were not possible since the same data points were not collected with standardized items. In addition, each system had its own strengths and limitations; for example, not all of the Services benefited from an automated, webform data collection process.

The DoD's Suicide Prevention and Risk Reduction Committee (SPARRC) provides a venue for collaboration among the Services' Suicide Prevention Program Managers (SPPMs) and other stakeholders in the DoD's suicide prevention mission. The SPARRC identified a standardized DoD suicide surveillance system as a key goal. A collaborative plan was developed to synchronize surveillance efforts across Services while also seeking to maintain flexibility to address Service-specific needs. A web-based data collection process was identified as a key goal, and in 2007, a project plan was collaboratively developed by T2 with SPPMs from all of the Services (Air Force, Army, Marine Corps, and Navy).

An effort was made to develop a DoD system that built on the best characteristics from each of the Service-specific programs. The resulting DoDSER uses an epidemiological data collection form to collect standardized data on suicide behaviors among Service Members. The DoDSER program was launched 1 January 2008. All the Services are collecting DoDSERs on military suicide deaths.^[2] By 1 January 2010, all Services also started collecting DoDSERs on suicide attempts. The Army is also collecting DoDSERs on other non-fatal suicide behaviors (see Method below).

This report provides statistics for 2009, with detailed tables presented for DoDSER items. Supplemental materials will be available on the [National Center for Telehealth & Technology website \(http://t2health.org\)](http://t2health.org) after the Report is released.

Method

DoDSER Items

DoDSER items were developed to provide a comprehensive set of information from a variety of sources to facilitate suicide prevention efforts in the DoD. Development of the current DoDSER content evolved from structured reviews of the Services' historical surveillance items, workgroup deliberations with representation from all Services (including the SPPMs), and a systematic review of the literature. Feedback from the Services' historical efforts to develop the best possible content informed the development process. Feedback on content from nationally recognized civilian and military experts was also integrated. In addition, suggestions from senior leaders and other stakeholders were provided by some workgroup members. The complete DoDSER 2009 webform can be found online (<http://t2health.org>).

Risk variables are organized into categories for a theoretically meaningful presentation. Although alternative approaches were available and considered, a relevant model successfully implemented in the violence risk assessment literature^[3] was selected. Categories are organized as follows:

- Dispositional or personal factors (e.g., demographics),
- Historical or developmental factors (e.g., family history, prior suicide behaviors, life events),
- Contextual factors (e.g., access to firearms, place of residence, duty status), and
- Clinical or symptom factors (e.g., posttraumatic stress disorder, other behavioral health disorders, or symptoms).

These factors were combined with a section on deployment history and a comprehensive set of questions related to the event to form the current DoDSER.

DoDSER items are updated once a year on 1 January. The National Center for Telehealth & Technology (T2) leads a series of meetings with all the Services' SPPMs and DoDSER Program Managers in collaboration with the SPARRC. The work group reviews feedback received during the prior year and any implications from the evolving scientific literature. All Service representatives concur with all item changes, unless the change relates to a Service-specific need. Because 2009 was only the second year of the program, a priority was placed on maintaining items from 2008 to ensure that comparisons could be made across years. Therefore, no item changes were made on 1 January 2009. Refinements to item content were made on 1 January 2010 and will be reflected in the 2010 annual report.

Data Collection Process

The DoDSER is a webform that is available via the Internet and submitted via a secure website. The DoDSER data presented here are a descriptive compilation of DoDSERs as they have been completed and submitted by DoDSER respondents across the DoD. Personally identifiable information has been redacted from this report.

DoDSER data included in this report are for suicide events that occurred in 2009 as reported and submitted by 1 April 2010. This date was selected with an acknowledgement that there is a tension between the competing values of timely reporting and complete data collection. Extension of this date has been considered in order to obtain additional DoDSERs, as it may take as long as one year to confirm suicide as the cause of death. The Centers for Disease Control (CDC) addressed this with longer timeframes for reporting (approximately two years).^[1] However, the DoD represents a much smaller population, and the vast majority of DoD suicides are determined by 1 April of the following year. The April date was established to maintain consistency with guidance provided by the Under Secretary of Defense (Personnel and Readiness) which requires 90 days between the end of the calendar year and calculation of calendar year suicide data.^[4]

Data regarding suicide events from 2008 are included. Data from 2008 provided in the figures of this report will vary slightly from the data provided in the 2008 DoDSER Annual Report because the 2008 data set has been updated to include 2008 events confirmed between April 2009 and April 2010.

DoDSERs are required for all Active component and activated Reserve and Guard suicides in the DoD. Some Services will exceed this minimum requirement in 2010 (e.g., collect DoDSERs on Selected Reservists (SELRES) not on active duty). In addition, consistent with requirements for standardized DoD suicide rate calculation,^[4] DoDSERs are submitted for deaths when a Service's SPPM strongly suspects suicide but the case is still awaiting final determination by the AFMES. This is intended to provide leaders and others working to prevent suicide with the most up-to-date information possible. The risk of overestimation is low; variation between final confirmed and suspected suicides is generally one-to-two cases per year, DoD-wide.

DoDSERs are also submitted for some suicide-related behaviors, including suicide attempts, deliberate self-harm, and suicidal ideation. In 2009, the Army was the only Service to collect this data for the entire year, although all Services had implemented a similar methodology for suicide attempts by 1 January 2010. Therefore, this 2009 report includes data on suicide-related behaviors for the Army only. The 2010 report will include similar data for all the Services.

DoDSERs are submitted by behavioral health providers (psychologists, psychiatrists, psychiatric nurses, or social workers), health care providers, or a command-appointed representative. Technicians may submit DoDSERs under the supervision of one of these professionals.

DoDSER responses are derived from a review of all relevant records. In addition, interviews are conducted in some cases. Following a suicide, respondents review medical and behavioral health records, personnel records, investigative agency records, and records related to the manner of death. Information is also often collected from co-workers, the responsible investigative agency officer, and other professionals or family members (for some Services). For non-fatal suicide behaviors (Army only for 2009), DoDSER respondents frequently conduct interviews with Soldiers to collect some of the required information.

The process for identifying suicides and obtaining DoDSERs is similar across all Services. SPPMs coordinate closely with the AFMES at the Armed Forces Institute of Pathology (AFIP) to maintain an official list of suicides. In the Army, a DoDSER point of contact (POC) and Command POC at each medical treatment facility are notified when a Soldier's death is confirmed as a suicide and requested to complete a DoDSER within 60 days. In the Air Force, the Office of Special Investigations is the primary data collection agency. In the Navy and Marine Corps, the SPPMs' office contacts the local Command and requests an appropriate POC to meet the requirement.

Data Quality Control Procedures

Four primary quality control procedures are followed.

First, the data submission website minimizes the possibility of data entry errors. The software uses form field validation to request user clarification when data is not logically possible (e.g., impossible dates). Radio buttons and checkboxes are used to further reduce the chances of data entry errors.

Second, data submission requires a DoDSER account in which a user's identity is confirmed with a microchip-containing military ID known as a common access card (CAC). The CAC contains basic information about the owner and is associated with a personal identification number required for login. Therefore, "false" submissions have not generally occurred. However, suicide event and non-fatal suicide behaviors can be inadvertently misclassified by respondents in the DoDSER system. For example, the manner of death can be ambiguous in some cases, and a well-intentioned DoDSER respondent can misclassify an event. Therefore, DoDSER submissions are confirmed against the official list of DoD suicides provided by AFMES.

Third, DoDSERs are analyzed for incorrect data entry. In rare cases, individuals can make a variety of data entry mistakes (such as transposing years) and these are corrected when identified. A conservative approach is taken to correcting errors such that only clear mistakes are corrected.

Fourth, all DoDSERs are reviewed to ensure that two or more DoDSERs were not submitted for the same event. Potential duplicates are automatically flagged for the Service's DoDSER Program Manager to determine which submission represents the most complete data, and this DoDSER is used in analyses.

DoDSER Submission Compliance

DoDSER submission compliance rates were calculated for each Service. In the DoD, DoDSERs for suicides are due within 60 days of notification that a death has been confirmed as a suicide by the AFMES^[4] (although some individual Service-level policies require submission sooner). Therefore, the number of DoDSER submissions for each Service was compared to the number of suicides confirmed by AFMES as of 31 January 2010 (60 days prior to the 1 April cut-off date for analysis). As such, DoDSERs that were not yet overdue at the time of the analysis were not counted as being out of compliance.

Demographic Risk Factors

The DoDSER collects data on a variety of demographic variables. However, because DoDSERs are not available for 100% of individuals, demographic data were obtained from the Defense Manpower Data Center (DMDC) with assistance from the AFMES. This provided the opportunity to analyze demographic variables as suicide risk factors with the use of DMDC population data. The demographic categories presented in this report are those provided by DMDC.

Procedures for calculating rates followed standard DoD reporting procedures.^[4] DMDC rates were based on September quarter-end strength reports from DMDC and were obtained by the Mortality Surveillance Division of the AFMES.

Race data in the DMDC report is obtained from a self-report source. This report reflects the most current data available at the time of writing, but some data is subject to variation over time due to updates from the various sources used to populate the database. In most cases, DMDC data is used in this report for demographic analyses. In a few analyses where DMDC data were not available (e.g., non-fatal suicide-related behaviors in the Army Chapter), DoDSER demographics were used. Suicide rates based on fewer than 20 individuals may be unstable and are therefore suppressed. Suicide rate ratios (RR), based on population rates provided by DMDC data, are calculated to compare groups based on demographic characteristics.

Interpretive Considerations

The purpose of this report is to provide a broad presentation of DoDSER items to support a wide variety of possible needs. Given the very large number of possible comparisons between 2008 and 2009, and the fact that we did not approach the data with *a priori* hypotheses, we did not compute statistical analyses to compare years. The probability of finding statistically significant results by chance, even when no real difference exists, would be high. Enough data is presented in most cases to permit readers to conduct such analyses, if of interest. Further, data analyses and descriptive information of small sample sizes should always be interpreted with caution due to random error or potential outlier biases inherent in small samples.

DoDSER data is useful to help characterize the nature of suicide events. With a few exceptions (e.g., demographic characteristics), it is not possible to statistically determine if a given DoDSER variable is a risk factor for suicide. In order to determine risk, additional data is required about the rate of the variable in the population. For example, it is not possible to determine if owning a firearm is a risk factor for suicide without examining the rate of owning a firearm in the military population. A pilot study to collect control DoDSER data is underway, and other efforts to improve the interpretive value of the DoDSER data are being pursued.

It is also important to note how the “don’t know” option that is provided for many DoDSER items can influence the interpretation of results. The information required to answer some DoDSER items may only be available for some respondents who benefited from detailed medical records or interviews with

knowledgeable persons familiar with the decedent's history. Therefore, "don't know" responses are expected for some items. Percentages were often calculated based on the total number of responses, including "don't know" responses. If one group has a higher "don't know" response rate than comparison groups, it influences the way the data appear. In some cases, percentages do not add up to 100% due to rounding error.

The nature of the item of interest should be taken into account when results are interpreted. Some DoDSER items are highly objective, whereas others are more subjective. Some results are therefore very reliable, while others reflect the best data available on a difficult to study topic that is provided by a respondent who is knowledgeable about the case. Reliability and validity of DoDSER items is not known at this time. Standardized coding guidance was available to respondents for many DoDSER items, and a more detailed coding manual is currently being finalized.

Future Directions

The DoDSER program continues to evolve, largely due to feedback received from leadership in the Services, SPPMs, and others (see FEEDBACK AND SUGGESTIONS). By 1 January 2010, all Services began systematically collecting DoDSERs for non-fatal events. In addition to the Army's current section on non-fatal events, the 2010 report will include thorough data on non-fatalities for the Air Force, Marine Corps, and Navy. T2's Suicide Risk Management & Surveillance Office is working with SPPMs and SPARRC to finalize a refined DoDSER coding manual to help ensure standardization across DoDSER respondents. T2 also recently deployed Internet and video-based DoDSER training materials to promote consistency in DoDSER responses. In addition to benefitting from these changes, the 2010 report will provide an opportunity to capitalize on three years of data collection. As such, the next report will include longitudinal analyses.

Chapter 2

DoD-WIDE RESULTS FOR COMPLETED SUICIDES

DoDSER Submissions

According to data provided by the Armed Forces Medical Examiner System (AFMES), there were 309 Service Member suicides in calendar year 2009 (Air Force = 46; Army = 164; Marine Corps = 52; Navy = 47; Table 2.1). These include eight Reservists and 17 National Guard Members on Active Duty (Army = 17; Air Force = 5; Navy = 2; Marine Corps = 1). The 309 suicides include decedents whose cause of death is currently being determined by AFMES.

Table 2.1 2009 AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	Total DoDSERs Received	Total AFMES Confirmed and Pending Suicides	AFMES Confirmed Suicides (as of 31 JAN 2010)	DoDSER Submission Compliance	Additional DoDSERs Pending AFMES Confirmation
AIR FORCE	46	46	43	43 (100%)	3
ARMY	153	164	161	153 (95%)	0
MARINE CORPS	52	52	50	50 (100%)	2
NAVY	46	47	45	45 (100%)	1
Total DoD	297	309	299	291 (97%)	6

Note: Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

As noted in Chapter 1, Method, the DoD standard requires a Department of Defense Suicide Event Report (DoDSER) submission within 60 days of notification that a death has been confirmed as a suicide by AFMES⁽⁴⁾ (although some individual Service-level policies require faster submission). Therefore, the number of DoDSER submissions was compared to the number of suicides confirmed by AFMES as of 31 January 2010 (60 days prior to the 1 April cut-off date for analysis). As of 31 January 2010, there were 299 AFMES confirmed suicides (Air Force = 43; Army = 161; Marine Corps = 50; Navy = 45). For 2009, there were 297 DoDSERs submitted for suicides plus six DoDSERs submitted for deaths pending AFMES determination (Air Force = 46; Army = 153; Marine Corps = 52; Navy = 46), for an overall DoDSER submission compliance rate of 97% (100% for Air Force, 95% for Army, 100% for the Marine Corps, and 100% for Navy).

2009 Suicide Rate Data

Suicide rate data are maintained by the AFMES and are not calculated with DoDSER data. Suicide data provided by the AFMES is included in this report to provide a context for interpreting DoDSER data.

The total Active Duty crude suicide rate (including Active Duty Guard and Reserve) was 18.4. Crude rates for 2009 by Service were Air Force = 12.4, Army = 22.0, Marine Corps = 24.0, and Navy = 13.5.

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicidal events. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

Table 2.2 summarizes 2009 suicide demographic data based on Defense Manpower Data Center (DMDC) data provided by AFMES, and Table 2.3 shows the data by Service. Although the DoDSER does collect demographic data, use of DMDC data permitted the calculation of suicide rates because the same data is available for the DoD population (described in Chapter 1, Method). In addition, DMDC demographic data were provided for the few cases in which a DoDSER had not yet been received. Thus, demographic data were available for all suicide cases ($n=309$), whereas the rest of the report utilizes DoDSER data ($n=297$).

- Ninety-seven percent ($n=300$) of suicides were completed by men. Although the number of women's suicides was too low to calculate a stable rate, exploratory analysis suggests that the risk of suicide was higher for men than for women.
- The majority of suicides were completed by Caucasians (80%, $n=247$).
- Caucasians were 76% more likely to die by suicide compared to African Americans (RR=1.76). It was not possible to compare other race groups due to the small cell sizes.
- Suicide was most frequently observed among persons under age 25 (46%, $n=141$). This group had a 36% higher risk of suicide compared to all other age groups combined (RR=1.36).
- Most suicides (54%, $n=167$) were completed by junior enlisted (E1-E4) personnel followed by middle to senior (E5-E9) enlisted personnel (36%, $n=112$). Junior enlisted (E1-E4) personnel were 48% more likely to die by suicide compared to more senior enlisted personnel (RR=1.48). Also, enlisted personnel (E1-E9) were more than twice as likely to die by suicide compared to officers (RR=2.02).
- The highest level of education achieved by the majority of decedents in 2009 was graduation from high school (67%, $n=208$). The risk for suicide for persons with less than a high school education (GED/below high school) was 2.4 times higher compared to persons with a high school education (RR=2.44).
- About half of the suicides (51%, $n=159$) were completed by married persons. Although the suicide rate among married persons did not differ from never married persons (RR=1.06), divorced persons were almost three times as likely to die by suicide as married persons (RR=2.91). The relative risk was only slightly reduced when gender-adjusted (RR=2.71).
- The majority of suicides were completed by Active Duty personnel (92%, $n=284$) and the risk for suicide for Regular Active Duty personnel was 2.1 times higher than for Reservists and National Guard combined (RR=2.10).

Comparisons were not conducted within individual Services because the vast majority of cell sizes were too small to permit calculation of stable suicide rates.

Table 2.2 2009 AND 2008 AFMES DEMOGRAPHICS AND SUICIDE RATES

		2009				2008		
		Count	%	DoD Total %	Rate	Count	DoD Total %	Rate
GENDER	Male	300	97%	85%	21.03	255	95%	18.20
	Female	9	3%	15%	N/A	13	5%	N/A
RACE	American Indian/Alaskan Native	10	3%	2%	N/A	9	3%	N/A
	Asian/Pacific Islander	15	5%	4%	N/A	11	4%	N/A
	Black/African American	33	11%	17%	11.80	33	12%	11.9
	White/Caucasian	247	80%	71%	20.82	204	76%	17.4
	Other/DK	4	1%	7%	N/A	11	4%	N/A
RANK	Unknown Enlisted	3	1%	N/A	N/A	1	<1%	N/A
	E1-E4	167	54%	42%	24.06	138	51%	20.1
	E5-E9	112	36%	41%	16.26	102	38%	14.8
	Officer	23	7%	15%	9.32	25	9%	10.2
	Warrant Officer	4	1%	1%	N/A	2	1%	N/A
EDUCATION	Below HS	2	1%	1%	N/A	9	3%	N/A
	GED	44	14%	6%	45.21	24	9%	24.1
	HS graduate	208	67%	63%	19.91	170	63%	16.4
	Some College/tech, no degree	16	5%	5%	N/A	4	1%	N/A
	College degree/tech cert < 4 yrs	9	3%	6%	N/A	25	9%	25.1
	Four-year degree	17	6%	12%	N/A	20	7%	9.8
	Masters degree or greater	10	3%	6%	N/A	16	6%	N/A
Don't Know	3	1%	1%	N/A	0	0%	N/A	
MARITAL STATUS	Never Married	105	34%	39%	16.05	100	37%	15.2
	Divorced	37	12%	4%	49.61	21	8%	27.6
	Legally Separated	0	0%	0%	N/A	0	0%	N/A
	Married	159	51%	56%	17.05	144	54%	15.9
	Widowed	1	<1%	0%	N/A	0	0%	N/A
	Don't Know	7	2%	0%	N/A	3	1%	N/A
AGE*	17-24	141	46%	37%	23.04	142	53%	20.10
	25-29	73	24%	23%	19.05	38	14%	13.70
	30-34	43	14%	12%	21.19	53	20%	12.10
	35-39	26	8%	12%	12.62			
	40-44	15	5%	6%	N/A	35	13%	15.7
	45+	11	4%	6%	N/A			

Table 2.2 2009 AND 2008 AFMES DEMOGRAPHICS AND SUICIDE RATES (cont.)

		2009				2008		
		Count	%	DoD Total %	Rate	Count	DoD Total %	Rate
COMPONENT	Regular	284	92%	84%	19.80	235	88%	16.9
	Reserve	8	3%	6%	N/A	12	4%	N/A
	National Guard	17	6%	9%	N/A	21	8%	14.4
TOTAL		309	100%	100%	18.50	268	100%	

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through 12/31/2009 as of 4/1/2010. Total % column reflects proportion of individuals with the demographic characteristic in the combined Services' Active Duty and Activated Reserve and National Guard Forces.

* Age bands reported in 2008 DoDSER Annual Report were collapsed into 30-39 and 40+ age groups.

Table 2.3 2009 DMDC DEMOGRAPHICS BY SERVICE

		AIR FORCE			ARMY			MARINE CORPS			NAVY		
		Count	%	Total AF %	Count	%	Total Army %	Count	%	Total USMC %	Count	%	Total Navy %
GENDER	Male	44	96%	80%	159	97%	86%	52	100%	94%	45	96%	84%
	Female	2	4%	20%	5	3%	14%	0	0%	6%	2	4%	16%
RACE	American Indian/Alaskan Native	2	4%	1%	5	3%	1%	0	0%	1%	3	7%	4%
	Asian/Pacific Islander	2	4%	4%	10	6%	3%	1	2%	3%	2	4%	7%
	Black/African American	5	11%	14%	19	12%	19%	3	6%	10%	6	13%	18%
	White/Caucasian	35	76%	74%	130	79%	71%	48	92%	78%	34	72%	63%
	Other/DK	2	4%	7%	0	0%	5%	0	0%	7%	2	4%	7%
	Unknown Enlisted	0	0%	<1%	2	1%	0%	0	0%	0%	1	2%	<1%
RANK	E1-E4	21	46%	34%	94	57%	42%	39	75%	60%	13	28%	38%
	E5-E9	20	43%	47%	51	31%	40%	11	21%	29%	30	64%	46%
	Officer	5	11%	20%	15	9%	13%	1	2%	9%	2	4%	16%
	Warrant Officer	0	0%	0%	2	1%	3%	1	2%	1%	1	2%	<1%
	Below HS	0	0%	<1%	2	1%	1%	0	0%	<1%	0	0%	1%
EDUCATION	GED	0	0%	<1%	34	21%	10%	7	13%	4%	3	7%	3%
	HS graduate	35	76%	55%	96	59%	57%	42	81%	83%	35	76%	70%
	Some College/tech, no degree	1	2%	5%	11	7%	7%	2	4%	1%	2	4%	2%
	College degree/tech cert < 4 yrs	4	9%	15%	3	2%	4%	0	0%	2%	2	4%	4%
	Four-year degree	1	2%	14%	12	7%	13%	1	2%	9%	3	6%	12%
	Masters degree or greater	5	11%	11%	4	2%	6%	0	0%	2%	1	2%	4%

Table 2.3 2009 DMDC DEMOGRAPHICS BY SERVICE

		(cont.) AIR FORCE			ARMY			MARINE CORPS			NAVY		
		Count	%	Total AF %	Count	%	Total Army %	Count	%	Total USMC %	Count	%	Total Navy %
MARITAL STATUS	Don't Know	0	0%	1%	2	1%	1%	0	0%	<1%	1	2%	3%
	Never Married	14	30%	33%	58	35%	36%	25	48%	50%	8	17%	45%
	Divorced	6	13%	7%	22	13%	6%	5	10%	1%	4	9%	<1%
	Legally Separated	0	0%	<1%	0	0%	<1%	0	0%	<1%	0	0%	<1%
	Married	26	57%	60%	83	51%	57%	22	42%	46%	28	60%	55%
	Widowed	0	0%	<1%	1	1%	<1%	0	0%	<1%	0	0%	<1%
	Don't Know	0	0%	<1%	0	0%	<1%	0	0%	<1%	7	15%	<1%
AGE	17-24	17	37%	30%	71	43%	33%	40	77%	60%	13	28%	36%
	25-29	11	24%	24%	49	30%	23%	5	10%	20%	8	17%	23%
	30-34	8	17%	13%	19	12%	12%	3	6%	9%	13	28%	14%
	35-39	2	4%	14%	14	9%	13%	3	6%	7%	7	15%	13%
	40-44	4	9%	8%	9	5%	6%	0	0%	3%	2	4%	7%
	45+	4	9%	7%	2	1%	7%	1	2%	1%	4	9%	5%
COMPONENT	Regular	41	89%	88%	147	90%	75%	51	98%	94%	45	96%	93%
	Reserve	3	7%	3%	3	2%	8%	1	2%	6%	2	4%	7%
	National Guard	2	4%	8%	14	9%	17%	0	0%	0%	0	0%	0%
TOTAL		46	100%	100%	164	100%	100.0	52	100%	100%	47	100%	100%

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through 12/31/2009 as of 4/1/2010. Service total percentages reflect the proportion of individuals with the demographic characteristic in the entire Service's Active Duty and Activated Reserve and National Guard Forces.

Event Setting

Table 2.4 indicates the countries in which the suicides occurred. The AFMES reported 33 OIF suicides and 10 OEF suicides as of 1 April 2010. DoDSER data provides a description of the event country, although DoDSERs were not received for all suicides, as noted above (DoDSER Submissions). The majority of suicides occurred in the United States (79%, $n=234$), followed by Iraq (10%, $n=31$), Europe (3%, $n=8$), Afghanistan (2%, $n=7$), and Korea (2%, $n=7$). Other responses included Greece, Japan, Puerto Rico, and shipside.

Table 2.4 2009 AND 2008 DoDSER EVENT COUNTRY

EVENT COUNTRY		2009		2008	
		Count	Percent	Count	Percent
	United States	234	79%	192	79%
	Iraq	31	10%	31	13%
	Afghanistan	7	2%	7	3%
	Kuwait	1	<1%	1	<1%
	Korea	7	2%	0	0%
	Europe	8	3%	5	2%
	Canada	2	<1%	0	0%
	Other	6	2%	0	0%
	Don't Know	1	<1%	7	3%

Note: Data differs from AFMES OEF/OIF counts due to missing DoDSERs.

Table 2.5 shows the settings where the suicides occurred. Suicides occurred most in the decedents' personal residences, including their military residences (60%, $n=178$). Eight percent ($n=24$) occurred at the residence of a friend or family member and 6% ($n=17$) occurred at work or job sites. "Other" settings ranged from outdoor locations to other residences and hotels.

Table 2.5 2009 AND 2008 DoDSER EVENT SETTING

EVENT SETTING		2009		2008	
		Count	Percent	Count	Percent
	Residence (own) or barracks	178	60%	138	57%
	Residence of friend or family	24	8%	18	7%
	Work/jobsite	17	6%	22	9%
	Automobile (away from residence)	16	5%	16	7%
	Inpatient medical facility	0	0%	1	<1%
	Other	62	21%	48	20%

Event Method

Figure 2.1 and Table 2.6 display the methods decedents used to die by suicide in 2009. These data were cross checked with the AFMES data for quality control purposes. Military firearms were used more by decedents in the Army and Marine Corps than in the Air Force and Navy.

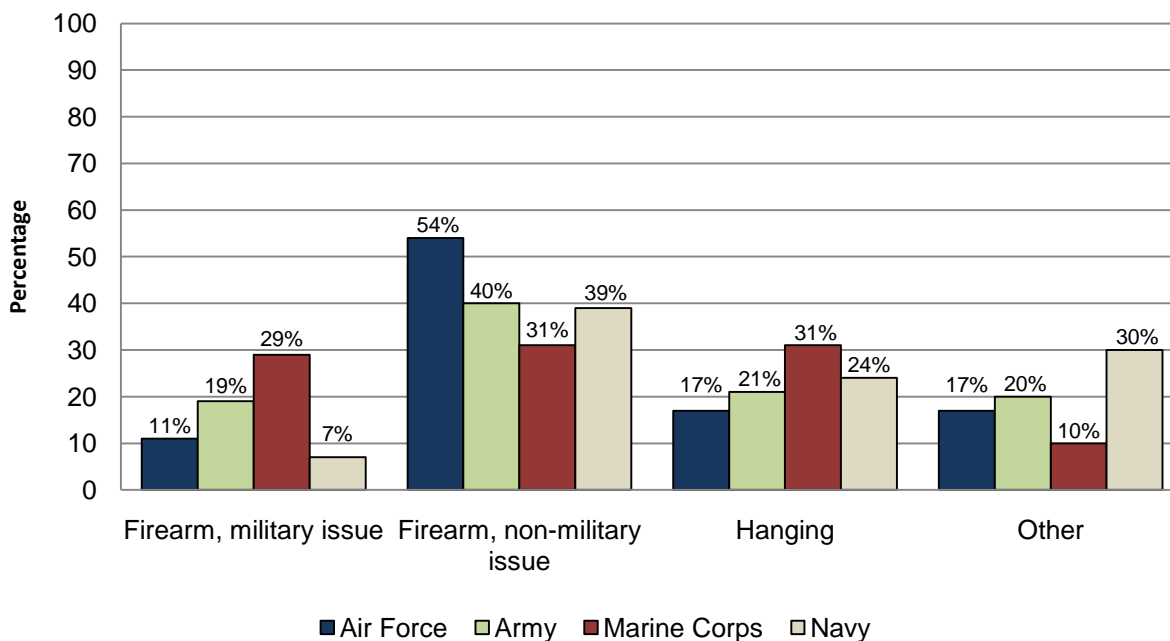


Figure 2.1 2009 DoDSER SUICIDE METHODS

Non-military firearms were the most reported method for completed suicides for all Services (DoD Total = 41%, *n*=121). Military firearms were used in 18% (*n*=52) of suicides. Twenty-four percent (*n*=70) of suicides were completed by hanging, strangulation or suffocation. Other suicide methods included vehicle exhaust (4%, *n*=11), jumping (2%, *n*=5), overdose (3%, *n*=10 for drugs; <1%, *n*=1 for alcohol), use of a sharp or blunt object (2%, *n*=7), and lying in front of a moving object (1%, *n*=2).¹

Table 2.6 2009 AND 2008 DoDSER EVENT METHOD

EVENT METHOD	2009		2008	
	Count	Percent	Count	Percent
Drugs	10	3%	11	5%
Alcohol	1	<1%	1	<1%
Gas, vehicle exhaust	11	4%	6	2%
Gas, utility (or other)	5	2%	1	<1%

¹ 4% reported “other” (*n*=12), and 2% reported “don’t know” (*n*=6).

Table 2.6 2009 AND 2008 DoDSER EVENT METHOD (cont.)

	2009		2008	
	Count	Percent	Count	Percent
Hanging	70	24%	51	21%
Drowning	0	0%	1	<1%
Firearm, military issue	52	18%	51	21%
Firearm, non-military issue	121	41%	102	42%
Fire, steam, etc.	0	0%	1	<1%
Sharp or blunt object	7	2%	2	1%
Jumping from high place	5	2%	3	1%
Lying in front of moving object	2	1%	1	<1%
Crashing a motor vehicle	0	0%	1	<1%
Other	12	4%	4	2%
Don't Know	1	<1%	7	3%

Substance Use during the Event

Twenty-two percent ($n=66$) of submitted DoDSERs in 2009 identified that alcohol was used during the suicide, and 6% ($n=19$) were reported to have used drugs (Table 2.7)². Nine decedents reportedly used both drugs and alcohol during the suicide. Three percent of the individuals with reported drug-use represented use “without overdose” of over-the-counter medication ($n=5$) or prescription medication ($n=3$). These data are likely underestimates, as a significant number of respondents did not have access to information about decedents’ substance use, presumably because autopsy results were not available at the time of the DoDSER submission. The rate of “don’t know” responses suggests that DoDSER respondents may need access to autopsy results. After excluding “don’t know” responses in order to calculate a valid percentage, 43% of DoDSERs reported that alcohol or drugs had been used during the suicide.

Table 2.7 2009 AND 2008 DoDSER SUBSTANCE(S) USED DURING EVENT

		2009		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	66	22%	55	23%
	No	115	39%	95	39%
	Don't Know	116	39%	93	38%

² The meaning of this response is ambiguous, as the DoDSER item does not differentiate between appropriate therapeutic drug use and drug abuse. Because of the wording of the question (“During the event, were drugs used?”), these cases were included in the numbers reported above.

Table 2.7 2009 AND 2008 DoDSER SUBSTANCE(S) USED DURING EVENT (cont.)

		2009		2008	
		Count	Percent	Count	Percent
ANY DRUGS USED	Yes	19	6%	17	7%
	No	140	47%	122	50%
	Don't Know	138	46%	104	43%
Illegal drugs	Overdose	0	0%	1	<1%
	Used, no overdose	2	1%	0	0%
	Were not used	157	53%	131	54%
	Don't Know	138	46%	111	46%
Prescription drugs	Overdose	8	3%	11	5%
	Used, no overdose	3	1%	4	2%
	Were not used	148	50%	123	51%
	Don't Know	138	46%	105	43%
OTC drugs	Overdose	2	1%	5	2%
	Used, no overdose	5	2%	2	1%
	Were not used	152	51%	126	52%
	Don't Know	138	46%	110	45%
BOTH ALCOHOL AND DRUGS USED	Yes	9	3%	6	2%
	No	147	49%	131	54%
	Don't Know	141	47%	106	44%

Additional Event Information

The information in this section includes data on whether the Service Member intended to die and whether the decedent communicated potential for self-harm. Additional items pertain to evidence of death-risk gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicide events were performed in areas or under circumstances in which the behavior was likely to be observed.

There was evidence of intent to die for 76% ($n=226$) of suicides. One hundred seventeen suicides were planned or premeditated and most took place where it was unlikely that others could observe or intervene (69%, $n=204$). A suicide note was reported to have been found for 25% ($n=74$) of suicides. (Table 2.8)

Table 2.8 2009 AND 2008 DoDSER OTHER EVENT INFORMATION

		2009		2008	
		Count	Percent	Count	Percent
INTENDED TO DIE	Yes	226	76%	171	70%
	No	16	5%	15	6%
	Don't Know	55	19%	57	23%
DEATH RISK GAMBLING	Yes	4	1%	5	2%
	No	252	85%	170	70%
	Don't Know	41	14%	68	28%
PLANNED/PREMEDITATED	Yes	117	39%	92	38%
	No	86	29%	65	27%
	Don't Know	94	32%	86	35%
OBSERVABLE	Yes	61	21%	47	19%
	No	204	69%	143	59%
	Don't Know	32	11%	53	22%
SUICIDE NOTE LEFT	Yes	74	25%	55	23%
	No	160	54%	112	46%
	Don't Know	63	21%	76	31%

Communication of Intent

Many Service Members who died by suicide in 2009 were reported to have communicated to someone their potential for self-harm, as shown in Figure 2.2.

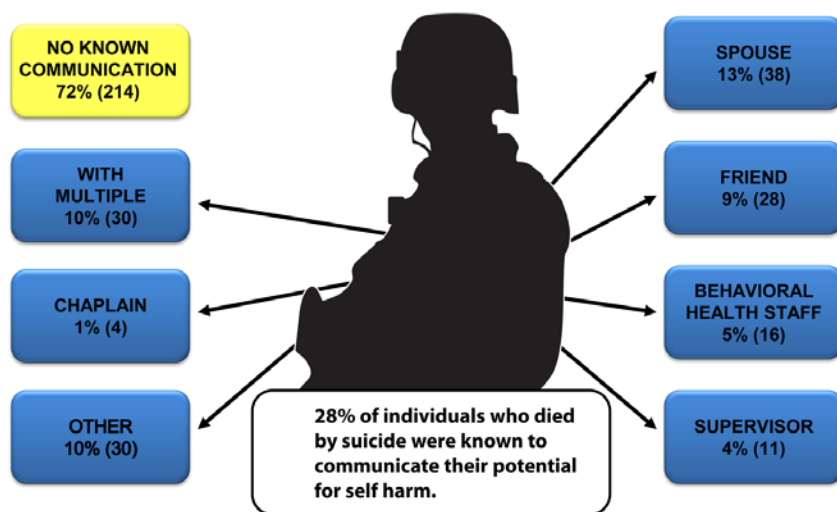


Figure 2.2 2009 COMMUNICATION OF POTENTIAL FOR SELF-HARM

DoDSER respondents indicate the types of individuals with whom decedents communicate intent to suicide when known. Most decedents had no known history of communicating their potential for self-harm before taking their lives. As displayed in Table 2.9, 28% ($n=83$) had communicated their potential for self-harm before dying by suicide, and at least 30 Service Members who died by suicide (10%) reported this potential to multiple categories of people (Table 2.10). Whether individuals communicated their potential to harm themselves was not known for the majority of individuals (72%, $n=214$). As demonstrated in Table 2.11, of the 83 decedents known to have communicated their potential for self-harm, the majority (57%, $n=47$) communicated the message verbally. Service Members most commonly shared their potential for self-harm with spouses, friends and “others,”³ (Table 2.10) which may be informative for suicide prevention efforts.

Table 2.9 2009 AND 2008 DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	214	72%	168	69%
	1	53	18%	55	23%
	2	21	7%	15	6%
	3	5	2%	5	2%
	4	3	1%	0	0%
	5	1	<1%	0	0%

Note: The DoDSER asks respondents whether the potential for self-harm was communicated to a friend, spouse, or other categories. If a decedent communicated their potential for self-harm to multiple friends, the DoDSER item would not capture that.

Table 2.10 2009 AND 2008 DoDSER RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
COMMUNICATION	Friend	28	9%	20	8%
	Behavioral Health Staff	16	5%	11	5%
	Supervisor	11	4%	7	3%
	Spouse	38	13%	29	12%
	Chaplain	4	1%	4	2%
	Other	30	10%	29	12%
	Made Multiple Communication	30	10%	20	8%

³ The category “other” includes a variety of co-workers and non-spousal family members.

Table 2.11 2009 AND 2008 DoDSER MODE OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	47	16%	44	18%
	Written Only	7	2%	3	1%
	Other	18	6%	9	4%
	Multiple Modes	12	4%	11	5%

Note: Multiple Modes includes a combination of verbal, written, or other mode of communicating intent to suicide.

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

As can be seen in Table 2.12, Service Members who died by suicide most frequently lived in off-base family housing (46%, $n=137$). An additional 31% ($n=92$) lived in barracks or other shared military housing. Five percent ($n=15$) of decedents lived in bachelor enlisted quarters or bachelor officer quarters and 5% ($n=14$) lived in on-base family housing. Eight percent ($n=24$) lived in “other” housing and 1% ($n=3$) were stationed on ships. Thirty-four percent ($n=102$) of decedents lived alone. Thirty-seven percent ($n=111$) reportedly had minor children (the majority of whom did not live with their children at the time of the event). Firearms were present in the home or immediate environment for 49% ($n=146$) of decedents.

Table 2.12 2009 AND 2008 DoDSER HOME ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environment	92	31%	70	29%
	Bachelor quarters	15	5%	13	5%
	On-base family housing	14	5%	11	5%
	Owned or leased apartment or house	137	46%	95	39%
	Ship	3	1%	5	2%
	Other	24	8%	18	7%
	Don't Know	12	4%	31	13%
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	70	24%	53	22%
	Separated due to relationship issues	29	10%	31	13%
	Apart for other reasons/deployed	35	12%	23	9%
	Don't Know	13	4%	12	5%
	Unmarried at time of event	150	51%	124	51%

Table 2.12 2009 AND 2008 DoDSER HOME ENVIRONMENT (cont.)

		2009		2008	
		Count	Percent	Count	Percent
RESIDED ALONE	Yes	102	34%	59	24%
	No	168	57%	147	60%
	Don't Know	27	9%	37	15%
HAD MINOR CHILDREN	Yes	111	37%	79	33%
	No	158	53%	116	48%
	Don't Know	28	9%	48	20%
CHILDREN RESIDED WITH	Yes	51	17%	33	14%
	No	55	19%	43	18%
	Don't Know	5	2%	3	1%
	No Children	186	63%	164	67%
HAD ACCESS TO FIREARM	Yes	146	49%	133	55%
	No	79	27%	36	15%
	Don't Know	72	24%	74	30%

Duty Environment

As shown in Table 2.13, “Garrison or with Permanent Command” was the most frequently reported duty environment for decedents (41%, $n=123$), followed by “leave” (10%, $n=31$). Additional information regarding deployment status is provided in each Service chapter.

Table 2.13 2009 AND 2008 DoDSER DUTY ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
DUTY ENVIRONMENT	Garrison	123	41%	90	37%
	Psych Hosp	1	<1%	1	<1%
	Leave	31	10%	26	11%
	Medical Hold	5	2%	5	2%
	TDY	7	2%	4	2%
	Evacuation Chain	0	0%	1	<1%
	AWOL	15	5%	7	3%
	Under Command Obs	1	<1%	1	<1%
	Other	26	9%	14	6%
	Training	12	4%	8	3%
	Multiple Duty Environments Provided	19	6%	8	3%

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Suicide Completions by Month

Figure 2.3 and Table 2.14 displays suicide counts by month for the combined Services.

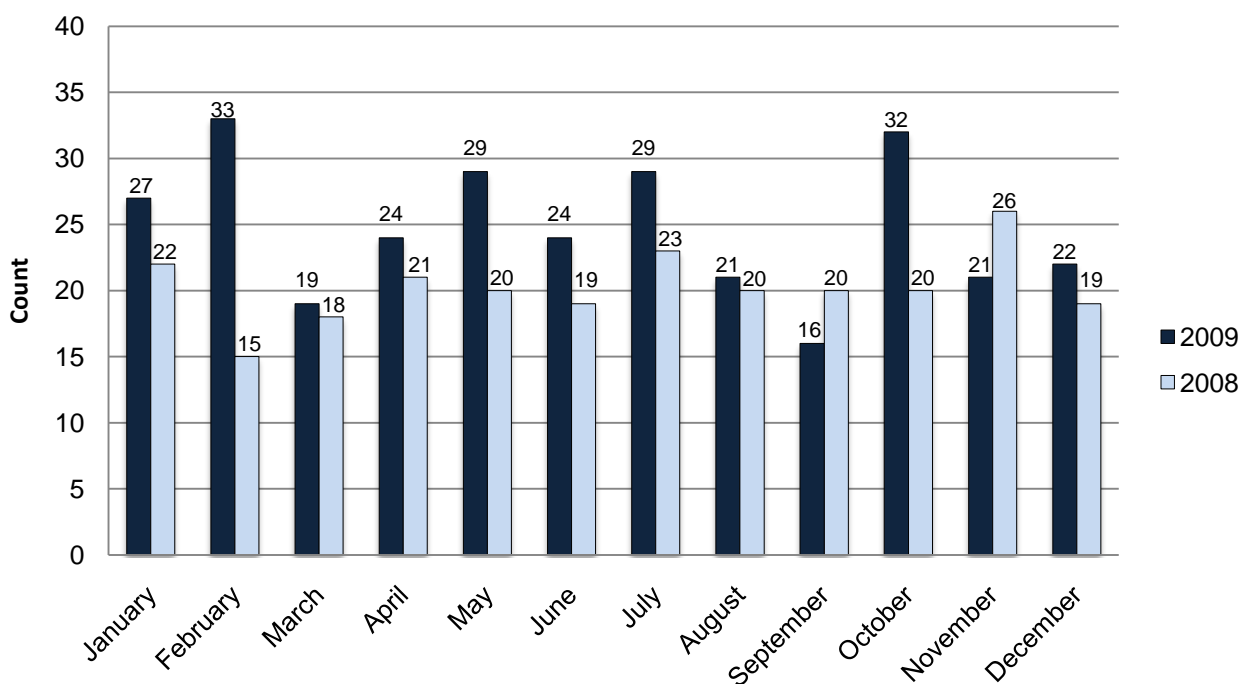


Figure 2.3 2009 AND 2008 DoDSER SUICIDE COMPLETIONS BY MONTH

Table 2.14 2009 AND 2008 DoDSER SUICIDE EVENTS BY MONTH

MONTH		2009		2008	
		Count	Percent	Count	Percent
January		27	9%	22	9%
February		33	11%	15	6%
March		19	6%	18	7%
April		24	8%	21	9%
May		29	10%	20	8%
June		24	8%	19	8%
July		29	10%	23	9%
August		21	7%	20	8%
September		16	5%	20	8%
October		32	11%	20	8%
November		21	7%	26	11%
December		22	7%	19	8%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

As can be seen in Table 2.15, prior self-injury was not reported for the majority of suicide decedents (58%, $n=173$). Ten percent ($n=30$) of individuals with a history of prior self-injury had one known prior incidence of self-injury. Seven percent ($n=21$) had a known history of more than one event. Data on whether the latest self-injury was similar to prior self-injuries as well as the time between previous and latest event are also included in Table 2.15.

Table 2.15 2009 AND 2008 DoDSER PRIOR SELF-INJURY

		2009		2008	
		Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	51	17%	33	14%
	Within 30 days	12	4%	6	2%
	Within 90 days (inclusive)*	23	8%	12	5%
	No	173	58%	111	46%
	Don't Know	73	25%	99	41%
Number prior self-injuries	One prior event	30	10%	---	---
	More than one prior event	21	7%	---	---
	N/A	246	83%	---	---
Event similar to prior self-injury	Yes	9	3%	6	2%
	No	30	10%	21	9%
	Don't Know	12	4%	6	2%
	N/A	246	83%	210	86%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

Figure 2.4 shows the behavioral health disorders reported for decedents in 2009.

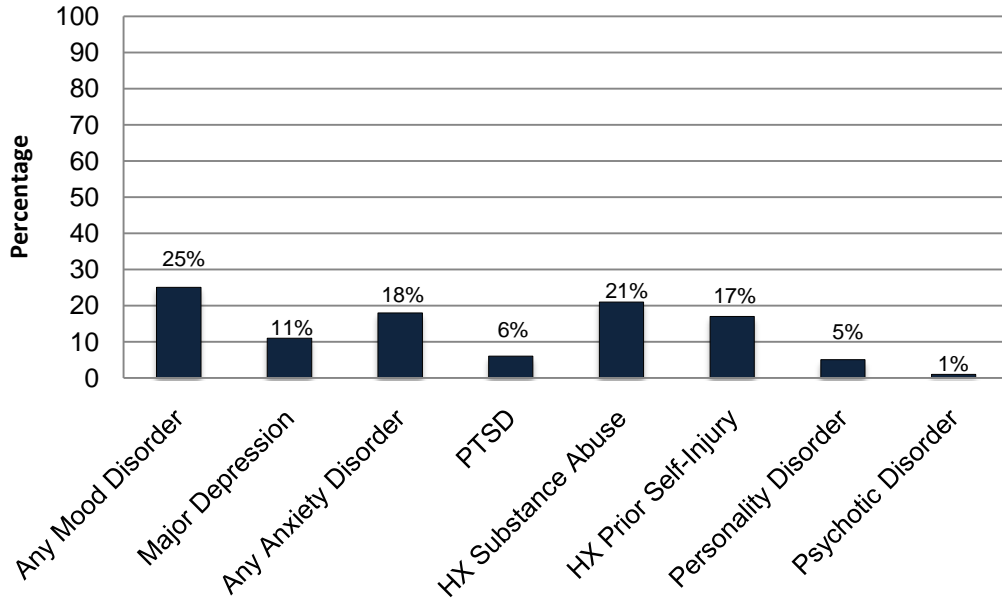


Figure 2.4 2009 DoDSER BEHAVIORAL HEALTH DISORDERS

Forty-two percent ($n=126$) of decedents had a history of at least one behavioral health disorder (Table 2.16). Twenty-five percent ($n=75$) of decedents had been diagnosed with a mood disorder, including major depression ($n=34$), dysthymic disorder ($n=5$), bipolar disorder ($n=2$), and other mood disorders ($n=15$) (Table 2.17). Eighteen percent ($n=53$) had been diagnosed with an anxiety disorder, including with posttraumatic stress disorder (PTSD), 6% ($n=19$) (Table 2.18). Three had been diagnosed with a psychotic disorder (one diagnosed within 30 days of the suicide) (Table 2.19). Five percent ($n=15$) of decedents had been diagnosed with a personality disorder, and 22% ($n=64$) had a history of a substance abuse disorder.

Table 2.16 2009 AND 2008 DoDSER COMORBIDITY RATES

NUMBER OF BEHAVIORAL HEALTH DIAGNOSES		2009		2008	
		Count	Percent	Count	Percent
	No DX	171	58%	164	67%
	1 DX	66	22%	55	23%
	2 DX	37	12%	11	5%
	3 DX	13	4%	10	4%
	4 or more DX	10	3%	3	1%

Table 2.17 2009 AND 2008 DoDSER MOOD DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/ MOOD DISORDER	Yes	75	25%	46	19%
	No	178	60%	142	58%
	Don't Know	44	15%	55	23%
Bipolar disorder	Yes	2	1%	2	1%
	No	239	80%	175	72%
	Don't Know	56	19%	66	27%
Major depression	Yes	34	11%	13	5%
	No	211	71%	167	69%
	Don't Know	52	18%	63	26%
Dysthymic disorder	Yes	5	2%	2	1%
	No	234	79%	176	72%
	Don't Know	58	20%	65	27%
Other mood disorder	Yes	15	5%	21	9%
	No	226	76%	156	64%
	Don't Know	56	19%	66	27%
Unspecified mood disorder	Yes	9	3%	6	2%
	No	244	82%	182	75%
	Don't Know	44	15%	55	23%
Multiple mood DX	Yes	10	3%	2	1%
	No	243	82%	186	77%
	Don't Know	44	15%	55	23%

Table 2.18 2009 AND 2008 DoDSER ANXIETY DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/ ANXIETY DISORDER	Yes	53	18%	25	10%
	No	196	66%	165	68%
	Don't Know	48	16%	53	22%
PTSD	Yes	19	6%	6	2%
	No	225	76%	176	72%
	Don't Know	53	18%	61	25%
Panic disorder	Yes	0	0%	1	<1%
	No	243	82%	179	74%
	Don't Know	54	18%	63	26%

Table 2.18 2009 AND 2008 DoDSER ANXIETY DISORDERS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Generalized anxiety disorder	Yes	3	1%	1	<1%
	No	241	81%	180	74%
	Don't Know	53	18%	62	26%
Acute stress disorder	Yes	0	0%	1	0%
	No	243	82%	181	74%
	Don't Know	54	18%	61	25%
Other anxiety disorder	Yes	15	5%	6	2%
	No	229	77%	174	72%
	Don't Know	53	18%	63	26%
Unspecified anxiety DX	Yes	5	2%	4	2%
	No	244	82%	186	77%
	Don't Know	48	16%	53	22%
Multiple anxiety DX	Yes	11	4%	6	2%
	No	238	80%	184	76%
	Don't Know	48	16%	53	22%

Table 2.19 2009 AND 2008 DoDSER OTHER BEHAVIORAL HEALTH DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	15	5%	12	5%
	No	230	77%	175	72%
	Don't Know	52	18%	56	23%
DX W/PSYCHOTIC DISORDER	Yes	3	1%	2	1%
	No	245	82%	187	77%
	Don't Know	49	16%	54	22%
HX SUBSTANCE ABUSE	Yes	64	22%	49	20%
	No	170	57%	134	55%
	Don't Know	63	21%	60	25%

Treatment

Figure 2.5 displays the history of decedents' visits to treatment programs and clinics prior to dying by suicide.

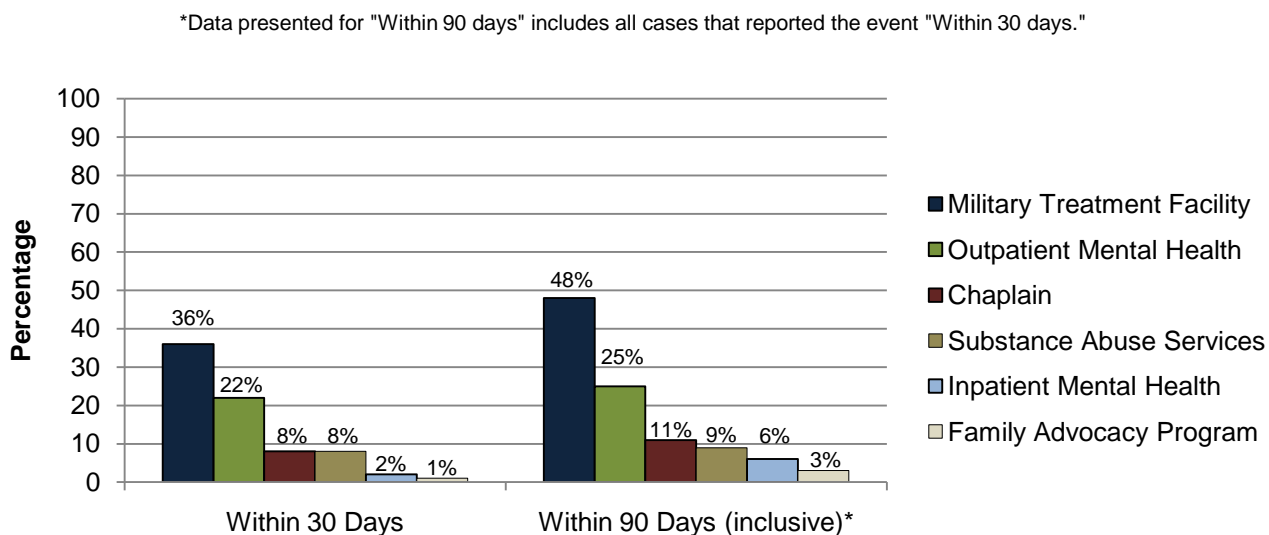


Figure 2.5 2009 DoDSER TREATMENT HISTORY

Table 2.20 shows the number of Service Members who had ever been seen in a program or clinic, had been seen within 30 days and 90 days of suicide. DoDSER respondents were instructed to select all categories that applied, thus they are not mutually exclusive.

A total of 175 (59%) of decedents were seen at military treatment facilities (MTFs) within the year preceding suicide. Of these, 12% ($n=36$) of decedents had been seen in MTFs within 90 days of the suicide and 36% ($n=107$) within 30 days. Twenty-one percent ($n=63$) had been treated in outpatient behavioral health facilities within 30 days of the suicide, and an additional 4% ($n=10$) within 90 days. Table 2.20 also summarizes information about visits to the other programs and broadly-defined behavioral health resources (i.e., Chaplain, Family Advocacy Programs, Alcohol and Substance Abuse Services, and Inpatient Behavioral Health Facilities) within 30 and 90 days. Forty-nine percent reportedly received medical, behavioral health, substance abuse, family or chaplaincy services within 30 days of death.

Table 2.20 2009 AND 2008 DoDSER TREATMENT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	175	59%	126	52%
	Within 30 days	107	36%	71	29%
	Within 90 days (inclusive)*	143	48%	96	40%
	No	80	27%	65	27%
	Don't Know	42	14%	52	21%
SUBSTANCE ABUSE SERVICES	Yes	49	16%	27	11%
	Within 30 days	24	8%	10	4%
	Within 90 days (inclusive)*	26	9%	15	6%
	No	200	67%	163	67%
	Don't Know	48	16%	53	22%
FAMILY ADVOCACY PROGRAMS	Yes	20	7%	15	6%
	Within 30 days	4	1%	8	3%
	Within 90 days (inclusive)*	9	3%	9	4%
	No	211	71%	169	70%
	Don't Know	66	22%	59	24%
CHAPLAIN SERVICES	Yes	38	13%	34	14%
	Within 30 days	24	8%	18	7%
	Within 90 days (inclusive)*	32	11%	25	10%
	No	125	42%	103	42%
	Don't Know	134	45%	106	44%
OUTPATIENT BEHAVIORAL HEALTH	Yes	121	41%	80	33%
	Within 30 days	63	21%	41	17%
	Within 90 days (inclusive)*	73	25%	54	22%
	No	138	46%	124	51%
	Don't Know	38	13%	39	16%
INPATIENT BEHAVIORAL HEALTH	Yes	45	15%	25	10%
	Within 30 days	7	2%	10	4%
	Within 90 days (inclusive)*	19	6%	13	5%
	No	207	70%	165	68%
	Don't Know	45	15%	53	22%
HX PHYSICAL HEALTH PROBLEM	Yes	64	22%	49	20%
	Within 30 days	37	13%	27	11%
	Within 90 days (inclusive)*	44	15%	40	16%
	No	166	56%	136	56%
	Don't Know	67	23%	58	24%

Table 2.21 summarizes decedents' use of prescription psychotropic medication. Similar to 2008, history of psychotropic medication use was reported for 24% ($n = 71$) of decedents. Twenty-one percent ($n = 62$) had taken antidepressants; 9% ($n = 27$) antianxiety medications; 5% ($n = 15$) anti-psychotics; and 2% ($n = 7$) anticonvulsants.

Table 2.21 2009 AND 2008 DoDSER PSYCHOTROPIC MEDICATION USE

		2009		2008	
		Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	71	24%	51	21%
	No	162	55%	127	52%
	Don't Know	64	22%	65	27%
Antidepressants	Yes	62	21%	43	18%
	No	170	57%	131	54%
	Don't Know	65	22%	69	28%
Antianxiety	Yes	27	9%	16	7%
	No	202	68%	157	65%
	Don't Know	68	23%	70	29%
Antimanics	Yes	2	1%	2	1%
	No	227	76%	168	69%
	Don't Know	68	23%	73	30%
Anticonvulsants	Yes	7	2%	5	2%
	No	223	75%	165	68%
	Don't Know	67	23%	73	30%
Antipsychotics	Yes	15	5%	6	2%
	No	215	72%	165	68%
	Don't Know	67	23%	72	30%

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

Figure 2.6 shows the percentages of decedents who experienced failed intimate and non-intimate relationships prior to suicide.

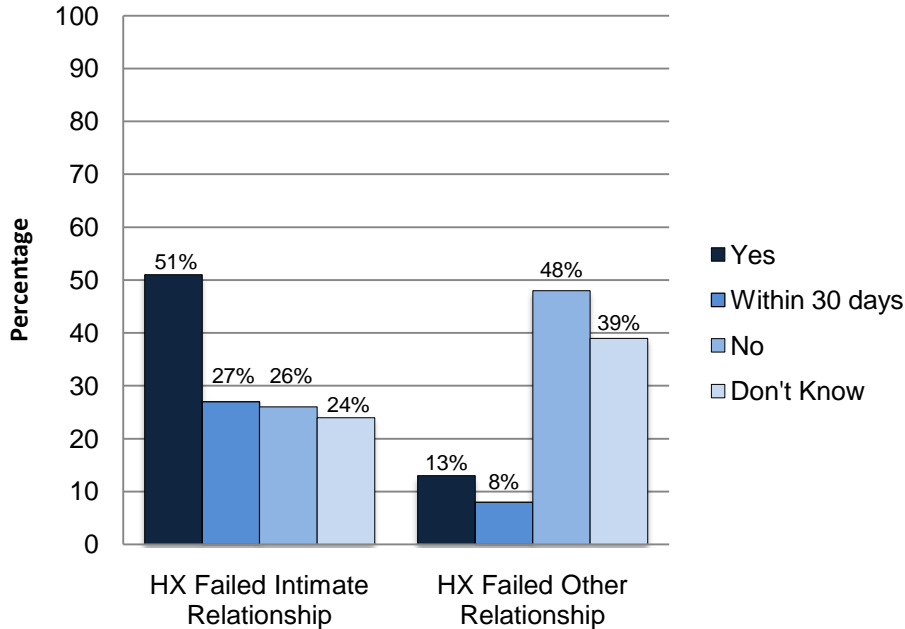


Figure 2.6 2009 HISTORY OF FAILED RELATIONSHIPS

Table 2.22 provides data regarding relationship history factors. Failed marital or intimate relationships were reported for 51% ($n=150$) of Service Members who died by suicide. In addition, other failed relationships (non-intimate) were reported for 13% ($n=39$) of suicide decedents. Fifty-three percent ($n=158$) of decedents were reported to have experienced failure of either an intimate or non-intimate relationship prior to death.

Similar to 2008, most of these failed relationships occurred shortly before the suicide. Twenty-seven percent ($n=81$) of decedents had a reported intimate relationship failure within 30 days of the suicide. Other failed relationships occurred within 30 days of the events for 8% ($n=24$) of suicides.

Table 2.22 2009 AND 2008 DoDSER RELATIONSHIP HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	150	51%	127	52%
	Within 30 days	81	27%	80	33%
	Within 90 days (inclusive)*	102	34%	105	43%
	No	76	26%	58	24%
	Don't Know	71	24%	58	24%
HX FAILED OTHER RELATIONSHIP	Yes	39	13%	35	14%
	Within 30 days	24	8%	19	8%
	Within 90 days (inclusive)*	27	9%	26	11%
	No	142	48%	106	44%
	Don't Know	116	39%	102	42%
HX ANY FAILED RELATIONSHIP	Yes	158	53%	137	56%
	Within 30 days	88	30%	88	36%
	Within 90 days (inclusive)*	109	37%	112	46%
	No	72	24%	50	21%
	Don't Know	67	23%	56	23%

As indicated in Table 2.23, there was a reported history of recent spousal or family death, other than by suicide, for 6% ($n=18$) of suicides ($n=6$ within three months). There was also a reported history of a chronic spousal or family severe illness for 6% ($n=19$) of suicides ($n=11$ within three months). A family history of behavioral health illness or suicide was reported for 15% ($n=44$) of decedents, with one spousal suicide occurring within 30 days. These rates are probably underestimates because “don’t know” responses were fairly common for all of these risk factors.

Table 2.23 2009 AND 2008 DoDSER FAMILY HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	1	<1%	1	<1%
	No	249	84%	177	73%
	Don't Know	47	16%	65	27%
HX FAMILY MEMBER SUICIDE	Yes	12	4%	11	5%
	No	190	64%	119	49%
	Don't Know	95	32%	113	47%
HX FRIEND SUICIDE	Yes	5	2%	3	1%
	No	173	58%	122	50%
	Don't Know	119	40%	118	49%

Table 2.23 2009 AND 2008 DoDSER FAMILY HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX DEATH OF FAMILY MEMBER	Yes	18	6%	17	7%
	No	175	59%	117	48%
	Don't Know	104	35%	109	45%
HX DEATH OF FRIEND	Yes	9	3%	12	5%
	No	160	54%	101	42%
	Don't Know	128	43%	130	53%
HX FAMILY ILLNESS	Yes	19	6%	12	5%
	No	180	61%	110	45%
	Don't Know	98	33%	121	50%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	44	15%	21	9%
	No	90	30%	46	19%
	Don't Know	163	55%	176	72%

Administrative and Legal History

Figure 2.7 shows the percentage of decedents who experienced administrative or legal difficulties prior to suicide.

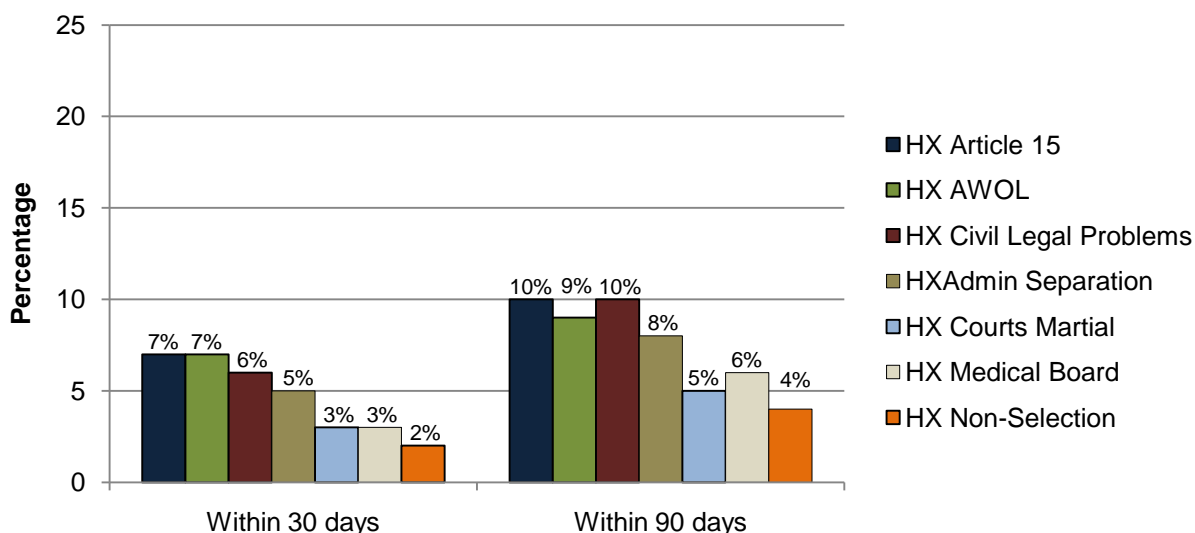


Figure 2.7 2009 ADMINISTRATIVE/LEGAL HISTORY

A history of Article 15 proceedings were reported for 15% of decedents ($n=46$) and a history of civil legal problems were reported among 12% of completions ($n=36$). At some point during their service, 8% of decedents ($n=25$) were reportedly subjects of administrative separation proceedings and 10% ($n=30$)

were subjects of AWOL/desertion proceedings. Further, 6% ($n=19$) of decedents had a history of courts martial proceedings. Other administrative and legal risk factors were less commonly reported. (Table 2.24)

Table 2.24 2009 AND 2008 DoDSER ADMIN/LEGAL HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	19	6%	3	1%
	No	235	79%	199	82%
	Don't Know	43	14%	41	17%
HX ARTICLE 15	Yes	46	15%	26	11%
	No	177	60%	92	38%
	Don't Know	74	25%	125	51%
HX ADMIN SEPARATION	Yes	25	8%	14	6%
	No	230	77%	180	74%
	Don't Know	42	14%	49	20%
HX AWOL	Yes	30	10%	14	6%
	No	229	77%	182	75%
	Don't Know	38	13%	47	19%
HX MEDICAL BOARD	Yes	24	8%	9	4%
	No	235	79%	185	76%
	Don't Know	38	13%	49	20%
HX CIVIL LEGAL PROBLEMS	Yes	36	12%	32	13%
	No	194	65%	151	62%
	Don't Know	67	23%	60	25%
HX NON-SELECTION	Yes	23	8%	10	4%
	No	219	74%	155	64%
	Don't Know	55	19%	78	32%

Abuse History

Seven percent ($n=20$) of decedents had a history of physical abuse, 4% ($n=13$) had a history of sexual abuse, and 7% ($n=21$) had a history of emotional abuse. Sexual harassment was reported for one suicide in 2009. Abuse in which the decedent was the perpetrator was not frequently indicated, although DoDSERs for 9% ($n=26$) of decedents reported that they had been alleged or confirmed perpetrators of physical abuse and that 3% ($n=10$) had been alleged or confirmed perpetrators of sexual abuse. Table 2.25 provides additional 2009 DoDSER abuse history.

Table 2.25 2009 AND 2008 DoDSER ABUSE HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	20	7%	10	4%
	No	176	59%	115	47%
	Don't Know	101	34%	118	49%
HX VICTIM SEXUAL ABUSE	Yes	13	4%	6	2%
	No	183	62%	122	50%
	Don't Know	101	34%	115	47%
HX VICTIM EMOTIONAL ABUSE	Yes	21	7%	11	5%
	No	171	58%	113	47%
	Don't Know	105	35%	119	49%
HX VICTIM SEXUAL HARASSMENT	Yes	1	<1%	0	0%
	No	188	63%	126	52%
	Don't Know	108	36%	117	48%
HX PERPETRATOR PHYSICAL ABUSE	Yes	26	9%	13	5%
	No	173	58%	116	48%
	Don't Know	98	33%	114	47%
HX PERPETRATOR SEXUAL ABUSE	Yes	10	3%	9	4%
	No	183	62%	124	51%
	Don't Know	104	35%	110	45%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	9	3%	8	3%
	No	179	60%	122	50%
	Don't Know	109	37%	113	47%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	5	2%	3	1%
	No	185	62%	129	53%
	Don't Know	107	36%	111	46%

Financial and Workplace Difficulties

Excessive debt or bankruptcy was reported for 11% ($n=32$) of suicides. A history of job problems was reported for 27% ($n=81$) of decedents. A history of supervisor or co-worker issues was reported for 14% ($n=42$) of suicides. Additional information related to job or employment difficulties is presented in Table 2.26.

Table 2.26 2009 AND 2008 DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES

		2009		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	32	11%	25	10%
	No	161	54%	125	51%
	Don't Know	104	35%	93	38%
HX JOB LOSS/INSTABILITY	Yes	81	27%	44	18%
	No	151	51%	149	61%
	Don't Know	65	22%	50	21%
HX SUPERVISOR/COWORKER ISSUES	Yes	42	14%	26	11%
	No	179	60%	136	56%
	Don't Know	76	26%	81	33%
HX POOR WORK EVALUATION	Yes	50	17%	27	11%
	No	185	62%	145	60%
	Don't Know	62	21%	71	29%
HX UNIT/WORKPLACE HAZING	Yes	5	2%	2	1%
	No	208	70%	158	65%
	Don't Know	84	28%	83	34%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Member’s most recent three deployments. Data includes deployment location information as well as a history of direct combat operations. Comparisons of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment History

Table 2.27 summarizes OEF/OIF deployment history information for the most commonly reported deployment locations: Afghanistan, Iraq, and Kuwait. Fifty-one percent of decedents ($n=152$) had deployed at least once. Iraq was the most common deployment location reported for suicide decedents (37%, $n=111$), followed by Afghanistan (4%, $n=11$), and Kuwait (3%, $n=9$). Seven percent of decedents ($n=21$) reportedly had histories of multiple deployments to Iraq, Afghanistan, or Kuwait. See the individual Service chapters for additional information on suicide and deployment data.

Table 2.27 2009 AND 2008 DoDSER EVER DEPLOYED TO OEF/OIF

		2009		2008	
		Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	11	4%	10	4%
	IRAQ	111	37%	83	34%
	KUWAIT	9	3%	16	7%
	MULTIPLE OEF/OIF LOCATIONS	21	7%	3	1%
	NO HX OEF/OIF DEPLOYMENT	145	49%	131	54%

Combat History

Seventeen percent ($n=51$) of decedents had experienced direct combat operations, and 57% of these ($n=29$) had witnessed casualties (Table 2.28). Thirty-four (67% of those with combat experience) had participated in operations that resulted in combat casualty. Similar to 2008, the percentages of decedents who had experienced combat were generally low. These numbers reflect the response rate based on available data.

Table 2.28 2009 AND 2008 DoDSER COMBAT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	51	17%	39	16%
	Combat Resulted in Injuries/Casualties	34	67%	22	56%
	Injured in Combat	10	20%	8	21%
	Witnessed in Combat	29	57%	20	51%
	Saw Dead Bodies in Combat	28	55%	17	44%
	Killed Others in Combat	12	24%	8	21%
	NO DIRECT COMBAT HX	246	83%	204	84%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

This annual statistical report of the DoDSER provides statistics and analyses for DoD suicides that occurred in 2009. Data from 2008 DoDSERs are included for comparisons.

The AFMES identified 309 Service Member suicides in 2009 (Air Force = 46; Army = 164; Marine Corps = 52; Navy = 47). A total of 297 DoDSERs were received in 2009 for a DoDSER submission compliance rate of 97% (based on 299 suicides confirmed as of 31 January 2010). Consistent with 2008 DoDSER data, individuals who were Caucasian, under the age of 25, junior enlisted (E1-E4), or had a GED or high school education were at increased risk for suicide relative to demographic comparison groups. Divorced individuals were almost three times more likely to die by suicide than were married persons.

Across Services, non-military firearms were the most frequently used method for suicide (41%, $n=121$). Military firearms were used in 18% ($n=52$) of suicides with a higher incidence in the Army and Marine Corps than in the Air Force and Navy. Thirteen percent of suicides ($n=39$) died on deployment in OEF/OIF. Ten percent occurred while Service Members were on leave. Seven percent of Service Members who died by suicide had a history of multiple deployments to Iraq, Afghanistan, or Kuwait. A history of direct combat operations was reported for 17% ($n=51$) of decedents. Forty-eight percent of decedents ($n=143$) had been seen at a military treatment facility within three months prior to suicide (36% within 30 days of the suicide).

Failed marital or intimate relationships were reported for 51% ($n=150$) of decedents, and other failed relationships (non-intimate) were reported for 13% ($n=39$) of decedents. The most common legal problems were Article 15 proceedings (15%) and civil legal problems (12%). Seventeen percent of Service Members who died by suicide had a known history of prior self-injurious behavior. Twenty-eight percent ($n=82$) had communicated their potential for self-harm prior to dying by suicide. Most decedents (57%) did *not* have a diagnosed behavioral health disorder reported. A total of 3% of decedents reportedly used both alcohol and drugs during the event. A history of job problems was reported for 27% ($n=81$) of decedents.

Chapter 3

DoD-WIDE RESULTS FOR COMPLETED SUICIDES IN OEF/OIF AND NON-OEF/OIF LOCATIONS

For calendar year 2009, risk factors for suicide behaviors were reported for events that occurred during Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) deployments and for non-OEF/OIF events. Of the 43 OEF/OIF 2009 suicides reported by AFMES (as of 1 April 2010), Department of Defense Suicide Event Reports (DoDSERs) were submitted for 39 of the events. Complete DoDSER data tables are presented in this chapter and 2008 data are included for comparison. Although Table 3.1 shows all OEF/OIF suicides for 2009 (n=43), the subsequent tables in this chapter include only decedents for which DoDSERs were received (n=39 for 2008 and 2009). Interpretation of any relative differences between OEF/OIF decedents and others is complicated by the potential for cohort differences. For example, the military population that deploys may differ from the non-deployed cohort (which includes some who will never deploy due to health reasons or other factors). However, this data may be useful for forming hypotheses.

Table 3.1 2009 and 2008 SUICIDES IN OEF/OIF AND NON-OEF/OIF EVENTS

		2009		2008	
		Count	Percent	Count	Percent
COMPLETED SUICIDE	Event occurred in OEF/OIF	43	14%	41	15%
	Event occurred in other location	266	86%	225	85%

Note: Data provided by AFMES (as of 1 April 2010). Subsequent data tables in Chapter 3 include OEF/OIF events for which there are DoDSERs (n=39).

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicides. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

Table 3.2 summarizes 2009 suicide demographic data based on DoDSER data collected on OEF/OIF events and non-OEF/OIF events. It was not possible to use the DMDC demographic data described in Chapter 2 because the aggregated data received did not identify the OEF/OIF cases. Therefore, it was not possible to calculate suicide rates by demographic characteristics. However, DoDSER data showed that:

- The majority of suicides were completed by men for both OEF/OIF events (97%, *n*=38) and non-OEF/OIF events (97%, *n*=252).
- Most OEF/OIF suicides were completed by Caucasians (64%, *n*=25), followed by African Americans (18%, *n*=7). This trend was the same for non-OEF/OIF events.
- Suicide was more common among persons under age 25 for both of OEF/OIF (59%, *n*=23) and non-OEF/OIF events (44%, *n*=115).
- Most suicides (72%, *n*=28) were completed by junior enlisted (E1-E4) personnel followed by middle to senior (E5-E9) enlisted personnel (23%, *n*=9). This trend was identical for non-OEF/OIF events.
- The highest level of education for the majority of decedents in 2009 was high school graduate for both OEF/OIF events (62%, *n*=24) and non-OEF/OIF events (46%, *n*=118).
- Approximately half of the suicides (51%, *n*=20) were completed by persons who were never married followed by married persons (36%, *n*=14) for OEF/OIF events, whereas for non-OEF/OIF suicides, approximately half (51%, *n*=133) were completed by married persons followed by never married persons (33%, *n*=85).
- Consistent with non-OEF/OIF events, the majority of suicides were completed by Regular Active Duty personnel (90%, *n*=35).
- Demographic base rates for the OEF/OIF population would be helpful to interpret relative differences noted. For example, it is possible that the deployed population is comprised of a higher rate of young, junior enlisted Service Members than the general military population.

Table 3.2 2009 AND 2008 DoDSER DEMOGRAPHICS FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
GENDER	Male	38	97%	252	97%	35	90%	196	96%
	Female	1	3%	7	3%	4	10%	9	4%
RACE	Asian/Pacific Islander	1	3%	9	3%	2	5%	7	3%
	African American	7	18%	25	10%	6	16%	22	11%
	Caucasian	25	64%	169	65%	23	61%	140	69%
	Hispanic	1	3%	9	3%	0	0%	7	3%
	Other/Don't Know/Missing	5	13%	47	18%	7	18%	27	13%
AGE RANGE	Under 25	23	59%	115	44%	21	54%	100	49%
	25-29	10	26%	62	24%	8	21%	41	20%
	30-39	4	10%	60	23%	6	15%	41	20%
	40 +	2	5%	22	8%	4	10%	23	11%
RANK	E1-E4	28	72%	137	53%	28	72%	103	50%
	E5-E9	9	23%	99	38%	7	18%	82	40%
	Officer	2	5%	18	7%	4	10%	16	8%
	Warrant Officer	0	0%	3	1%	0	0%	2	1%
	Cadet/Midshipman	0	0%	2	1%	0	0%	1	<1%
	Does Not Apply	0	0%	0	0%	0	0%	1	<1%
COMPONENT	Regular	35	90%	245	95%	35	90%	193	94%
	Reserve	1	3%	6	2%	1	3%	5	2%
	National Guard	3	8%	7	3%	3	8%	7	3%
	Other	0	0%	1	<1%	0	0%	0	0%

Table 3.2 2009 AND 2008 DoDSER DEMOGRAPHICS FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
EDUCATION	Some high school, did not graduate	0	0%	2	1%	0	0%	0	0%
	GED	4	10%	11	4%	2	5%	5	2%
	High school graduate	24	62%	118	46%	13	33%	76	37%
	Some college or technical school, no degree or certificate	4	10%	45	17%	5	13%	16	8%
	College degree of less than four years or technical school certificate	1	3%	7	3%	0	0%	5	2%
	Four-year college degree	2	5%	10	4%	1	3%	15	7%
	Master's degree or greater	1	3%	9	3%	2	5%	5	2%
	Don't Know	3	8%	57	22%	16	41%	83	40%
MARITAL STATUS	Never Married	20	51%	85	33%	20	51%	68	33%
	Married	14	36%	133	51%	16	41%	103	50%
	Legally Separated	1	3%	5	2%	0	0%	8	4%
	Divorced	4	10%	28	11%	0	0%	15	7%
	Widowed	0	0%	1	<1%	0	0%	0	0%
	Don't Know	0	0%	7	3%	3	8%	11	5%

Event Setting

Table 3.3 shows the settings in which the suicides occurred. Similar to non-OEF/OIF events, the majority of suicides occurred in decedents' residences, including military residences (62%, *n*=24). Thirteen percent (*n*=5) of OEF/OIF suicides occurred at places of work or job sites compared to 5% (*n*=12) for non- OEF/OIF suicides. Twenty-six percent (*n*=10) occurred at other settings for OEF/OIF events and 20% (*n*=52) for non-OEF/OIF events.

Table 3.3 2009 AND 2008 DoDSER EVENT SETTING FOR OEF/OIF AND NON-OEF/OIF EVENTS

EVENT SETTING		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
	Residence (own) or barracks	24	62%	154	60%	20	51%	118	58%
	Residence of friend or family	0	0%	24	9%	0	0%	18	9%
	Work/jobsite	5	13%	12	5%	11	28%	11	5%
	Automobile (away from residence)	0	0%	16	6%	0	0%	16	8%
	Inpatient medical facility	0	0%	0	0%	0	0%	1	<1%
	Other	10	26%	52	20%	8	21%	40	20%

Event Method

Figure 3.1 shows the methods decedents chose for suicide in 2009.

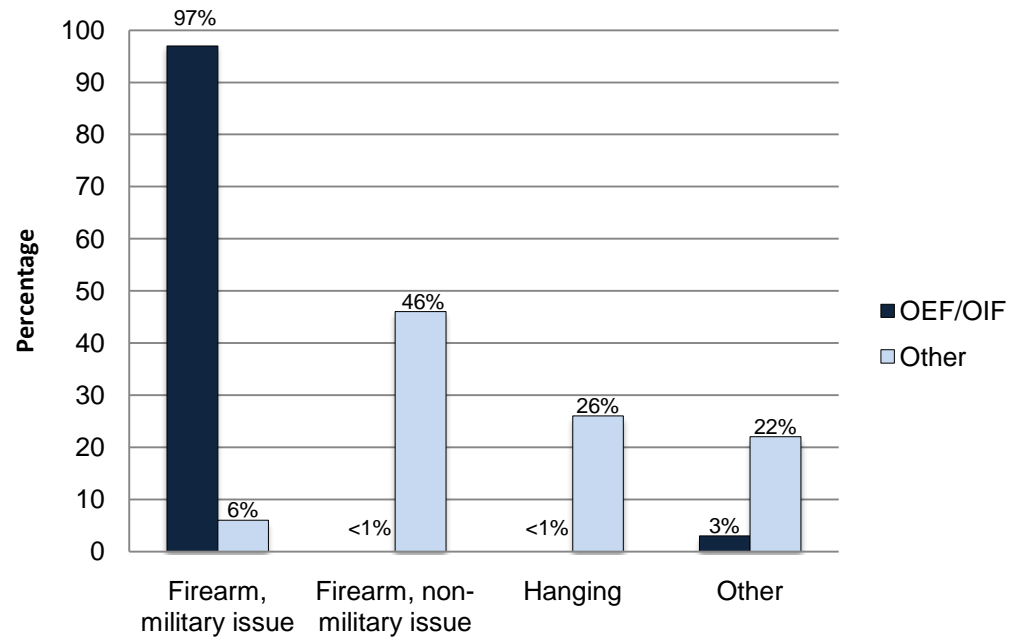


Figure 3.1 2009 METHODS FOR OEF/OIF AND OTHER SUICIDES

Methods of suicide for OEF/OIF events in 2009 and 2008 are displayed in Table 3.4. Military firearms were the most commonly reported method for OEF/OIF suicides (97%, $n=38$). For non-OEF/OIF suicides, the most commonly reported method was non-military issue firearm 47% ($n=121$), followed by hanging 27% ($n=70$).

Table 3.4 2009 AND 2008 DoDSER EVENT METHOD FOR OEF/OIF AND NON-OEF/OIF EVENTS

EVENT METHOD		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Drugs		0	0%	10	4%	2	5%	9	4%
Alcohol		0	0%	1	<1%	0	0%	1	<1%
Gas, vehicle exhaust		0	0%	11	4%	0	0%	6	3%
Gas, utility (or other)		0	0%	5	2%	0	0%	1	0%
Hanging		0	0%	70	27%	0	0%	51	25%
Drowning		0	0%	0	0%	0	0%	1	<1%
Firearm, military issue		38	97%	14	5%	37	95%	14	7%
Firearm, non-military issue		0	0%	121	47%	0	0%	102	50%
Fire, steam, etc.		0	0%	0	0%	0	0%	1	<1%
Sharp or blunt object		0	0%	7	3%	0	0%	2	1%
Jumping from high place		0	0%	5	2%	0	0%	3	1%
Lying in front of moving object		0	0%	2	1%	0	0%	1	<1%
Crashing a motor vehicle		0	0%	0	0%	0	0%	1	<1%
Other		1	3%	11	4%	0	0%	4	2%
Don't Know		0	0%	1	<1%	0	0%	7	3%

Substance Use during the Event

Three percent ($n=1$) of submitted DoDSERs for 2009 indicated that drugs were used during events that took place in OEF/OIF, compared to 7% ($n=18$) for non-OEF/OIF events (Table 3.5). The majority of DoDSERs had a “don’t know” response. Percentages of “yes” responses are likely an underestimate, as a significant number of cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the DoDSER submission.

Table 3.5 2009 AND 2008 DoDSER SUBSTANCE(S) USED DURING EVENT FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
ALCOHOL USED	Yes	0	0%	66	26%	0	0%	55	27%
	No	26	67%	89	34%	25	64%	70	34%
	Don't Know	13	33%	103	40%	14	36%	79	39%
ANY DRUGS USED	Yes	1	3%	18	7%	2	5%	15	7%
	No	25	64%	115	45%	21	54%	101	50%
	Don't Know	13	33%	125	48%	16	41%	88	43%
Illegal drugs	Overdose	0	0%	0	0%	0	0%	1	<1%
	Used, no overdose	0	0%	2	1%	0	0%	0	0%
	Were not used	26	67%	131	51%	23	59%	108	53%
	Don't Know	13	33%	125	48%	16	41%	95	47%
Prescription drugs	Overdose	0	0%	8	3%	2	5%	9	4%
	Used, no overdose	1	3%	2	1%	0	0%	4	2%
	Were not used	25	64%	123	48%	21	54%	102	50%
	Don't Know	13	33%	125	48%	16	41%	89	44%
OTC drugs	Overdose	0	0%	2	1%	0	0%	5	2%
	Used, no overdose	0	0%	5	2%	1	3%	1	<1%
	Were not used	26	67%	126	49%	22	56%	104	51%
	Don't Know	13	33%	125	48%	16	41%	94	46%

Table 3.5 2009 AND 2008 DoDSER SUBSTANCE(S) USED DURING EVENT FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
BOTH ALCOHOL AND DRUGS USED	Yes	0	0%	9	3%	0	0%	6	3%
	No	26	67%	121	47%	23	59%	108	53%
	Don't Know	13	33%	128	50%	16	41%	90	44%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicate their potential for self-harm. The majority of decedents for both OEF/OIF and non-OEF/OIF events had no known history of communicating their potential for self-harm before taking their lives (Table 3.6). For OEF/OIF events, 13% ($n=5$) were known to communicate their potential for self-harm before dying by suicide, and at least two Service Members who died by suicide (5%) reported this potential to multiple persons in a variety of roles (Table 3.7). Of the five OEF/OIF event decedents known to have communicated their potential for self-harm before dying by suicide, three (8%) communicated the message verbally.

Table 3.6 2009 AND 2008 DoDSER RECIPIENTS OF COMMUNICATED INTENT FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
COMMUNICATION	Friend	5	13%	23	9%	2	5%	18	9%
	Behavioral Health Staff	1	3%	15	6%	1	3%	10	5%
	Supervisor	2	5%	9	3%	1	3%	6	3%
	Spouse	0	0%	38	15%	1	3%	28	14%
	Chaplain	0	0%	4	2%	1	3%	3	1%
	Other	1	3%	29	11%	1	3%	28	14%
	Made Multiple Communication	2	5%	28	11%	0	0%	20	10%

Table 3.7 2009 AND 2008 DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	34	87%	180	70%	32	82%	136	67%
	1	3	8%	50	19%	7	18%	48	24%
	2	1	3%	20	8%	0	0%	15	7%
	3	0	0%	5	2%	0	0%	5	2%
	4	1	3%	2	1%	0	0%	0	0%
	5	0	0%	1	<1%	0	0%	0	0%

For OEF/OIF suicides, Service Members most commonly shared their potential for self-harm with friends and “others.” For non-OEF/OIF events, Service Members most commonly disclosed their potential for self-harm to spouses, followed by friends and “others”⁴ (Table 3.8).

Table 3.8 2009 AND 2008 DoDSER MODE OF COMMUNICATED INTENT FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	3	8%	44	17%	6	15%	38	19%
	Written Only	1	3%	6	2%	1	3%	2	1%
	Other	0	0%	18	7%	0	0%	9	4%
	Multiple Modes	1	3%	11	4%	0	0%	11	5%

Note: Multiple Modes includes a combination of verbal, written, or other mode of communicating intent to suicide.

⁴ The category “other” includes a variety of co-workers and non-spousal family members.

Additional Event Information

The information in this section includes data on whether alcohol or other drugs were used during the suicide (not necessarily as a method for self-harm), whether there is evidence the Service Member intended to die, and whether the decedent communicated potential for self-harm. Additional items in this section pertain to evidence of death-risk gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicides were completed in areas or under circumstances in which the behavior was likely to be observed. As can be seen in Table 3.9, there was evidence that decedents intended to die for 90% ($n=35$) of OEF/OIF suicides. Fifteen OEF/OIF suicides appeared planned or premeditated and most took place where it was unlikely that others could observe or intervene (77%, $n=30$). A suicide note was reported to have been found for 28% ($n=11$) of OEF/OIF suicides.

Table 3.9 2009 AND 2008 DoDSER OTHER EVENT INFORMATION FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
INTENDED TO DIE	Yes	35	90%	191	74%	29	74%	142	70%
	No	2	5%	14	5%	1	3%	14	7%
	Don't Know	2	5%	53	21%	9	23%	48	24%
DEATH RISK GAMBLING	Yes	0	0%	4	2%	1	3%	4	2%
	No	36	92%	216	84%	31	79%	139	68%
	Don't Know	3	8%	38	15%	7	18%	61	30%
PLANNED/PREMEDITATED	Yes	15	38%	102	40%	15	38%	77	38%
	No	9	23%	77	30%	10	26%	55	27%
	Don't Know	15	38%	79	31%	14	36%	72	35%
OBSERVABLE	Yes	5	13%	56	22%	5	13%	42	21%
	No	30	77%	174	67%	30	77%	113	55%
	Don't Know	4	10%	28	11%	4	10%	49	24%
SUICIDE NOTE LEFT	Yes	11	28%	63	24%	11	28%	44	22%
	No	20	51%	140	54%	16	41%	96	47%
	Don't Know	8	21%	55	21%	12	31%	64	31%

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

As can be seen in Table 3.10, Service Members most often lived with others for both OEF/OIF suicides (82%, $n=32$) and non-OEF/OIF suicides (53%, $n=137$). 31% ($n=12$) of OEF/OIF decedents were reported to have minor children. As expected, only two OEF/OIF decedents did not have access to firearms.

Table 3.10 2009 AND 2008 DoDSER HOME ENVIRONMENT FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
RESIDED ALONE	Yes	5	13%	97	38%	5	13%	54	26%
	No	32	82%	136	53%	31	79%	116	57%
	Don't Know	2	5%	25	10%	3	8%	34	17%
HAD MINOR CHILDREN	Yes	12	31%	99	38%	13	33%	66	32%
	No	23	59%	135	52%	20	51%	96	47%
	Don't Know	4	10%	24	9%	6	15%	42	21%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	32	82%	114	44%	34	87%	99	49%
	No	2	5%	77	30%	0	0%	36	18%
	Don't Know	5	13%	67	26%	5	13%	69	34%

Suicide Completions by Month

Table 3.11 shows suicide counts by month for the combined Services for both OEF/OIF events and non-OEF/OIF events.

Table 3.11 2009 AND 2008 DoDSER SUICIDE EVENTS BY MONTH FOR OEF/OIF AND NON-OEF/OIF EVENTS

MONTH	2009				2008			
	OEF/OIF		Other		OEF/OIF		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
January	4	10%	23	9%	2	5%	20	10%
February	2	5%	31	12%	3	8%	12	6%
March	4	10%	15	6%	1	3%	17	8%
April	7	18%	17	7%	4	10%	17	8%
May	5	13%	24	9%	3	8%	17	8%
June	2	5%	22	9%	5	13%	14	7%
July	1	3%	28	11%	4	10%	19	9%
August	2	5%	19	7%	5	13%	15	7%
September	1	3%	15	6%	4	10%	16	8%
October	3	8%	29	11%	2	5%	18	9%
November	5	13%	16	6%	3	8%	23	11%
December	3	8%	19	7%	3	8%	16	8%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

As can be seen in Table 3.12, prior self-injury was not reported for the majority of suicide decedents for both OEF/OIF events (64%, $n=25$) and non-OEF/OIF events (58%, $n=148$). Five percent ($n=2$) of OEF/OIF decedents with a history of self-injury had one prior event compared to 11% ($n=28$) for non-OEF/OIF decedents. Similar to non-OEF/OIF decedents, 8% ($n=3$) of OEF/OIF decedents had a history of more than one event. Data on whether the latest self-injury was similar to prior self-injuries and the time between previous and latest events are also shown in Table 3.12.

Table 3.12 2009 AND 2008 DoDSER PRIOR SELF-INJURY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	5	13%	46	18%	4	10%	29	14%
	Within 30 days	1	3%	11	4%	0	0%	6	3%
	Within 90 days (inclusive)*	1	3%	22	9%	1	3%	11	5%
	No	25	64%	148	57%	17	44%	94	46%
	Don't Know	9	23%	64	25%	18	46%	81	40%
Number prior self-injuries	One prior event	2	5%	28	11%	----	----	----	----
	More than one prior event	3	8%	18	7%	----	----	----	----
	N/A	34	87%	212	82%	----	----	----	----
Event similar to prior self-injury	Yes	0	0%	9	3%	0	0%	6	3%
	No	3	8%	27	10%	4	10%	17	8%
	Don't Know	2	5%	10	4%	0	0%	6	3%
	N/A	34	87%	212	82%	35	90%	175	86%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

Twenty-eight percent ($n=11$) of OEF/OIF decedents had a history of at least one behavioral health disorder compared to 45% ($n=115$) for non-OEF/OIF decedents (Table 3.13). As shown in Table 3.14, 10% ($n=4$) of decedents had been diagnosed with a mood disorder, including major depression ($n=1$) and unspecified mood disorders ($n=2$). Thirteen percent ($n=5$) had been diagnosed with an anxiety disorder, including posttraumatic stress disorder (PTSD; 3%; Table 3.15). As indicated in Table 3.16, one decedent had been diagnosed with a psychotic disorder, one had been diagnosed with a personality disorder, and 15% ($n=6$) had a history of substance abuse.

Table 3.13 2009 AND 2008 DoDSER COMORBIDITY RATES FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	28	72%	143	55%	27	69%	137	67%
	1 DX	7	18%	59	23%	6	15%	49	24%
	2 DX	1	3%	36	14%	2	5%	9	4%
	3 DX	2	5%	11	4%	4	10%	6	3%
	4 or more DX	1	3%	9	3%	0	0%	3	1%

Table 3.14 2009 AND 2008 DoDSER MOOD DISORDERS FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/ MOOD DISORDER	Yes	4	10%	71	28%	9	23%	37	18%
	No	27	69%	151	59%	20	51%	122	60%
	Don't Know	8	21%	36	14%	10	26%	45	22%

Table 3.14 2009 AND 2008 DoDSER MOOD DISORDERS FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Bipolar disorder	Yes	0	0%	2	1%	0	0%	2	1%
	No	28	72%	211	82%	28	72%	147	72%
	Don't Know	11	28%	45	17%	11	28%	55	27%
Major depression	Yes	1	3%	33	13%	4	10%	9	4%
	No	28	72%	183	71%	24	62%	143	70%
	Don't Know	10	26%	42	16%	11	28%	52	25%
Dysthymic disorder	Yes	0	0%	5	2%	0	0%	2	1%
	No	28	72%	206	80%	29	74%	147	72%
	Don't Know	11	28%	47	18%	10	26%	55	27%
Other mood disorder	Yes	0	0%	15	6%	5	13%	16	8%
	No	28	72%	198	77%	24	62%	132	65%
	Don't Know	11	28%	45	17%	10	26%	56	27%
Unspecified mood disorder	Yes	2	5%	7	3%	0	0%	6	3%
	No	29	74%	215	83%	29	74%	153	75%
	Don't Know	8	21%	36	14%	10	26%	45	22%
Multiple mood DX	Yes	1	3%	9	3%	0	0%	2	1%
	No	30	77%	213	83%	29	74%	157	77%
	Don't Know	8	21%	36	14%	10	26%	45	22%

Table 3.15 2009 AND 2008 DoDSER ANXIETY DISORDERS FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/ ANXIETY DISORDER	Yes	5	13%	48	19%	5	13%	20	10%
	No	24	62%	172	67%	24	62%	141	69%
	Don't Know	10	26%	38	15%	10	26%	43	21%
PTSD	Yes	1	3%	18	7%	2	5%	4	2%
	No	27	69%	198	77%	25	64%	151	74%
	Don't Know	11	28%	42	16%	12	31%	49	24%
Panic disorder	Yes	0	0%	0	0%	1	3%	0	0%
	No	28	72%	215	83%	26	67%	153	75%
	Don't Know	11	28%	43	17%	12	31%	51	25%
Generalized anxiety disorder	Yes	1	3%	2	1%	0	0%	1	<1%
	No	28	72%	213	83%	26	67%	154	75%
	Don't Know	10	26%	43	17%	13	33%	49	24%
Acute stress disorder	Yes	0	0%	0	0%	0	0%	1	<1%
	No	28	72%	215	83%	26	67%	155	76%
	Don't Know	11	28%	43	17%	13	33%	48	24%
Other anxiety disorder	Yes	1	3%	14	5%	1	3%	5	2%
	No	27	69%	202	78%	26	67%	148	73%
	Don't Know	11	28%	42	16%	12	31%	51	25%
Unspecified anxiety DX	Yes	0	0%	5	2%	0	0%	4	2%
	No	29	74%	215	83%	29	74%	157	77%
	Don't Know	10	26%	38	15%	10	26%	43	21%

Table 3.15 2009 AND 2008 DoDSER ANXIETY DISORDERS FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Multiple anxiety DX	Yes	2	5%	9	3%	1	3%	5	2%
	No	27	69%	211	82%	28	72%	156	76%
	Don't Know	10	26%	38	15%	10	26%	43	21%

Table 3.16 2009 AND 2008 DoDSER OTHER BEHAVIORAL HEALTH DISORDERS FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	1	3%	14	5%	1	3%	11	5%
	No	28	72%	202	78%	25	64%	150	74%
	Don't Know	10	26%	42	16%	13	33%	43	21%
DX W/PSYCHOTIC DISORDER	Yes	1	3%	2	1%	0	0%	2	1%
	No	29	74%	216	84%	28	72%	159	78%
	Don't Know	9	23%	40	16%	11	28%	43	21%
HX SUBSTANCE ABUSE	Yes	6	15%	58	22%	7	18%	42	21%
	No	24	62%	146	57%	20	51%	114	56%
	Don't Know	9	23%	54	21%	12	31%	48	24%

Treatment

Table 3.17 displays the history of decedents' visits to treatment programs and clinics prior to suicide. The table displays the number of Service Members who had been seen in a program or clinic prior to death, including the 30 and 90 days prior to death. DoDSER respondents were instructed to select all categories that apply, thus they are not mutually exclusive.

A total of 16 (41%) Service members who completed suicide while in OEF/OIF were seen at military treatment facilities (MTFs) within the year preceding suicide. Of these, 26% ($n=10$) of decedents had been seen in MTFs within 90 days of the suicide and 18% ($n=7$) had been seen within 30 days. Fifteen percent ($n=6$) had been seen in outpatient behavioral health facilities within 30 days of the suicide, and 21% ($n=8$) within 90 days. Table 3.17 also summarizes information about visits to the other programs and broadly-defined behavioral health resources (i.e., Chaplain, Family Advocacy Program, Alcohol and Substance Abuse Program, and Inpatient Behavioral Health facilities) within 30 and 90 days. Table 3.18 summarizes decedents' prescription drug use.

Table 3.17 2009 AND 2008 DoDSER TREATMENT HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	16	41%	159	62%	19	49%	107	52%
	Within 30 days	7	18%	100	39%	12	31%	59	29%
	Within 90 days (inclusive)*	10	26%	133	52%	16	41%	80	39%
	No	16	41%	64	25%	9	23%	56	27%
	Don't Know	7	18%	35	14%	11	28%	41	20%
SUBSTANCE ABUSE SERVICES	Yes	3	8%	46	18%	2	5%	25	12%
	Within 30 days	0	0%	24	9%	0	0%	10	5%
	Within 90 days (inclusive)*	0	0%	26	10%	0	0%	15	7%
	No	27	69%	173	67%	25	64%	138	68%
	Don't Know	9	23%	39	15%	12	31%	41	20%
FAMILY ADVOCACY PROGRAMS	Yes	1	3%	19	7%	0	0%	15	7%
	Within 30 days	0	0%	4	2%	0	0%	8	4%

Table 3.17 2009 AND 2008 DoDSER TREATMENT HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

	2009				2008					
	OEF/OIF		Other		OEF/OIF		Other			
	Count	Percent	Count	Percent	Count	Percent	Count	Percent		
	Within 90 days (inclusive)*		0	0%	9	3%	0	0%	9	4%
	No		26	67%	185	72%	27	69%	142	70%
	Don't Know		12	31%	54	21%	12	31%	47	23%
CHAPLAIN SERVICES	Yes		8	21%	30	12%	9	23%	25	12%
	Within 30 days		7	18%	17	7%	7	18%	11	5%
	Within 90 days (inclusive)*		8	21%	24	9%	8	21%	17	8%
	No		18	46%	107	41%	13	33%	90	44%
	Don't Know		13	33%	121	47%	17	44%	89	44%
OUTPATIENT BEHAVIORAL HEALTH	Yes		14	36%	107	41%	16	41%	64	31%
	Within 30 days		6	15%	57	22%	9	23%	32	16%
	Within 90 days (inclusive)*		8	21%	65	25%	11	28%	43	21%
	No		18	46%	120	47%	18	46%	106	52%
	Don't Know		7	18%	31	12%	5	13%	34	17%
INPATIENT BEHAVIORAL HEALTH	Yes		2	5%	43	17%	3	8%	22	11%
	Within 30 days		0	0%	7	3%	0	0%	10	5%
	Within 90 days (inclusive)*		0	0%	19	7%	0	0%	13	6%
	No		27	69%	180	70%	29	74%	136	67%
	Don't Know		10	26%	35	14%	7	18%	46	23%
HX PHYSICAL HEALTH PROBLEM	Yes		2	5%	62	24%	5	13%	44	22%
	Within 30 days		1	3%	36	14%	3	8%	24	12%
	Within 90 days (inclusive)*		1	3%	43	17%	5	13%	35	17%
	No		26	67%	140	54%	25	64%	111	54%
	Don't Know		11	28%	56	22%	9	23%	49	24%

Table 3.18 2009 AND 2008 DoDSER PSYCHOTROPIC MEDICATION USE FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	5	13%	66	26%	11	28%	40	20%
	No	24	62%	138	53%	19	49%	108	53%
	Don't Know	10	26%	54	21%	9	23%	56	27%
Antidepressants	Yes	3	8%	59	23%	9	23%	34	17%
	No	26	67%	144	56%	20	51%	111	54%
	Don't Know	10	26%	55	21%	10	26%	59	29%
Antianxiety	Yes	2	5%	25	10%	4	10%	12	6%
	No	27	69%	175	68%	24	62%	133	65%
	Don't Know	10	26%	58	22%	11	28%	59	29%
Antimanics	Yes	0	0%	2	1%	0	0%	2	1%
	No	29	74%	198	77%	27	69%	141	69%
	Don't Know	10	26%	58	22%	12	31%	61	30%
Anticonvulsants	Yes	0	0%	7	3%	0	0%	5	2%
	No	29	74%	194	75%	27	69%	138	68%
	Don't Know	10	26%	57	22%	12	31%	61	30%
Antipsychotics	Yes	1	3%	14	5%	0	0%	6	3%
	No	28	72%	187	72%	27	69%	138	68%
	Don't Know	10	26%	57	22%	12	31%	60	29%

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

Table 3.19 reports relationship history factors. Failed marital or intimate relationships were reported for 46% ($n=18$) of OEF/OIF decedents. In addition, other failed relationships (non-intimate) were reported for 18% ($n=7$) of suicide decedents. Fifty-four percent ($n=21$) of decedents reportedly had a history of failure for either intimate or non-intimate relationship prior to death.

Most of these failed relationships occurred close in time to the suicidal behaviors for both OEF/OIF events and non-OEF/OIF events. Twenty-six percent ($n=10$) of OEF/OEF events had failed intimate relationships within 30 days of the suicide. Other failed relationships occurred within 30 days of the suicides for 15% ($n=6$) of OEF/OIF suicides.

Table 3.19 2009 AND 2008 DoDSER RELATIONSHIP HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	18	46%	132	51%	18	46%	109	53%
	Within 30 days	10	26%	71	28%	13	33%	67	33%
	Within 90 days (inclusive)*	13	33%	89	34%	15	38%	90	44%
	No	10	26%	66	26%	9	23%	49	24%
	Don't Know	11	28%	60	23%	12	31%	46	23%
HX FAILED OTHER RELATIONSHIP	Yes	7	18%	32	12%	4	10%	31	15%
	Within 30 days	6	15%	18	7%	3	8%	16	8%
	Within 90 days (inclusive)*	7	18%	20	8%	3	8%	23	11%
	No	16	41%	126	49%	13	33%	93	46%
	Don't Know	16	41%	100	39%	22	56%	80	39%
HX ANY FAILED RELATIONSHIP	Yes	21	54%	137	53%	19	49%	118	58%
	Within 30 days	14	36%	74	29%	15	38%	73	36%
	Within 90 days (inclusive)*	17	44%	92	36%	16	41%	96	47%
	No	8	21%	64	25%	8	21%	42	21%
	Don't Know	10	26%	57	22%	12	31%	44	22%

There were also reported histories of recent spousal or family death (other than by suicide) for 5% ($n=2$) of OEF/OIF suicides, as shown in Table 3.20. Chronic spousal or family severe illness was reported for 8% ($n=3$) of OEF/OIF suicides and family histories of behavioral health illness or suicide was reported for 18% ($n=7$) of decedents. These rates are similar to those of non-OEF/OIF suicides and are likely underestimates for both OEF/OIF and non-OEF/OIF events because “don’t know” responses were common for all risk factors.

Table 3.20 2009 AND 2008 DoDSER FAMILY HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	0	0%	1	<1%	0	0%	1	<1%
	No	31	79%	218	84%	31	79%	146	72%
	Don't Know	8	21%	39	15%	8	21%	57	28%
HX FAMILY MEMBER SUICIDE	Yes	1	3%	11	4%	1	3%	10	5%
	No	24	62%	166	64%	24	62%	95	47%
	Don't Know	14	36%	81	31%	14	36%	99	49%
HX FRIEND SUICIDE	Yes	1	3%	4	2%	0	0%	3	1%
	No	24	62%	149	58%	24	62%	98	48%
	Don't Know	14	36%	105	41%	15	38%	103	50%
HX DEATH OF FAMILY MEMBER	Yes	2	5%	16	6%	2	5%	15	7%
	No	24	62%	151	59%	23	59%	94	46%
	Don't Know	13	33%	91	35%	14	36%	95	47%
HX DEATH OF FRIEND	Yes	0	0%	9	3%	2	5%	10	5%
	No	25	64%	135	52%	20	51%	81	40%
	Don't Know	14	36%	114	44%	17	44%	113	55%
HX FAMILY ILLNESS	Yes	3	8%	16	6%	2	5%	10	5%
	No	22	56%	158	61%	19	49%	91	45%
	Don't Know	14	36%	84	33%	18	46%	103	50%

Table 3.20 2009 AND 2008 DoDSER FAMILY HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	7	18%	37	14%	5	13%	16	8%
	No	11	28%	79	31%	7	18%	39	19%
	Don't Know	21	54%	142	55%	27	69%	149	73%

Administrative and Legal History

Article 15 proceedings were reported for 10% ($n=4$) of OEF/OIF events compared to 16% ($n=42$) for non-OEF/OIF suicides. Civil legal problems were reported among 5% ($n=2$) of OEF/OIF events compared to 13% ($n=34$) of non-OEF/OIF suicides. Other administrative and legal risk factors were less commonly reported, as shown in Table 3.21.

Table 3.21 2009 AND 2008 DoDSER ADMIN/LEGAL HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	0	0%	19	7%	1	3%	2	1%
	No	34	87%	201	78%	30	77%	169	83%
	Don't Know	5	13%	38	15%	8	21%	33	16%
HX ARTICLE 15	Yes	4	10%	42	16%	7	18%	19	9%
	No	29	74%	148	57%	19	49%	73	36%
	Don't Know	6	15%	68	26%	13	33%	112	55%
HX ADMIN SEPARATION	Yes	1	3%	24	9%	2	5%	12	6%
	No	33	85%	197	76%	30	77%	150	74%
	Don't Know	5	13%	37	14%	7	18%	42	21%

Table 3.21 2009 AND 2008 DoDSER ADMIN/LEGAL HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX AWOL	Yes	0	0%	30	12%	1	3%	13	6%
	No	34	87%	195	76%	32	82%	150	74%
	Don't Know	5	13%	33	13%	6	15%	41	20%
HX MEDICAL BOARD	Yes	0	0%	24	9%	1	3%	8	4%
	No	34	87%	201	78%	31	79%	154	75%
	Don't Know	5	13%	33	13%	7	18%	42	21%
HX CIVIL LEGAL PROBLEMS	Yes	2	5%	34	13%	4	10%	28	14%
	No	30	77%	164	64%	25	64%	126	62%
	Don't Know	7	18%	60	23%	10	26%	50	25%
HX NON-SELECTION	Yes	2	5%	21	8%	1	3%	9	4%
	No	31	79%	188	73%	25	64%	130	64%
	Don't Know	6	15%	49	19%	13	33%	65	32%

Abuse History

As shown in Table 3.22, 8% (*n*=3) of OEF/OIF events had a reported history of physical abuse, 5% (*n*=2) had a history of sexual abuse, and 10% (*n*=4) had a history of emotional abuse. Sexual harassment was reported for one OEF/OIF event. Abuse in which the decedent was the perpetrator was not frequently indicated, although DoDSERs for 8% (*n*=3) of OEF/OIF events reported that they had been alleged or confirmed perpetrators of physical abuse and that 5% (*n*=2) had been alleged or confirmed perpetrators of sexual abuse.

Table 3.22 2009 AND 2008 DoDSER ABUSE HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	3	8%	17	7%	2	5%	8	4%
	No	28	72%	148	57%	16	41%	99	49%
	Don't Know	8	21%	93	36%	21	54%	97	48%
HX VICTIM SEXUAL ABUSE	Yes	2	5%	11	4%	2	5%	4	2%
	No	29	74%	154	60%	17	44%	105	51%
	Don't Know	8	21%	93	36%	20	51%	95	47%
HX VICTIM EMOTIONAL ABUSE	Yes	4	10%	17	7%	2	5%	9	4%
	No	26	67%	145	56%	16	41%	97	48%
	Don't Know	9	23%	96	37%	21	54%	98	48%
HX VICTIM SEXUAL HARASSMENT	Yes	1	3%	0	0%	0	0%	0	0%
	No	29	74%	159	62%	19	49%	107	52%
	Don't Know	9	23%	99	38%	20	51%	97	48%
HX PERPETRATOR PHYSICAL ABUSE	Yes	3	8%	23	9%	0	0%	13	6%
	No	25	64%	148	57%	22	56%	94	46%
	Don't Know	11	28%	87	34%	17	44%	97	48%

Table 3.22 2009 AND 2008 DoDSER ABUSE HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS (cont.)

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX PERPETRATOR SEXUAL ABUSE	Yes	2	5%	8	3%	1	3%	8	4%
	No	26	67%	157	61%	22	56%	102	50%
	Don't Know	11	28%	93	36%	16	41%	94	46%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	2	5%	7	3%	1	3%	7	3%
	No	26	67%	153	59%	22	56%	100	49%
	Don't Know	11	28%	98	38%	16	41%	97	48%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	2	5%	3	1%	1	3%	2	1%
	No	25	64%	160	62%	22	56%	107	52%
	Don't Know	12	31%	95	37%	16	41%	95	47%

Financial and Workplace Difficulties

Excessive debt or bankruptcy was reported for 13% ($n=5$) of OEF/OIF decedents compared to 10% ($n=27$) for non-OEF/OIF decedents. A history of job problems was reported for 36% ($n=14$) of OEF/OIF decedents compared to 26% ($n=67$) for non-OEF/OIF decedents. There was a greater percentage of reported history of supervisor or co-worker issues for OEF/OIF events (36%, $n=14$) compared to non-OEF/OIF suicides (11%, $n=28$). Additional information related to job or employment difficulties is presented in Table 3.23.

Table 3.23 2009 AND 2008 DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	5	13%	27	10%	2	5%	23	11%
	No	22	56%	139	54%	21	54%	104	51%
	Don't Know	12	31%	92	36%	16	41%	77	38%
HX JOB LOSS/INSTABILITY	Yes	14	36%	67	26%	9	23%	35	17%
	No	17	44%	134	52%	21	54%	128	63%
	Don't Know	8	21%	57	22%	9	23%	41	20%
HX SUPERVISOR/COWORKER ISSUES	Yes	14	36%	28	11%	10	26%	16	8%
	No	15	38%	164	64%	19	49%	117	57%
	Don't Know	10	26%	66	26%	10	26%	71	35%
HX POOR WORK EVALUATION	Yes	11	28%	39	15%	7	18%	20	10%
	No	21	54%	164	64%	20	51%	125	61%
	Don't Know	7	18%	55	21%	12	31%	59	29%
HX UNIT/WORKPLACE HAZING	Yes	2	5%	3	1%	1	3%	1	<1%
	No	23	59%	185	72%	24	62%	134	66%
	Don't Know	14	36%	70	27%	14	36%	69	34%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Members' most recent three deployments. Data include deployment location information as well as a history of direct combat operations.

Deployment History and Days Deployed

Figure 3.2 displays the length of time that Service Members were deployed prior to suicide in OEF/OIF.

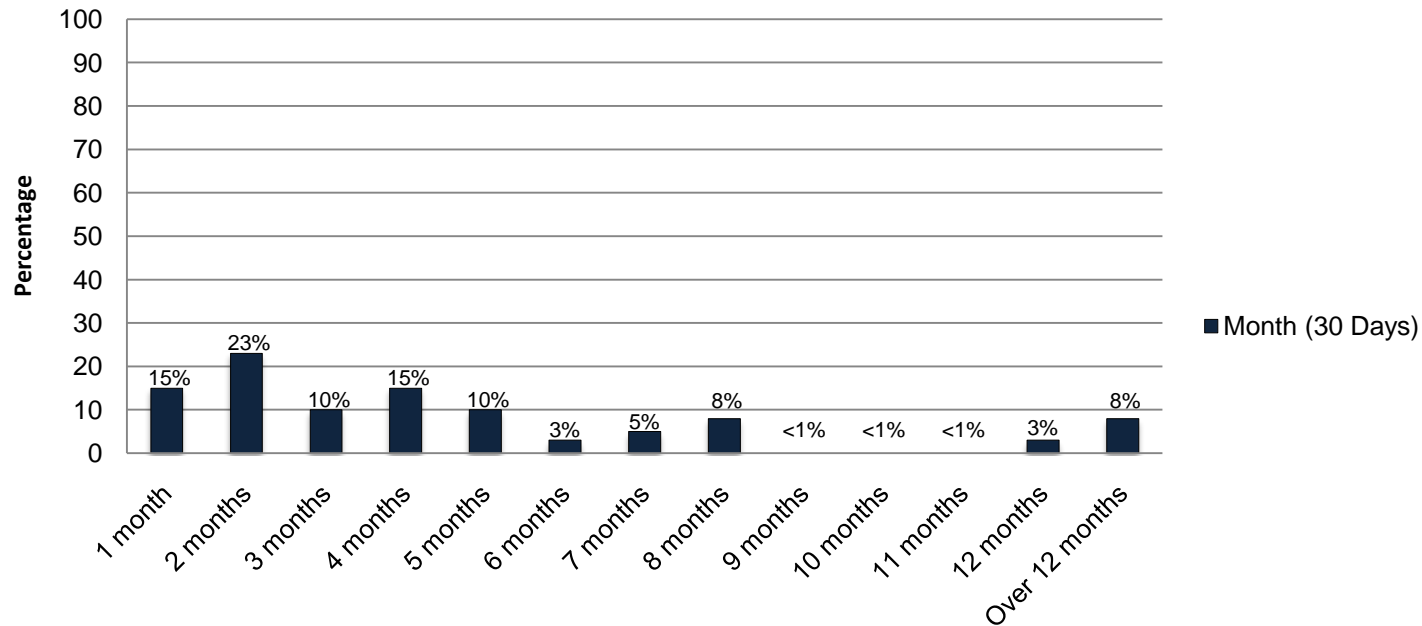


Figure 3.2 2009 OEF/OIF MONTHS DEPLOYED

Table 3.24 summarizes deployment history for Service Members who completed suicide in OEF/OIF and in non-OEF/OIF locations. The deployment during which the Service Member died is included in the counts. The “Other” group includes decedents who never deployed, thus the percentages will not sum to 100%. Forty-one percent ($n=16$) of OEF/OIF decedents had deployed more than once. Forty-nine percent ($n=19$) died by suicide within the first three months of their OEF/OIF deployment, and an additional 28% ($n=11$) within the next three months.

Table 3.24 2009 AND 2008 DoDSER NUMBER OF DEPLOYMENTS FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
NUMBER OF DEPLOYMENTS	1	23	59%	77	30%	25	64%	66	32%
	2	10	26%	42	16%	9	23%	20	10%
	3 or more	6	15%	33	13%	4	10%	8	4%

Combat History

Ten percent ($n=4$) of OEF/OIF decedents had a reported history of direct combat operations compared to 18% ($n=47$) of non-OEF/OIF decedents (Table 3.25). One OEF/OIF decedent had witnessed casualties compared to 60% of those with combat experience ($n=28$) for non-OEF/OIF decedents.

Table 3.25 2009 AND 2008 DoDSER COMBAT HISTORY FOR OEF/OIF AND NON-OEF/OIF EVENTS

		2009				2008			
		OEF/OIF		Other		OEF/OIF		Other	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	4	10%	47	18%	7	18%	32	16%
	Combat Resulted in Injuries/Casualties	1	25%	33	28%	4	57%	18	56%
	Injured in Combat	0	0%	10	21%	1	14%	7	22%
	Witnessed in Combat	1	25%	28	60%	3	43%	17	53%
	Saw Dead Bodies in Combat	1	25%	27	57%	3	43%	14	44%
	Killed Others in Combat	0	0%	12	36%	1	14%	7	22%
	NO DIRECT COMBAT HX	35	90%	211	82%	32	82%	172	84%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

For calendar year 2009, characteristics of decedents of suicide that occurred during OEF/OIF deployments were presented in this report. Of the 309 suicides that occurred in 2009, 43 occurred during OEF/OIF; DoDSERs were submitted for 39 of the OEF/OIF suicides.

The majority of OEF/OIF suicides occurred at decedents' military residences (62%, $n=24$). Thirteen percent ($n=5$) of OEF/OIF suicides occurred at job sites and 26% ($n=10$) occurred at other settings. Consistent with 2008, military firearms were the most reported method for OEF/OIF suicides (97%, $n=38$).

The majority of suicide decedents did not have a reported history of prior self-injury. Five percent ($n=2$) had history of one prior event and 8% ($n=3$) had a history of more than one event. Twenty-eight percent ($n=11$) of OEF/OIF decedents had a history of at least one behavioral health disorder. Ten percent ($n=4$) of decedents had been diagnosed with mood disorders. Thirteen percent ($n=5$) had been diagnosed with anxiety disorders, including one decedent diagnosed with PTSD. One decedent had a history of substance abuse. Twenty-six percent ($n=10$) of OEF/OIF decedents had been seen in MTFs within 90 days of the suicide and 18% ($n=7$) had been seen within 30 days. Fifteen percent of OEF/OIF decedents ($n=6$) had been seen in outpatient behavioral health facilities within 30 days of the suicide, and 21% ($n=8$) within 90 days.

Twenty-six percent ($n=10$) of OEF/OIF decedents had a failed intimate relationship within 30 days of the suicide. Other failed relationships occurred within 30 days of the events in 15% ($n=6$) of suicides. The overall percent of failed relationships for OEF/OIF decedents (54%, $n=21$) was similar to that of non OEF/OIF decedents (53%, $n=137$). Thirty-one percent ($n=12$) of decedents were reported to have had minor children at the time of the suicide.

Article 15 proceedings were reported for 10% of decedents ($n=4$) and civil legal problems were reported among 5% of individuals ($n=2$). Excessive debt or bankruptcy was reported for 13% ($n=5$) of OEF/OIF suicides. A history of job problems was reported for 36% ($n=14$) of OEF/OIF decedents and a history of supervisor or co-worker issues was reported for 36% ($n=14$) of decedents.

Ten percent ($n=4$) of decedents were reported to have experienced direct combat operations. Similar to 2008, the percentages of decedents who had experienced combat were generally low. The percentage of OEF/OIF decedents who experienced direct combat operations (10%, $n=4$) was lower than non OEF/OIF decedents (18%, $n=47$).

Chapter 4

AIR FORCE RESULTS FOR COMPLETED SUICIDES

Air Force DoDSER Submissions and POC Compliance

2009 Reported Suicide Events

Forty-three Air Force suicides were confirmed by the Armed Forces Medical Examiner System (AFMES) for calendar year 2009 (Table 4.1). Forty-three Air Force Department of Defense Suicide Event Reports (DoDSERs) were submitted and analyzed, for a submission compliance rate of 100%. An additional three DoDSERs were submitted and analyzed, but not confirmed by AFMES at the time of analysis. Consequently, a total of 46 suicides for 2009 were included in this report.

Table 4.1 2009 AIR FORCE AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	2009
Total DoDSERs	46
Total AFMES Confirmed and Pending Suicides	46
AFMES Confirmed Suicides	43
DoDSER Submission Compliance	100%
Additional DoDSERs Pending AFMES Confirmation	3

Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicidal events. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

Table 4.2 contains demographic data provided from DMDC. All but two of the 46 Air Force 2009 suicides were completed by males. Decedents were primarily Caucasian, enlisted, and regular component, consistent with 2008.

Table 4.2 2009 AND 2008 AFMES AIR FORCE DEMOGRAPHICS

	2009		2008	
	Count	Percent	Count	Percent

Table 4.2 2009 AND 2008 AFMES AIR FORCE DEMOGRAPHICS

		2009		2008	
		Count	Percent	Count	Percent
Total		46	100%	45	100%
GENDER	Male	44	97%	43	96%
	Female	2	3%	2	4%
RACE	Asian/Pacific Islander	2	4%	1	2%
	African American	5	11%	4	9%
	Caucasian	35	76%	30	67%
	American Indian/Alaska Native	2	4%	4	9%
	Other/Don't Know/Missing	2	4%	6	13%
AGE RANGE	Under 25	17	37%	20	44%
	25-29	11	24%	4	9%
	30-39	10	22%	11	24%
	40 +	8	17%	10	22%
RANK	E1-E4	21	46%	15	33%
	E5-E9	20	43%	23	51%
	Officer	5	11%	7	16%
	Warrant Officer	0	0%	0	0%
	Cadet/Midshipman	0	0%	0	0%
COMPONENT	Regular	41	89%	39	87%
	Reserve	3	7%	1	2%
	National Guard	2	4%	5	11%
EDUCATION	Did not graduate high school	0	0%	0	0%
	GED	0	0%	0	0%
	High school graduate	35	76%	27	60%
	Some college or technical school	1	2%	0	0%
	Degree/certificate of less than 4 years	4	9%	8	18%
	Four-year college degree	1	2%	5	11%
	Master's degree or greater	5	11%	5	11%
Don't Know	0	0%	0	0%	
MARITAL STATUS	Never Married	14	30%	12	27%
	Married	26	57%	26	58%
	Legally Separated	0	0%	0	0%
	Divorced	6	13%	7	16%
	Widowed	0	0%	0	0%
	Don't Know	0	0%	0	0%

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through

Table 4.2 2009 AND 2008 AFMES AIR FORCE DEMOGRAPHICS

	2009		2008	
	Count	Percent	Count	Percent

12/31/2009 as of 4/1/2010.

Event Setting

The most common settings for Air Force suicides in 2009 were Airmen’s personal residences or barracks (67%, $n=31$), an increase of 10% from the previous year (Table 4.3). Two additional 2009 suicides occurred at the residence of a family or friend, and three in automobiles, unlike 2008 when there were none in either setting. Ten other event locations were reported, primarily public outdoor settings. The AFMES reported 2 Air Force OIF suicides and 1 OEF suicide as of 1 April 2010. DoDSER data provides a description of the event country. Six Air Force suicides took place while Service Members were serving outside the United States (Table 4.4).

Table 4.3 2009 AND 2008 AIR FORCE DoDSER EVENT SETTING

EVENT SETTING	2009		2008	
	Count	Percent	Count	Percent
Residence (own) or barracks	31	67%	20	57%
Residence of friend or family	2	4%	0	0%
Work/jobsite	0	0%	2	6%
Automobile (away from residence)	3	7%	0	0%
Inpatient medical facility	0	0%	0	0%
Other	10	22%	13	37%

Table 4.4 2009 AND 2008 AIR FORCE DoDSER EVENT COUNTRY

EVENT COUNTRY	2009		2008	
	Count	Percent	Count	Percent
United States	40	87%	32	91%
Iraq	2	4%	0	0%
Afghanistan	1	2%	0	0%
Kuwait	1	2%	0	0%
Korea	1	2%	0	0%
Europe	1	2%	3	9%

Event Method

Figure 4.1 shows the methods Air Force decedents chose for suicide in 2009.

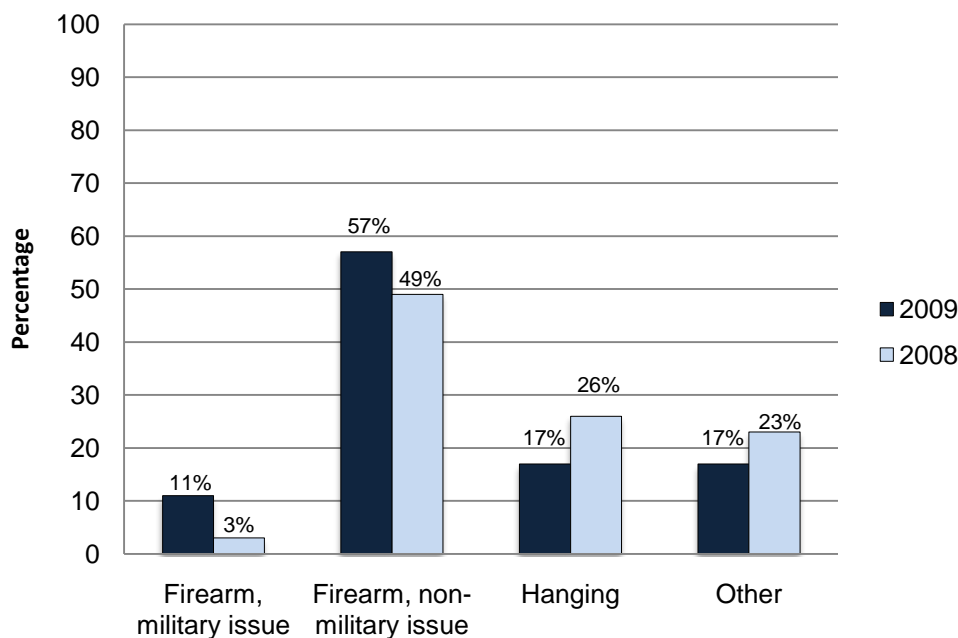


Figure 4.1 2009 AND 2008 AIR FORCE DoDSER EVENT METHODS

Most Air Force suicides involved non-military firearms (57%, $n=26$), hanging (20%, $n=9$), and military issue firearms (11%, $n=5$) (Table 4.5). Methods used for the remaining suicides included sharp or blunt objects, and other methods.

Table 4.5 2009 AND 2008 AIR FORCE DoDSER EVENT METHOD

EVENT METHOD	2009		2008	
	Count	Percent	Count	Percent
Drugs	1	2%	0	0%
Gas, vehicle exhaust	0	0%	3	9%
Gas, utility (or other)	1	2%	0	0%
Hanging	9	20%	9	26%
Firearm, military issue	5	11%	1	3%
Firearm, non-military issue	26	57%	17	49%
Sharp or blunt object	2	4%	0	0%
Jumping from high place	1	2%	1	3%
Other	1	2%	1	3%
Don't Know	0	0%	3	9%

Event Motivation

For most decedents in 2009, the motivation behind the suicide was not known (Table 4.6). For the few instances in which a motive was identified, reasons were broadly spread to include impulsivity, emotional relief, hopelessness, and “other non-defined stressors.”

Table 4.6 2009 AIR FORCE DoDSER EVENT MOTIVATION

		2009	
		Count	Percent
EVENT MOTIVATION	Emotional Relief	3	7%
	Influence	1	2%
	Individual Reasons	1	2%
	Hopelessness	3	7%
	Depression	1	2%
	Impulsivity	4	9%
	Other	3	7%
	Don't Know	30	65%

Substance Use during the Event

For 46% of Air Force suicides in 2009, data about substance use during the event were not available (Table 4.7). However, when data were available, they indicated that alcohol accompanied suicide more frequently than did drugs. Of the 25 suicides for which substance use or non-use was known, alcohol use was reported for 17 suicides and drug use was reported for six.

Table 4.7 2009 AND 2008 AIR FORCE DoDSER SUBSTANCE(S) USED DURING EVENT

		2009		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	17	37%	9	26%
	No	8	17%	16	46%
	Don't Know	21	46%	10	29%
ANY DRUGS USED	Yes	6	13%	3	9%
	No	19	41%	21	60%
	Don't Know	21	46%	11	31%
Illegal drugs	Overdose	0	0%	0	0%
	Used, no overdose	0	0%	0	0%
	Were not used	25	54%	23	66%
	Don't Know	21	46%	12	34%

Table 4.7 2009 AND 2008 AIR FORCE DoDSER SUBSTANCE(S) USED DURING EVENT (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Prescription drugs	Overdose	1	2%	0	0%
	Used, no overdose	1	2%	2	6%
	Were not used	23	50%	22	63%
	Don't Know	21	46%	11	31%
OTC drugs	Overdose	0	0%	0	0%
	Used, no overdose	4	9%	1	3%
	Were not used	21	46%	22	63%
	Don't Know	21	46%	12	34%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicate potential for self-harm when known. As shown in Table 4.8, 74% of Air Force decedents in 2009 had no known history of communicating a potential for self-harm prior to taking their lives. Twelve decedents reportedly had communicated their potential to one or more types of recipients prior to the suicide (Table 4.8). Six of those were reported to have expressed their intent verbally (Table 4.9).

Table 4.8 2009 AND 2008 AIR FORCE DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	34	74%	25	71%
	1	6	13%	9	26%
	2	3	7%	0	0%
	3	3	7%	1	3%

Table 4.9 2009 AND 2008 AIR FORCE DoDSER MODE OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	6	13%	1	3%
	Written Only	1	2%	0	0%
	Other	1	2%	2	6%
	Multiple Modes	4	9%	0	0%

Note: Multiple modes include a combination of verbal, written, or other mode of communicating intent to suicide.

As displayed in Table 4.10, five individuals (11%) made known their intent to their spouse, four (9%) to behavioral health staff, four (9%) to a supervisor or chaplain, one to a friend, and the remaining seven (15%) to a variety of other persons (these included an ex-spouse or ex-girlfriend, and someone in the role of helping services). Note that these figures are not mutually exclusive – some decedents communicated their intent to more than one type of recipient, as demonstrated in Table 4.10 and Table 4.8. In fact, 14% of Air Force decedents communicated their potential for self-harm to two or three types of recipients.

Table 4.10 2009 AND 2008 AIR FORCE DoDSER RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
COMMUNICATION	Friend	1	2%	2	6%
	Behavioral Health Staff	4	9%	1	3%
	Supervisor	3	7%	1	3%
	Spouse	5	11%	0	0%
	Chaplain	1	2%	0	0%
	Other	7	15%	8	23%
	Made Multiple Communication	6	13%	1	3%

Additional Event Information

Table 4.11 shows that there was evidence that 72% (n=33) of decedents intended to die. Fourteen suicides appeared to be planned or premeditated (10 were not), and most took place where it was unlikely that others could observe or intervene (54%, n=25). A suicide note was found for 24% (n=11). As demonstrated in Table 4.11, equivalent data for 2008 were also limited. Given the limited data on this variable, comparisons with 2008 should be made with caution.

Table 4.11 2009 AND 2008 AIR FORCE DoDSER OTHER EVENT INFORMATION

		2009		2008	
		Count	Percent	Count	Percent
EVIDENCE EXISTS INDICATING INTENTION TO DIE	Yes	33	72%	12	34%
	No	2	4%	0	0%
	Don't Know	11	24%	23	66%
DEATH RISK GAMBLING	Yes	0	0%	0	0%
	No	33	72%	0	0%
	Don't Know	13	28%	35	100%
PLANNED/PREMEDITATED	Yes	14	30%	6	17%
	No	10	22%	0	0%
	Don't Know	22	48%	29	83%

Table 4.11 2009 AND 2008 AIR FORCE DoDSER OTHER EVENT INFORMATION (cont.)

		2009		2008	
		Count	Percent	Count	Percent
OBSERVABLE	Yes	9	20%	0	0%
	No	25	54%	0	0%
	Don't Know	12	26%	35	100%
SUICIDE NOTE LEFT	Yes	11	24%	0	0%
	No	22	48%	0	0%
	Don't Know	13	28%	35	100%

Contextual Factors

This section describes DoDSER data that pertains to situational and contextual factors such as place of residence, duty environment, and general living situation.

Situational Factors

As shown in Table 4.12, in 2009, Service Members who died by suicide most frequently lived in off-base family housing (63%, *n*=29) at the time the suicide took place. More than one-third of decedents (35%, *n*=16) were living with a spouse, and 24% (*n*=11) were living with children. A firearm was reported to be in the home or immediate environment in nearly half (46%, *n*=21) of suicide events. Information about situational factors such as residence was not available for the majority of suicides in 2008, precluding comparisons with the current data.

Table 4.12 2009 AND 2008 AIR FORCE DoDSER HOME ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environment	8	17%	0	0%
	On-base family housing	3	7%	2	6%
	Owned or leased apartment or house	29	63%	11	31%
	Other	4	9%	1	3%
	Don't Know	2	4%	21	60%
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	16	35%	15	43%
	Separated due to relationship issues	2	4%	1	3%
	Apart for other reasons/deployed	2	4%	0	0%
	Don't Know	4	9%	4	11%
	Unmarried at time of event	22	48%	15	43%

Table 4.12 2009 AND 2008 AIR FORCE DoDSER HOME ENVIRONMENT (cont.)

		2009		2008	
		Count	Percent	Count	Percent
RESIDED ALONE	Yes	20	43%	6	17%
	No	20	43%	17	49%
	Don't Know	6	13%	12	34%
HAD MINOR CHILDREN	Yes	18	39%	12	34%
	No	22	48%	3	9%
	Don't Know	6	13%	20	57%
CHILDREN RESIDED WITH	Yes	11	24%	11	31%
	No	5	11%	0	0%
	Don't Know	2	4%	1	3%
	No Known Children	28	61%	23	66%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	21	46%	12	34%
	No	13	28%	0	0%
	Don't Know	12	26%	23	66%

Duty Environment

As shown in Table 4.13, “Garrison” was the most frequently reported duty environment for Air Force decedents (70%, n=32). Seven suicides occurred at various other duty locations. Four additional Service Members took their lives while on leave.

Table 4.13 2009 AND 2008 AIR FORCE DoDSER DUTY ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
DUTY ENVIRONMENT	Garrison	32	70%	27	77%
	Leave	4	9%	1	3%
	Medical Hold	1	2%	0	0%
	TDY	1	2%	0	0%
	Other	7	15%	3	9%
	Training	1	2%	0	0%
	Multiple Duty Environments Provided	5	11%	0	0%

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Suicide Completions by Month

Consistent with data from 2008, no clear pattern exists for Air Force suicides by month (Table 4.14).

Table 4.14 2009 AND 2008 AIR FORCE DoDSER SUICIDE EVENTS BY MONTH

MONTH		2009		2008	
		Count	Percent	Count	Percent
	January	3	7%	4	11%
	February	6	13%	2	6%
	March	0	0%	1	3%
	April	6	13%	4	11%
	May	2	4%	1	3%
	June	4	9%	2	6%
	July	4	9%	6	17%
	August	3	7%	1	3%
	September	5	11%	4	11%
	October	6	13%	5	14%
	November	4	9%	5	14%
	December	3	7%	0	0%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

Nine decedents (20%) had histories of prior self-injury, with two of those nine known to have injured themselves more than once (Table 4.15).

Table 4.15 2009 AND 2008 AIR FORCE DoDSER PRIOR SELF-INJURY

		2009		2008	
		Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	9	20%	3	9%
	Within 30 days	2	4%	0	0%
	Within 90 days (inclusive)*	3	7%	2	6%
	No	22	48%	0	0%
	Don't Know	15	33%	32	91%
Number prior self-injuries	One prior event	7	15%	----	----
	More than one prior event	2	4%	----	----
	N/A	37	80%	----	----
Event similar to prior self-injury	No	5	11%	0	0%
	Don't Know	4	9%	3	9%
	N/A	37	80%	32	91%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

Thirty-nine percent ($n= 18$; Table 4.16) of Air Force decedents in 2009 had a history of at least one behavioral health disorder. Specifically, mood disorders were reported for 28% of individuals in 2009, compared with 14% in 2008 (Table 4.17). Mood disorders in 2009 included four instances of major depression, one each of bipolar disorder and dysthymic disorder, and seven other undifferentiated diagnoses. Additionally, 24% of Airmen dying by suicide in 2009 had been diagnosed with an anxiety disorder ($n=11$) (Table 4.18). PTSD was not commonly reported (4%, $n=2$) and no instances of panic disorder, generalized anxiety disorder or acute stress disorder were indicated. Furthermore, Table 4.19 shows that few decedents had been diagnosed with personality disorder (4%, $n=2$) or had a history of substance abuse (13%, $n=6$), and no psychotic disorders were reported among Air Force suicides in 2009. Finally, only two individuals had been diagnosed with more than two comorbid behavioral health conditions prior to their suicides (Table 4.16). Less DoDSER data about behavioral health disorders were available in 2008 than in 2009, making comparisons between 2008 and 2009 potentially unreliable.

Table 4.16 2009 AND 2008 AIR FORCE DoDSER COMORBIDITY RATES

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	28	61%	26	74%
	1 DX	8	17%	9	26%
	2 DX	8	17%	0	0%
	3 DX	2	4%	0	0%
	4 or more DX	0	0%	0	0%

Table 4.17 2009 AND 2008 AIR FORCE DoDSER MOOD DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/MOOD DISORDER	Yes	13	28%	5	14%
	No	25	54%	16	46%
	Don't Know	8	17%	14	40%
Bipolar disorder	Yes	1	2%	0	0%
	No	36	78%	16	46%
	Don't Know	9	20%	19	54%
Major depression	Yes	4	9%	0	0%
	No	32	70%	16	46%
	Don't Know	10	22%	19	54%
Dysthymic disorder	Yes	1	2%	0	0%
	No	34	74%	16	46%
	Don't Know	11	24%	19	54%
Other mood disorder	Yes	7	15%	1	3%
	No	30	65%	16	46%
	Don't Know	9	20%	18	51%
Unspecified mood disorder	Yes	0	0%	4	11%
	No	38	83%	17	49%
	Don't Know	8	17%	14	40%
Multiple mood DX	Yes	0	0%	0	0%
	No	38	83%	21	60%
	Don't Know	8	17%	14	40%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a mood disorder.

Table 4.18 2009 AND 2008 AIR FORCE DoDSER ANXIETY DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/ANXIETY DISORDER	Yes	11	24%	4	11%
	No	26	57%	18	51%
	Don't Know	9	20%	13	37%
PTSD	Yes	2	4%	1	3%
	No	33	72%	18	51%
	Don't Know	11	24%	16	46%
Panic disorder	Yes	0	0%	0	0%
	No	35	76%	18	51%
	Don't Know	11	24%	17	49%
Generalized anxiety disorder	Yes	0	0%	0	0%
	No	35	76%	18	51%
	Don't Know	11	24%	17	49%
Acute stress disorder	Yes	0	0%	0	0%
	No	35	76%	18	51%
	Don't Know	11	24%	17	49%
Other anxiety disorder	Yes	7	15%	0	0%
	No	29	63%	18	51%
	Don't Know	10	22%	17	49%
Unspecified anxiety DX	Yes	2	4%	3	9%
	No	35	76%	19	54%
	Don't Know	9	20%	13	37%
Multiple anxiety DX	Yes	0	0%	0	0%
	No	37	80%	22	63%
	Don't Know	9	20%	13	37%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had an anxiety disorder.

Table 4.19 2009 AND 2008 AIR FORCE DoDSER OTHER BEHAVIORAL HEALTH DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	2	4%	2	6%
	No	33	72%	19	54%
	Don't Know	11	24%	14	40%
DX W/PSYCHOTIC DISORDER	Yes	0	0%	1	3%
	No	37	80%	20	57%
	Don't Know	9	20%	14	40%

Table 4.19 2009 AND 2008 AIR FORCE DoDSER OTHER BEHAVIORAL HEALTH DISORDERS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX SUBSTANCE ABUSE	Yes	6	13%	7	20%
	No	26	57%	14	40%
	Don't Know	14	30%	14	40%

Treatment

Table 4.20 summarizes the history of Air Force decedents' visits to treatment programs and clinics prior to their suicides. In 2009, 43% of decedents had been seen in a military treatment facility (MTF) within 90 days of their suicides. Ten individuals in 2009 were treated by substance abuse services compared to just two in 2008, 18 had been treated in outpatient behavioral health facilities in 2009, and eight received inpatient behavioral health treatment in 2009. Approximately 20% of decedents had received outpatient behavioral health treatment within 30 days of their suicides in both 2009 and 2008. In all of these comparisons, it is not clear how the discrepancies were influenced by the larger number of unknowns in 2008.

Table 4.20 2009 AND 2008 AIR FORCE DoDSER TREATMENT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	28	61%	17	49%
	Within 30 days	15	33%	3	9%
	Within 90 days (inclusive)*	20	43%	7	20%
	No	7	15%	6	17%
	Don't Know	11	24%	12	34%
SUBSTANCE ABUSE SERVICES	Yes	10	22%	2	6%
	Within 30 days	5	11%	1	3%
	Within 90 days (inclusive)*	5	11%	1	3%
	No	28	61%	19	54%
	Don't Know	8	17%	14	40%
FAMILY ADVOCACY PROGRAMS	Yes	3	7%	3	9%
	Within 30 days	0	0%	1	3%
	Within 90 days (inclusive)*	1	2%	2	6%
	No	33	72%	18	51%
	Don't Know	10	22%	14	40%

Table 4.20 2009 AND 2008 AIR FORCE DoDSER TREATMENT HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
CHAPLAIN SERVICES	Yes	5	11%	3	9%
	Within 30 days	2	4%	1	3%
	Within 90 days (inclusive)*	3	7%	3	9%
	No	11	24%	18	51%
	Don't Know	30	65%	14	40%
OUTPATIENT BEHAVIORAL HEALTH	Yes	18	39%	9	26%
	Within 30 days	10	22%	7	20%
	Within 90 days (inclusive)*	11	24%	8	23%
	No	21	46%	12	34%
	Don't Know	7	15%	14	40%
INPATIENT BEHAVIORAL HEALTH	Yes	8	17%	0	0%
	Within 30 days	0	0%	0	0%
	Within 90 days (inclusive)*	1	2%	0	0%
	No	28	61%	12	34%
	Don't Know	10	22%	23	66%
HX PHYSICAL HEALTH PROBLEM	Yes	16	35%	6	17%
	Within 30 days	6	13%	1	3%
	Within 90 days (inclusive)*	8	17%	4	11%
	No	17	37%	8	23%
	Don't Know	13	28%	21	60%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 4.21 shows psychotropic medications used by individuals prior to suicide. Definitive data were available for 76% of decedents in 2009 but for only 29% of decedents in 2008. In 2009, 10 decedents were reported to have used psychotropic drugs while 25 were known to have not. All 10 had reportedly used antidepressants, whereas use of antianxiety medications, anticonvulsants, and antipsychotics was rare.

Table 4.21 2009 AND 2008 AIR FORCE DoDSER PSYCHOTROPIC MEDICATION USE

		2009		2008	
		Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	10	22%	1	3%
	No	25	54%	9	26%
	Don't Know	11	24%	25	71%

Table 4.21 2009 AND 2008 AIR FORCE DoDSER PSYCHOTROPIC MEDICATION USE (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Antidepressants	Yes	10	22%	1	3%
	No	25	54%	9	26%
	Don't Know	11	24%	25	71%
Antianxiety	Yes	3	7%	0	0%
	No	31	67%	10	29%
	Don't Know	12	26%	25	71%
Antimanics	Yes	0	0%	0	0%
	No	34	74%	10	29%
	Don't Know	12	26%	25	71%
Anticonvulsants	Yes	1	2%	0	0%
	No	33	72%	10	29%
	Don't Know	12	26%	25	71%
Antipsychotics	Yes	2	4%	0	0%
	No	33	72%	10	29%
	Don't Know	11	24%	25	71%

Note: Indented items were only asked in cases where the respondent indicated that the decedent used psychotropic medication.

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

A history of a failed or failing spousal or intimate relationship was commonly reported for Air Force suicides in 2009 (Table 4.22). Failures of intimate relationships were known to have occurred prior to 26 suicides. Of those 26, 11 were known to have experienced a failed spousal relationship within 30 days of suicide, and another four within 90 days of suicide. Other possible family and relationship factors, such as the death or suicide of a spouse, family or friend, appear to be rare (Table 4.23).

Table 4.22 2009 AND 2008 AIR FORCE DoDSER RELATIONSHIP HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	26	57%	14	40%
	Within 30 days	11	24%	3	9%
	Within 90 days (inclusive)*	15	33%	14	40%
	No	11	24%	6	17%
	Don't Know	9	20%	15	43%
HX FAILED OTHER RELATIONSHIP	Yes	3	7%	7	20%
	Within 30 days	2	4%	0	0%
	Within 90 days (inclusive)*	2	4%	6	17%
	No	22	48%	7	20%
	Don't Know	21	46%	21	60%
HX ANY FAILED RELATIONSHIP	Yes	26	57%	15	43%
	Within 30 days	11	24%	3	9%
	Within 90 days (inclusive)*	15	33%	14	40%
	No	11	24%	5	14%
	Don't Know	9	20%	15	43%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 4.23 2009 AND 2008 AIR FORCE DoDSER FAMILY HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	35	76%	1	3%
	Don't Know	11	24%	34	97%
HX FAMILY MEMBER SUICIDE	Yes	3	7%	0	0%
	No	23	50%	0	0%
	Don't Know	20	43%	35	100%
HX FRIEND SUICIDE	Yes	2	4%	0	0%
	No	19	41%	0	0%
	Don't Know	25	54%	35	100%
HX DEATH OF SPOUSE/FAMILY MEMBER	Yes	3	7%	1	3%
	No	17	37%	0	0%
	Don't Know	26	57%	34	97%

Table 4.23 2009 AND 2008 AIR FORCE DoDSER FAMILY HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX DEATH OF FRIEND	Yes	1	2%	0	0%
	No	18	39%	0	0%
	Don't Know	27	59%	35	100%
HX SPOUSE/FAMILY ILLNESS	Yes	2	4%	0	0%
	No	21	46%	0	0%
	Don't Know	23	50%	35	100%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	7	15%	1	3%
	No	14	30%	0	0%
	Don't Know	25	54%	34	97%

Administrative and Legal History

A history of legal or administrative problems before an Air Force suicide was relatively uncommon (Table 4.24). Few instances of courts martial, Article 15 proceedings, administrative separations, absences without leave, medical evaluation board reviews, or job selection or promotion concerns were reported. Civil legal problems (e.g., child custody, litigation) were the most prevalent legal issues reported to have occurred prior to suicides (15%, $n=7$).

Table 4.24 2009 AND 2008 AIR FORCE DoDSER ADMIN/LEGAL HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	2	4%	0	0%
	No	33	72%	19	54%
	Don't Know	11	24%	16	46%
HX ARTICLE 15	Yes	5	11%	2	6%
	No	28	61%	18	51%
	Don't Know	13	28%	15	43%
HX ADMIN SEPARATION	Yes	1	2%	0	0%
	No	33	72%	10	29%
	Don't Know	12	26%	25	71%
HX AWOL	Yes	1	2%	0	0%
	No	33	72%	9	26%
	Don't Know	12	26%	26	74%
HX MEDICAL BOARD	Yes	4	9%	0	0%
	No	33	72%	4	11%
	Don't Know	9	20%	31	89%

Table 4.24 2009 AND 2008 AIR FORCE DoDSER ADMIN/LEGAL HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX CIVIL LEGAL PROBLEMS	Yes	7	15%	1	3%
	No	24	52%	16	46%
	Don't Know	15	33%	18	51%
HX NON-SELECTION	Yes	5	11%	0	0%
	No	26	57%	0	0%
	Don't Know	15	33%	35	100%

Abuse History

A history of physical, sexual or emotional abuse, either as a victim or perpetrator, was not commonly reported for Air Force Service Members taking their lives (Table 4.25). Most notably, there were five known instances of decedents who were perpetrators of physical abuse.

Table 4.25 2009 AND 2008 AIR FORCE DoDSER ABUSE HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	2	4%	0	0%
	No	30	65%	0	0%
	Don't Know	14	30%	35	100%
HX VICTIM SEXUAL ABUSE	Yes	1	2%	0	0%
	No	31	67%	0	0%
	Don't Know	14	30%	35	100%
HX VICTIM EMOTIONAL ABUSE	Yes	3	7%	0	0%
	No	29	63%	0	0%
	Don't Know	14	30%	35	100%
HX VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	30	65%	0	0%
	Don't Know	16	35%	35	100%
HX PERPETRATOR PHYSICAL ABUSE	Yes	5	11%	0	0%
	No	23	50%	0	0%
	Don't Know	18	39%	35	100%
HX PERPETRATOR SEXUAL ABUSE	Yes	2	4%	0	0%
	No	25	54%	0	0%
	Don't Know	19	41%	35	100%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	0	0%	0	0%
	No	25	54%	0	0%
	Don't Know	21	46%	35	100%

Table 4.25 2009 AND 2008 AIR FORCE DoDSER ABUSE HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX PERPETRATOR SEXUAL HARASSMENT	Yes	1	2%	0	0%
	No	25	54%	0	0%
	Don't Know	20	43%	35	100%

Financial and Workplace Difficulties

A small proportion of Air Force decedents in 2009 (4 of 29 with available financial data) were reported to have had excessive debt or bankruptcy compared with the previous year (7 of 15 known for 2008). Table 4.26 shows that job loss or job instability preceding suicide was the most prevalent financial or workplace difficulty reported (30%, n=14). Supervisory or co-worker issues and poor work performance reviews were less frequently reported.

Table 4.26 2009 AND 2008 AIR FORCE DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES

		2009		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	4	9%	7	20%
	No	25	54%	8	23%
	Don't Know	17	37%	20	57%
HX JOB PROBLEMS	Yes	14	30%	8	23%
	No	19	41%	11	31%
	Don't Know	13	28%	16	46%
HX SUPERVISOR/COWORKER ISSUES	Yes	4	9%	0	0%
	No	26	57%	0	0%
	Don't Know	16	35%	35	100%
HX POOR WORK EVALUATION	Yes	7	15%	2	6%
	No	25	54%	3	9%
	Don't Know	14	30%	30	86%
HX UNIT/WORKPLACE HAZING	Yes	0	0%	0	0%
	No	29	63%	0	0%
	Don't Know	17	37%	35	100%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Member's most recent three deployments. Data include deployment location information as well as a history of direct combat operations. Comparisons of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment and Combat History

Ten (22%) of the Air Force Service Members who died by suicide in 2009 had served in Afghanistan or Iraq (Table 4.27), and few reported combat experiences (Table 4.28).

Table 4.27 2009 AND 2008 AIR FORCE DoDSER EVER DEPLOYED TO OEF/OIF

		2009		2008	
		Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	4	9%	0	0%
	IRAQ	6	13%	0	0%
	KUWAIT	2	4%	0	0%
	MULTIPLE OEF/OIF LOCATIONS	1	2%	0	0%
	NO HX OEF/OIF DEPLOYMENT	33	72%	35	100%

Table 4.28 2009 AND 2008 AIR FORCE DoDSER COMBAT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	3	7%	0	0%
	Combat Resulted in Injuries/Casualties	2	67%	0	0%
	Injured in Combat	1	33%	0	0%
	Witnessed Killing in Combat	2	67%	0	0%
	Saw Dead Bodies in Combat	1	33%	0	0%
	NO DIRECT COMBAT HX	43	93%	35	100%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

This annual report of the Air Force DoDSER provides data on Air Force suicides that occurred in 2009. An Air Force DoDSER was submitted for all suicides for 2009 (n=46). This report also includes equivalent data from the 2008 Air Force DoDSER Annual Report. Reliable comparisons between the two years are difficult because of the low number of suicides in each year and because of the substantial numbers of DoDSER items for which details were not known or were unavailable, especially in 2008. Consequently, interpretations of the data presented here must be made with particular caution.

Suicides in 2009 were most common among young, Caucasian, married, enlisted, active component Service Members. Firearms (both non-military and military-issue) and hanging were the most frequent methods of suicide. In most instances, the motivations behind the suicides were not known, and few decedents were reported to have communicated their intent to others.

Off-base housing was the most common place of residence at the time of suicide in 2009. Suicides most frequently occurred in Service Members' personal residences or barracks. Sixty-one percent of decedents had been seen in an MTF prior to taking their lives, including 43% within three months of their suicides. Behavioral health histories were reported for approximately one-fourth of suicides, with mood and anxiety disorders most commonly reported. The most frequently reported stressors included failed or failing spousal or other intimate relationships, and job related problems. Ten of the 46 decedents had a history of deployment to OEF/OIF, and few reported combat experiences.

Chapter 5

ARMY RESULTS

Army Results for Completed Suicides

This chapter presents a summary of calendar year 2009 Army Department of Defense Suicide Event Report (DoDSER) data. Data collection processes following a suicide are described in Chapter 1, Method. The Army DoDSER chapter for 2009 contains more information than do the other Services' DoDSER chapters. This is because the Army's previous system, the Army Suicide Event Report (ASER), captured data on non-fatal suicide events (attempts, self-harm, suicidal ideation) in addition to data on suicide completions. This system was seamlessly transferred to the new DoDSER in 2008, providing additional data to analyze (data regarding non-fatal 2009 Army events are provided in the "Army Results for Non-Fatal Events" section of this chapter, page 117). All of the Services began collecting data on suicide attempts by 1 January 2010, which will be available in the 2010 DoDSER Annual Report.

Army DoDSER Submissions for Completed Suicides, and POC Compliance

Table 5.1 shows the number of Armed Forces Medical Examiner System (AFMES) confirmed Army suicides for 2009, and the compliance rate for Army DoDSER submissions at the time of this report. As shown below, 161 suicide cases were confirmed by the AFMES as of 31 January 2010, and 153 Army DoDSERs were submitted, for a compliance rate of 95%.

Table 5.1 2009 ARMY AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	2009
Total DoDSERs	153
Total AFMES Confirmed and Pending Suicides	164
AFMES Confirmed Suicides (as of 31 JAN 2010)	161
DoDSER Submission Compliance	95%
Additional DoDSERs Pending AFMES Confirmation	0

Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicidal events. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, potential motives and intent to die, and communication of potential for self-harm.

Demographics

Table 5.2 summarizes demographic data for Army suicides for 2009. The majority of decedents were Caucasian (79%, $n=130$), under 25 years of age (43%, $n=71$), married (51%, $n=83$), and lower enlisted (57%, $n=94$). The highest level of education for the majority of decedents was high school graduate or GED (General Equivalency Diploma) (79%, $n=130$). As shown, the demographic characteristics of decedents in 2009 were very similar to suicide decedents in 2008.

Table 5.2 2009 AND 2008 AFMES ARMY DEMOGRAPHICS

		2009		2008	
		Count	Percent	Count	Percent
GENDER	Male	159	97%	132	94%
	Female	5	3%	8	6%
RACE	Asian/Pacific Islander	10	6%	7	5%
	African American	19	12%	20	14%
	Caucasian	130	79%	109	78%
	American Indian/Alaska Native	5	3%	1	1%
	Other/Don't Know/Missing	0	0%	6	13%
AGE RANGE	Under 25	71	43%	70	50%
	25-29	49	30%	22	16%
	30-39	33	21%	30	21%
	40 +	11	6%	18	13%
RANK	E1-E4	94	57%	78	56%
	E5-E9	51	31%	46	33%
	Officer	15	9%	13	9%
	Warrant Officer	2	1%	2	1%
	Cadet/Midshipman	0	0%	1	1%
COMPONENT	Regular	147	90%	116	83%
	Reserve	3	2%	8	6%
	National Guard	14	9%	16	11%
EDUCATION	Did not graduate high school	2	1%	4	3%
	GED	34	21%	22	16%
	High school graduate	96	59%	81	58%
	Some college or technical school	11	7%	0	0%
	Degree/certificate of less than four years	3	2%	15	11%
	Four-year college degree	12	7%	10	7%
	Master's degree or greater	4	2%	8	6%
Don't Know	2	1%	0	0%	

Table 5.2 2009 AND 2008 AFMES ARMY DEMOGRAPHICS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
MARITAL STATUS	Never Married	58	35%	54	39%
	Married	83	51%	77	55%
	Legally Separated	0	0%	0	0%
	Divorced	22	13%	8	6%
	Widowed	1	1%	0	0%
	Don't Know	0	0%	1	1%

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through 12/31/2009 as of 4/1/2010. As such, the total indicated above ($n=164$) is higher than the total used throughout the remainder of this chapter ($n=153$).

Event Setting

Table 5.3 displays the DoDSER data regarding the countries where the suicides occurred. The AFMES reported 23 OIF suicides and 6 OEF pending and confirmed Army suicides as of 1 April 2010. DoDSER data provide a description of the event country for all events, although DoDSERs were not received for all suicides, as noted in Chapter 2. DoDSER data shows that seventy-three percent ($n=112$) occurred in the United States, and very few occurred during deployment. Of those occurring overseas, the majority occurred in Iraq or Europe.

Table 5.3 2009 AND 2008 ARMY DoDSER EVENT COUNTRY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
EVENT COUNTRY	United States	112	73%	90	71%
	Iraq	22	14%	25	20%
	Afghanistan	3	2%	7	6%
	Kuwait	0	0%	1	1%
	Korea	5	3%	0	0%
	Europe	7	5%	2	2%
	Canada	1	1%	0	0%
	Other	2	1%	0	0%
	Don't Know	1	1%	1	1%

Note: Data differs from AFMES OEF/OIF counts due to missing DoDSERs.

As shown in Table 5.4, suicides most commonly occurred in the personal residences of Soldiers (58%, $n=89$), followed by friend or family member residences (9%, $n=14$). Twenty-two percent of suicides were

completed in “other” settings including an interstate, latrine, movie theater, parking garage, pasture, and an unoccupied building, with the most commonly reported “other” setting being a hotel room.

Table 5.4 2009 AND 2008 ARMY DoDSER EVENT SETTING FOR COMPLETED SUICIDES

EVENT SETTING	2009		2008	
	Count	Percent	Count	Percent
Residence (own) or barracks	89	58%	74	59%
Residence of friend or family	14	9%	10	8%
Work/jobsite	8	5%	11	9%
Automobile (away from residence)	9	6%	7	6%
Inpatient medical facility	0	0%	1	1%
Other	33	22%	23	18%

Event Method

Figure 5.1 and Table 5.5 show the methods decedents used to end their lives. Firearms were the most commonly reported suicide method (19%, *n*=29 for military firearm; 40%, *n*=61 for non-military firearm; 59%, *n*=90 for total combined), followed by hanging 22% (*n*=33).

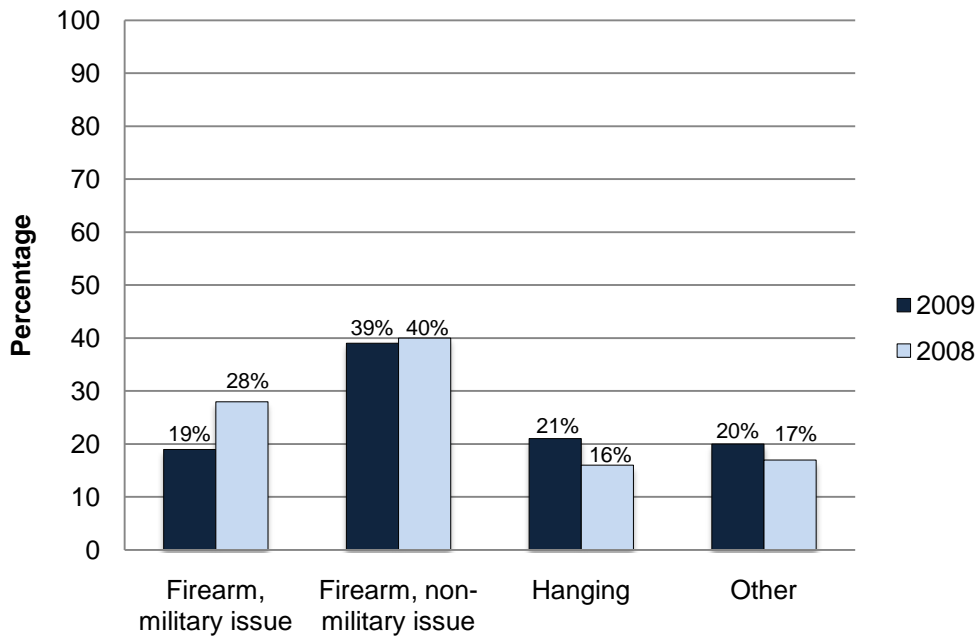


Figure 5.1 2009 AND 2008 ARMY DoDSER EVENT METHODS

Table 5.5 2009 AND 2008 ARMY DoDSER EVENT METHOD FOR COMPLETED SUICIDES

EVENT METHOD		2009		2008	
		Count	Percent	Count	Percent
	Drugs	8	5%	10	8%
	Alcohol	1	1%	1	1%
	Gas, vehicle exhaust	7	5%	1	1%
	Gas, utility (or other)	2	1%	1	1%
	Hanging	33	22%	19	15%
	Firearm, military issue	29	19%	35	28%
	Firearm, non-military issue	61	40%	51	40%
	Fire, steam, etc.	0	0%	1	1%
	Sharp or blunt object	1	1%	0	0%
	Jumping from high place	2	1%	2	2%
	Lying in front of moving object	2	1%	0	0%
	Other	6	4%	1	1%
	Don't Know	1	1%	4	3%

Event Motivation

After reviewing all relevant records and conducting interviews, the Army DoDSER respondents reviewed available evidence and made a subjective assessment of the decedent’s primary motivation for the suicide. It is important to note that such reporting attempts to simplify extremely complex behavior. Due to the subjectivity of the content, results should be interpreted with caution.

As shown in Table 5.6, 18% ($n=28$) of decedents reportedly ended their lives because they sought emotional relief (e.g., to stop bad feelings or self-hatred, to relieve anxiety). This was the most commonly cited motivation, followed by feelings of hopelessness (10%, $n=15$). These proportions are similar to those reported for 2008 suicides. “Other” reported event motivations included pending investigation and disciplinary action, failing relationships, accidental shooting, and the sense that there was “no other choice.” Suicide motivation was not reported for nearly half of the decedents.

Table 5.6 2009 AND 2008 ARMY DoDSER EVENT MOTIVATION FOR COMPLETED SUICIDES

EVENT MOTIVATION		2009		2008	
		Count	Percent	Count	Percent
EVENT MOTIVATION	Emotional Relief	28	18%	26	21%
	Influence	0	0%	4	3%
	Avoidance	4	3%	15	12%
	Individual Reasons	7	5%	3	2%
	Hopelessness	15	10%	12	10%
	Depression	7	5%	5	4%
	Other Psychiatric	4	3%	3	2%
	Impulsivity	13	8%	11	9%
	Other	8	5%	10	8%
	Don't Know	67	44%	37	29%

Substance Use during the Event

The DoDSER process captures information about whether alcohol or other drugs were used during the suicide (not necessarily as a method for suicide). As shown in Table 5.7, 22% (n=33) of Soldiers were reported to have used alcohol during suicide. A much smaller proportion was reported to have used drugs, including OTC and prescription medications. These percentages may be underestimates, as no information was reported in a significant proportion of the cases, presumably because autopsy results were not available at the time of the Army DoDSER submissions.

Table 5.7 2009 AND 2008 ARMY DoDSER SUBSTANCE(S) USED DURING EVENT FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	33	22%	26	21%
	No	60	39%	47	37%
	Don't Know	60	39%	53	42%
ANY DRUGS USED	Yes	9	6%	11	9%
	No	71	46%	55	44%
	Don't Know	73	48%	60	48%
Illegal drugs	Overdose	0	0%	1	1%
	Used, no overdose	1	1%	0	0%
	Were not used	79	52%	62	49%
	Don't Know	73	48%	63	50%

Table 5.7 2009 AND 2008 ARMY DoDSER SUBSTANCE(S) USED DURING EVENT FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Prescription drugs	Overdose	6	4%	11	9%
	Used, no overdose	0	0%	0	0%
	Were not used	74	48%	55	44%
	Don't Know	73	48%	60	48%
OTC drugs	Overdose	2	1%	4	3%
	Used, no overdose	0	0%	1	1%
	Were not used	78	51%	58	46%
	Don't Know	73	48%	63	50%
BOTH ALCOHOL AND DRUGS USED	Yes	2	1%	2	2%
	No	75	49%	63	50%
	Don't Know	76	50%	61	48%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicated potential for self-harm when known. As shown in Table 5.8, 29% of Soldiers ($n=45$) who died by suicide were reported to have communicated their potential for self-harm prior to taking their lives. Fifteen Soldiers (10%) who died by suicide reportedly communicated their potential for self-harm to multiple people. These percentages may be an underestimate, as it is possible that some Soldiers did communicate their potential for self-harm, but this information might not have been available to the DoDSER respondent.

The majority of Army decedents were not reported to have disclosed their suicidal intent (71%, $n=108$). Of decedents who did communicate intent for self-harm, the majority (20%, $n=30$) expressed this intent to one recipient. A much smaller proportion (7%, $n=10$) communicated intent for self-harm to two recipients (Table 5.8).

Table 5.8 2009 AND 2008 ARMY DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	108	71%	91	72%
	1	30	20%	22	17%
	2	10	7%	9	7%
	3	2	1%	4	3%
	4	2	1%	0	0%
	5	1	1%	0	0%

As indicated in Table 5.9, decedents most commonly shared their intent with their spouses (13%, $n=20$) and friends (11%, $n=17$). “Other” individuals or groups with whom decedents were reported to have communicated suicidal intent include a blog community, mothers and other relatives, members of their command, their unit, and patrons at a community center.

Table 5.9 2009 AND 2008 ARMY DoDSER RECIPIENTS OF COMMUNICATED INTENT FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
COMMUNICATION	Friend	17	11%	11	9%
	Behavioral Health Staff	9	6%	7	6%
	Supervisor	7	5%	5	4%
	Spouse	20	13%	17	13%
	Chaplain	3	2%	3	2%
	Other	13	8%	9	7%
	Made Multiple Communication	15	10%	13	10%

Table 5.10 displays the modes of communication of suicidal intent. As shown, the majority of communications were verbal. “Other” methods of communication included instant messaging, blogging, MySpace posting, through previous self-harm behaviors, and text messaging. In a significant proportion of cases there was no known communication of intent.

Table 5.10 2009 AND 2008 ARMY DoDSER MODE OF COMMUNICATED INTENT FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	26	17%	26	21%
	Written Only	6	4%	1	1%
	Other	11	7%	1	1%
	Multiple Modes	3	2%	8	6%

Note: Multiple Modes includes a combination of verbal, written, or other mode of communicating intent to suicide.

Additional Event Information

Additional details about Army suicides were consistent from 2008 to 2009. As shown in Table 5.11, most decedents were reported to have intended to die (76%, $n=117$), but only 42% ($n=65$) of the suicides were deemed to have been premeditated. The majority of decedents (69%, $n=106$) reportedly took their lives in places where it was unlikely that others could observe or intervene, and in most cases (54%, $n=82$) no suicide note was found.

Table 5.11 2009 AND 2008 ARMY DoDSER OTHER EVENT INFORMATION FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
INTENDED TO DIE	Yes	117	76%	106	84%
	No	10	7%	7	6%
	Don't Know	26	17%	13	10%
DEATH RISK GAMBLING	Yes	3	2%	2	2%
	No	133	87%	101	80%
	Don't Know	17	11%	23	18%
PLANNED/PREMEDITATED	Yes	65	42%	54	43%
	No	47	31%	40	32%
	Don't Know	41	27%	32	25%
OBSERVABLE	Yes	35	23%	29	23%
	No	106	69%	84	67%
	Don't Know	12	8%	13	10%
SUICIDE NOTE LEFT	Yes	38	25%	34	27%
	No	82	54%	62	49%
	Don't Know	33	22%	30	24%

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

Items pertaining to the individual's situation at the time of suicide, such as residence, living situation, presence of minor children in the home, and firearms in the immediate living environment are shown in Table 5.12. For the majority of suicides (42%, $n=64$), decedents resided in barracks or similar shared military housing. Owned or leased apartments or homes were the second most prevalent response (39%, $n=59$). Twenty percent ($n=31$) of suicide decedents were reported to have lived with a spouse, whereas the majority, 53% ($n=81$) were reported as having been unmarried at the time of the event. Thirty-three percent ($n=50$) of decedents were reported to have lived alone at the time of the suicide. Forty percent ($n=61$) of decedents reportedly had minor children; the majority did not live with their children at the time of the event. Access to a firearm was reported for 52% ($n=79$) of completed suicides.

Table 5.12 2009 AND 2008 ARMY DoDSER HOME ENVIRONMENT FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environment	64	42%	59	47%
	Bachelor quarters	1	1%	0	0%
	On-base family housing	7	5%	5	4%
	Owned or leased apartment or house	59	39%	46	37%
	Other	16	10%	9	7%
	Don't Know	6	4%	7	6%
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	31	20%	24	19%
	Separated due to relationship issues	18	12%	17	13%
	Apart for other reasons/deployed	18	12%	16	13%
	Don't Know	5	3%	2	2%
	Unmarried at time of event	81	53%	67	53%
RESIDED ALONE	Yes	50	33%	35	28%
	No	84	55%	72	57%
	Don't Know	19	12%	19	15%
HAD MINOR CHILDREN	Yes	61	40%	42	33%
	No	71	46%	59	47%
	Don't Know	21	14%	25	20%
CHILDREN RESIDED WITH	Yes	22	14%	14	11%
	No	37	24%	27	21%
	Don't Know	2	1%	1	1%
	No Children	92	60%	84	67%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	79	52%	80	63%
	No	37	24%	13	10%
	Don't Know	37	24%	33	26%

Duty Environment

Data pertaining to the duty environments associated with Army suicides are presented in Table 5.13. Garrison was by far the most commonly reported duty environment for decedents in 2009, (59%, $n=91$). Twelve percent ($n=18$) of suicides were reportedly completed while Soldiers were on leave.

Table 5.13 2009 AND 2008 ARMY DoDSER DUTY ENVIRONMENT FOR COMPLETED SUICIDES

DUTY ENVIRONMENT	2009		2008	
	Count	Percent	Count	Percent
Garrison	91	59%	63	50%
Psych Hosp	1	1%	1	1%
Leave	18	12%	13	10%
Medical Hold	3	2%	3	2%
TDY	1	1%	0	0%
Evacuation Chain	0	0%	1	1%
AWOL	7	5%	3	2%
Under Command Observation	1	1%	1	1%
Other	12	8%	9	7%
Training	6	4%	3	2%
Multiple Duty Environments Provided	13	8%	6	5%

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Suicide Completions by Month

Consistent with data from 2008, no clear pattern exists for Army suicides by month, as shown in Table 5.14.

Table 5.14 2009 AND 2008 ARMY DoDSER SUICIDE EVENTS BY MONTH FOR COMPLETED SUICIDES

MONTH	2009		2008	
	Count	Percent	Count	Percent
January	19	12%	5	4%
February	20	13%	11	9%
March	12	8%	10	8%
April	9	6%	12	10%
May	18	12%	8	6%
June	8	5%	12	10%
July	12	8%	10	8%
August	10	7%	13	10%
September	7	5%	12	10%
October	19	12%	11	9%
November	10	7%	12	10%
December	9	6%	10	8%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

As shown in Table 5.15, 20% ($n=30$) of Army decedents had a reported history of prior self-injury. Nine percent ($n=14$) were reported to have had more than one previous incident of self-injury. Seven percent of decedents had a known prior self-injury event within 90 days of death.

Table 5.15 2009 AND 2008 ARMY DoDSER PRIOR SELF-INJURY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	30	20%	20	16%
	Within 30 days	6	4%	2	2%
	Within 90 days (inclusive)*	11	7%	4	3%
	No	87	57%	65	52%
	Don't Know	36	24%	41	33%
Number prior self-injuries	One prior event	16	10%	----	----
	More than one prior event	14	9%	----	----
	N/A	123	80%	----	----
Event similar to prior self-injury	Yes	5	3%	2	2%
	No	19	12%	16	13%
	Don't Know	6	4%	2	2%
	N/A	123	80%	106	84%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

Table 5.16, Table 5.17 and Table 5.18 contain information on the types of behavioral health disorders reported for decedents. As displayed in Table 5.16, 28% ($n=43$) of decedents had been diagnosed with a mood disorder, including major depression ($n=21$), dysthymic disorder ($n=2$), and bipolar disorder ($n=1$). Nineteen percent ($n=29$) had been diagnosed with an anxiety disorder, including PTSD (9%, $n=14$; Table 5.17). Two decedents had been diagnosed with a psychotic disorder and seven had personality disorder diagnoses. Nearly a quarter of decedents (23%, $n=35$) had a history of substance abuse (Table 5.18).

Table 5.16 2009 AND 2008 ARMY DoDSER MOOD DISORDERS FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
DX W/MOOD DISORDER	Yes	43	28%	32	25%
	No	94	61%	69	55%
	Don't Know	16	10%	25	20%
Bipolar disorder	Yes	1	1%	2	2%
	No	132	86%	96	76%
	Don't Know	20	13%	28	22%
Major depression	Yes	21	14%	10	8%
	No	114	75%	90	71%
	Don't Know	18	12%	26	21%
Dysthymic disorder	Yes	2	1%	1	1%
	No	131	86%	98	78%
	Don't Know	20	13%	27	21%
Other mood disorder	Yes	5	3%	17	13%
	No	127	83%	81	64%
	Don't Know	21	14%	28	22%
Unspecified mood disorder	Yes	6	4%	0	0%
	No	131	86%	101	80%
	Don't Know	16	10%	25	20%
Multiple mood DX	Yes	8	5%	2	2%
	No	129	84%	99	79%
	Don't Know	16	10%	25	20%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a mood disorder.

Table 5.17 2009 AND 2008 ARMY DoDSER ANXIETY DISORDERS FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
DX W/ ANXIETY DISORDER	Yes	29	19%	15	12%
	No	105	69%	85	67%
	Don't Know	19	12%	26	21%
PTSD	Yes	14	9%	5	4%
	No	119	78%	93	74%
	Don't Know	20	13%	28	22%
Panic disorder	Yes	0	0%	1	1%
	No	132	86%	96	76%
	Don't Know	21	14%	29	23%

Table 5.17 2009 AND 2008 ARMY DoDSER ANXIETY DISORDERS FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Generalized anxiety disorder	Yes	2	1%	0	0%
	No	131	86%	96	76%
	Don't Know	20	13%	30	24%
Acute stress disorder	Yes	0	0%	0	0%
	No	132	86%	96	76%
	Don't Know	21	14%	30	24%
Other anxiety disorder	Yes	6	4%	5	4%
	No	125	82%	91	72%
	Don't Know	22	14%	30	24%
Unspecified anxiety DX	Yes	2	1%	1	1%
	No	132	86%	99	79%
	Don't Know	19	12%	26	21%
Multiple anxiety DX	Yes	5	3%	3	2%
	No	129	84%	97	77%
	Don't Know	19	12%	26	21%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had an anxiety disorder.

Table 5.18 2009 AND 2008 ARMY DoDSER OTHER BEHAVIORAL HEALTH DISORDERS FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	7	5%	8	6%
	No	126	82%	89	71%
	Don't Know	20	13%	29	23%
DX W/PSYCHOTIC DISORDER	Yes	2	1%	1	1%
	No	132	86%	99	79%
	Don't Know	19	12%	26	21%
HX SUBSTANCE ABUSE	Yes	35	23%	30	24%
	No	91	59%	68	54%
	Don't Know	27	18%	28	22%

As shown in Table 5.19, slightly more than half of the decedents (54%, $n=83$) had no reported behavioral health diagnoses. Twenty-three percent ($n=35$) had at least one documented behavioral health diagnosis, 13% ($n=20$) had two, 5% ($n=8$) had three, and an additional 5% ($n=7$) had four or more documented behavioral health diagnoses.

Table 5.19 2009 AND 2008 ARMY DoDSER COMORBIDITY RATES FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	83	54%	76	60%
	1 DX	35	23%	31	25%
	2 DX	20	13%	9	7%
	3 DX	8	5%	8	6%
	4 or more DX	7	5%	2	2%

Treatment

Table 5.20 shows the history of Army decedents' visits to treatment programs and clinics prior to taking their lives. DoDSER respondents were instructed to select all categories that apply, thus categories are not mutually exclusive.

Fifty-three percent ($n=81$) of decedents had been seen in military treatment facilities (MTFs) within 90 days of suicide, and 40% ($n=61$) within 30 days. Thirty-two percent ($n=48$) of decedents had been seen in outpatient behavioral health facilities within 90 days of suicide. Nineteen percent ($n=29$) of decedents were reported to have been admitted to inpatient behavioral health facilities prior to suicide. Table 5.20 also provides information about the history of decedents' visits to other broadly-defined behavioral health resources (i.e., Chaplain, Family Advocacy Program, Army Substance Abuse Program) within 30 and 90 days of suicide.

Table 5.20 2009 AND 2008 ARMY DoDSER TREATMENT HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	95	62%	75	60%
	Within 30 days	61	40%	49	39%
	Within 90 days (inclusive)*	81	53%	63	50%
	No	43	28%	27	21%
	Don't Know	15	10%	24	19%
SUBSTANCE ABUSE SERVICES	Yes	22	14%	19	15%
	Within 30 days	11	7%	8	6%
	Within 90 days (inclusive)*	12	8%	12	10%
	No	110	72%	82	65%
	Don't Know	21	14%	25	20%

Table 5.20 2009 AND 2008 ARMY DoDSER TREATMENT HISTORY FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
FAMILY ADVOCACY PROGRAMS	Yes	11	7%	8	6%
	Within 30 days	3	2%	4	3%
	Within 90 days (inclusive)*	5	3%	4	3%
	No	115	75%	93	74%
	Don't Know	27	18%	25	20%
CHAPLAIN SERVICES	Yes	16	10%	20	16%
	Within 30 days	14	9%	13	10%
	Within 90 days (inclusive)*	16	10%	15	12%
	No	63	41%	44	35%
	Don't Know	74	48%	62	49%
OUTPATIENT BEHAVIORAL HEALTH	Yes	76	50%	54	43%
	Within 30 days	42	28%	27	21%
	Within 90 days (inclusive)*	48	32%	37	29%
	No	65	42%	58	46%
	Don't Know	12	8%	14	11%
INPATIENT BEHAVIORAL HEALTH	Yes	29	19%	20	16%
	Within 30 days	5	3%	8	6%
	Within 90 days (inclusive)*	15	10%	10	8%
	No	108	71%	90	71%
	Don't Know	16	10%	16	13%
HX PHYSICAL HEALTH PROBLEM	Yes	35	23%	31	25%
	Within 30 days	25	16%	19	15%
	Within 90 days (inclusive)*	28	18%	27	21%
	No	80	52%	74	59%
	Don't Know	38	25%	21	17%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

As shown in Table 5.21, 35% ($n=54$) of decedents were reported to have taken psychotropic medications prior to their suicides. The majority of these were antidepressant (30%, $n=46$) and antianxiety medications (14%, $n=21$). Very few decedents were reported to have taken antimanics, anticonvulsants, or antipsychotics.

Table 5.21 2009 AND 2008 ARMY DoDSER PSYCHOTROPIC MEDICATION USE FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	54	35%	42	33%
	No	76	50%	61	48%
	Don't Know	23	15%	23	18%
Antidepressants	Yes	46	30%	35	28%
	No	84	55%	65	52%
	Don't Know	23	15%	26	21%
Antianxiety	Yes	21	14%	13	10%
	No	107	70%	85	67%
	Don't Know	25	16%	28	22%
Antimanics	Yes	1	1%	1	1%
	No	127	83%	95	75%
	Don't Know	25	16%	30	24%
Anticonvulsants	Yes	4	3%	4	3%
	No	125	82%	92	73%
	Don't Know	24	16%	30	24%
Antipsychotics	Yes	12	8%	5	4%
	No	116	76%	92	73%
	Don't Know	25	16%	29	23%

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

Table 5.22 shows relationship history factors. As in 2008, many decedents were reported to have experienced failed intimate relationships prior to suicide (50%, $n=76$). Fourteen percent ($n=22$) of decedents were reported to have experienced relationship difficulties with someone other than a romantic partner, and 54% ($n=83$) of decedents reportedly experienced some form of failed relationship prior to suicide, including ruptured relationships with friends as well as ruptured intimate relationships. Twenty-seven percent ($n=41$) had experienced intimate relationship failure within 30 days of taking their lives, and 35% ($n=53$) within 90 days.

Table 5.22 2009 AND 2008 ARMY DoDSER RELATIONSHIP HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	76	50%	69	55%
	Within 30 days	41	27%	50	40%
	Within 90 days (inclusive)*	53	35%	57	45%
	No	34	22%	30	24%
	Don't Know	43	28%	27	21%
HX FAILED OTHER RELATIONSHIP	Yes	22	14%	18	14%
	Within 30 days	16	10%	10	8%
	Within 90 days (inclusive)*	18	12%	11	9%
	No	71	46%	57	45%
	Don't Know	60	39%	51	40%
HX ANY FAILED RELATIONSHIP	Yes	83	54%	74	59%
	Within 30 days	48	31%	53	42%
	Within 90 days (inclusive)*	60	39%	60	48%
	No	30	20%	26	21%
	Don't Know	40	26%	26	21%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

As summarized in Table 5.23, 20% ($n=31$) of decedents were reported to have had a family history of behavioral health problems, 5% ($n=7$) had experienced the death of a family member. Eight percent ($n=12$) of decedents were reported to have had histories of family illness, and 5% of decedents were reported to have had histories of family member suicide. There were very few reports of suicide among spouses and friends of decedents.

Table 5.23 2009 AND 2008 ARMY DoDSER FAMILY HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	1	1%	1	1%
	No	124	81%	102	81%
	Don't Know	28	18%	23	18%
HX FAMILY MEMBER SUICIDE	Yes	7	5%	6	5%
	No	97	63%	69	55%
	Don't Know	49	32%	51	40%
HX FRIEND SUICIDE	Yes	1	1%	2	2%
	No	92	60%	72	57%
	Don't Know	60	39%	52	41%

Table 5.23 2009 AND 2008 ARMY DoDSER FAMILY HISTORY FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX DEATH OF FAMILY MEMBER	Yes	7	5%	12	10%
	No	94	61%	65	52%
	Don't Know	52	34%	49	39%
HX DEATH OF FRIEND	Yes	5	3%	8	6%
	No	86	56%	58	46%
	Don't Know	62	41%	60	48%
HX FAMILY ILLNESS	Yes	12	8%	7	6%
	No	92	60%	61	48%
	Don't Know	49	32%	58	46%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	31	20%	14	11%
	No	47	31%	31	25%
	Don't Know	75	49%	81	64%

Administrative and Legal History

As shown in Table 5.24, decedents had experienced a variety of administrative and legal difficulties prior to suicide. Twelve percent ($n=19$) had a history of Article 15 proceedings, 9% ($n=14$) had a history of being absent without leave, and 9% ($n=14$) had undergone administrative separation proceedings. Civil legal problems and other legal and administrative problems were reported in 11% ($n=17$) of suicides. Ten percent ($n=16$) of decedents had reported histories of medical board proceedings.

Table 5.24 2009 AND 2008 ARMY DoDSER ADMIN/LEGAL HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	11	7%	2	2%
	No	114	75%	99	79%
	Don't Know	28	18%	25	20%
HX ARTICLE 15	Yes	19	12%	24	19%
	No	101	66%	74	59%
	Don't Know	33	22%	28	22%
HX ADMIN SEPARATION	Yes	14	9%	9	7%
	No	111	73%	94	75%
	Don't Know	28	18%	23	18%
HX AWOL	Yes	14	9%	9	7%
	No	115	75%	96	76%
	Don't Know	24	16%	21	17%

Table 5.24 2009 AND 2008 ARMY DoDSER ADMIN/LEGAL HISTORY FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX MEDICAL BOARD	Yes	16	10%	5	4%
	No	113	74%	104	83%
	Don't Know	24	16%	17	13%
HX CIVIL LEGAL PROBLEMS	Yes	17	11%	25	20%
	No	97	63%	69	55%
	Don't Know	39	25%	32	25%
HX NON-SELECTION	Yes	9	6%	3	2%
	No	109	71%	85	67%
	Don't Know	35	23%	38	30%

Abuse History

Overall, very little abuse history was reported (Table 5.25). Four percent ($n=6$) had a known history of sexual abuse, 7% ($n=10$) had a history of emotional abuse, and 7% ($n=10$) also had a history of physical abuse. Nine percent ($n=14$) of Army decedents had a known history of perpetrating physical abuse, and half of these incidents ($n=2$, 4%) occurred within one year of the suicide. A history of sexual harassment was reported in only one case. However, caution should be taken in interpreting these data, given that abuse history was not known for a significant proportion of decedents.

Table 5.25 2009 AND 2008 ARMY DoDSER ABUSE HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	10	7%	7	6%
	No	82	54%	64	51%
	Don't Know	61	40%	55	44%
HX VICTIM SEXUAL ABUSE	Yes	6	4%	6	5%
	No	87	57%	66	52%
	Don't Know	60	39%	54	43%
HX VICTIM EMOTIONAL ABUSE	Yes	10	7%	8	6%
	No	80	52%	62	49%
	Don't Know	63	41%	56	44%
HX VICTIM SEXUAL HARASSMENT	Yes	1	1%	0	0%
	No	89	58%	69	55%
	Don't Know	63	41%	57	45%
HX PERPETRATOR PHYSICAL ABUSE	Yes	14	9%	8	6%
	No	80	52%	61	48%
	Don't Know	59	39%	57	45%

Table 5.25 2009 AND 2008 ARMY DoDSER ABUSE HISTORY FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX PERPETRATOR SEXUAL ABUSE	Yes	6	4%	7	6%
	No	84	55%	65	52%
	Don't Know	63	41%	54	43%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	6	4%	8	6%
	No	83	54%	62	49%
	Don't Know	64	42%	56	44%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	4	3%	1	1%
	No	84	55%	68	54%
	Don't Know	65	42%	57	45%

Financial and Workplace Difficulties

Of the financial and workplace issues assessed by DoDSER, the most commonly reported difficulties for decedents were job problems (25%, $n=39$) and poor work performance (16%, $n=24$), as shown in Table 5.26. Thirteen percent ($n=20$) of decedents had a history of difficulties with either supervisors or coworkers, and 8% ($n=12$) had a history of excessive debt or bankruptcy.

Table 5.26 2009 AND 2008 ARMY DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	12	8%	11	9%
	No	84	55%	65	52%
	Don't Know	57	37%	50	40%
HX JOB PROBLEMS	Yes	39	25%	25	20%
	No	71	46%	73	58%
	Don't Know	43	28%	28	22%
HX SUPERVISOR/COWORKER ISSUES	Yes	20	13%	18	14%
	No	83	54%	72	57%
	Don't Know	50	33%	36	29%
HX POOR WORK EVALUATION	Yes	24	16%	17	13%
	No	89	58%	73	58%
	Don't Know	40	26%	36	29%

Table 5.26 2009 AND 2008 ARMY DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES FOR COMPLETED SUICIDES (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX UNIT/WORKPLACE HAZING	Yes	4	3%	2	2%
	No	94	61%	84	67%
	Don't Know	55	36%	40	32%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Soldier's most recent three deployments. Data include deployment location information as well as a history of direct combat operations. Comparisons of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment History

As shown in Table 5.27, the majority (65%, $n=99$) of Army decedents had been deployed as part of OEF/OIF at least once. Fifty-one percent ($n=78$) had been deployed to only Iraq, and 8% ($n=13$) had been deployed to multiple OEF/OIF locations.

Table 5.27 2009 AND 2008 ARMY DoDSER EVER DEPLOYED TO OEF/OIF FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	3	2%	9	7%
	IRAQ	78	51%	57	45%
	KUWAIT	5	3%	2	2%
	MULTIPLE OEF/OIF LOCATIONS	13	8%	3	2%
	NO HX OEF/OIF DEPLOYMENT	54	35%	56	44%

Combat History

As shown in Table 5.28, the majority of Army decedents had no known direct combat history (75%, $n=115$). Of the 38 decedents (25%) with combat history, 24 (63%) were reported to have witnessed killing and 24 (63%) were reported to have seen dead bodies during combat.

Table 5.28 2009 AND 2008 ARMY DoDSER COMBAT HISTORY FOR COMPLETED SUICIDES

		2009		2008	
		Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	38	25%	24	19%
	Combat Resulted in Injuries/Casualties	31	82%	12	50%
	Injured in Combat	9	24%	4	17%
	Witnessed Killing in Combat	24	63%	8	33%
	Saw Dead Bodies in Combat	24	63%	9	38%
	Killed Others in Combat	12	32%	1	4%
	NO DIRECT COMBAT HX	115	75%	102	81%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Army Results for Non-Fatal Events

In addition to DoDSERs collected for suicides, Army DoDSERs were submitted for any suicide-related behavior that resulted in hospitalization or evacuation from theater. Army DoDSER data are presented separately for suicide attempts, self-harm without intent to die, and suicidal ideation only. While there is debate regarding what types of events should be classified as a suicide attempt, the Army DoDSER process has adopted the following definition: “A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die.”

A suicide attempt may or may not result in injury.^[3] Therefore, this category includes behaviors for which there is evidence that the individual intended to die, but the event resulted in no injuries. For example, if someone wrestled a firearm away from a Soldier intending to use it on himself, this would be classified as a suicide attempt even though there were no injuries.

Self-harm without intent to die is defined as a potentially injurious self-directed behavior for which there is evidence (either implicit or explicit) that the person did not intend to kill himself or herself. Persons engage in these self-harm behaviors when they wish to use the appearance of a suicide attempt to attain some other end (e.g., to seek help, punish others, receive attention, or regulate negative mood). Suicidal ideation only (without an attempt or self-harm) is defined as any self-reported thoughts of engaging in suicide-related behaviors.^[3]

Data collection processes for Army DoDSERs following non-fatal suicide events differ somewhat from the data collection process for suicides. The data sources used to complete an Army DoDSER for a non-fatal event include medical and behavioral health records, and an interview with the patient is frequently used to collect the required information.

The reporting process for non-fatal suicide events requires the Army DoDSER reporter for each MTF to track these events and ensure DoDSER submission. DoDSER respondents are required to submit monthly reports on suicide-related hospitalizations for each MTF by the fifth working day of the following month to identify the number of hospitalizations or evacuations for that MTF. DoDSERs are then expected for events based on these reports. This generally involves coordination with inpatient behavioral health personnel and outpatient behavioral health clinic personnel.

Army DoDSERs Submitted for Non-Fatal Events

A total of 2,047 Army DoDSERs for non-fatal events were submitted for 2009. Of these, 502 (25%) were submitted for suicide attempts, 347 (17%) for instances of self-harm without intent to die, and 1198 (59%) for suicidal ideation only, as shown in Table 5.29.

Table 5.29 2009 AND 2008 NON-FATAL ARMY DoDSERs SUBMITTED

		2009		2008	
EVENT TYPE		Count	Percent	Count	Percent
	Suicide Attempt	502	25%	591	29%
	Self-Harm (w/o Intent to Die)	347	17%	418	21%
	Ideation Only	1198	59%	1017	50%
	Total	2047	59%	2026	50%

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of Service Members that may have been associated with or contributed to the suicidal events. These factors include demographic characteristics, event setting, suicide attempt method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

Table 5.30 shows demographic data for non-fatal events for 2009. Across all non-fatal event types, the majority of Soldiers were male, Caucasian, under 25, and lower enlisted. In addition, the educational level of the majority of Soldiers across event types was high school or the equivalent.

Table 5.30 2009 AND 2008 NON-FATAL ARMY DoDSER DEMOGRAPHICS

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
GENDER	Male	373	74%	454	77%	249	72%	307	73%	924	77%	820	81%
	Female	129	26%	137	23%	98	28%	111	27%	274	23%	197	19%
RACE	Asian/Pacific Islander	14	3%	12	2%	11	3%	8	2%	32	3%	27	3%
	African American	78	16%	77	13%	41	12%	45	11%	186	16%	122	12%
	Caucasian	319	64%	405	69%	244	71%	289	70%	784	66%	703	70%
	Hispanic	21	4%	11	2%	6	2%	9	2%	16	1%	12	1%
	Other/Don't Know/Missing	65	13%	80	14%	44	13%	59	14%	168	14%	142	14%
AGE RANGE	Under 25	298	59%	381	64%	224	65%	290	69%	752	63%	650	64%
	25-29	119	24%	103	17%	75	22%	81	19%	230	19%	175	17%
	30-39	69	14%	85	14%	36	10%	40	10%	161	13%	146	14%
	40 +	16	3%	22	4%	12	3%	7	2%	54	5%	46	5%
RANK	E1-E4	373	74%	463	78%	277	80%	357	85%	961	80%	827	81%
	E5-E9	109	22%	104	18%	51	15%	56	13%	185	15%	161	16%
	Officer	12	2%	21	4%	12	3%	4	1%	24	2%	18	2%
	Warrant Officer	1	<1%	0	0%	1	<1%	1	<1%	5	<1%	2	<1%
	Cadet/Midshipman	2	<1%	1	<1%	5	1%	0	0%	9	1%	5	<1%
	Does Not Apply	5	1%	2	<1%	1	<1%	0	0%	10	1%	4	<1%
COMPONENT	Regular	458	91%	533	90%	314	90%	385	92%	1065	89%	911	90%
	Reserve	16	3%	25	4%	5	1%	13	3%	36	3%	34	3%
	National Guard	25	5%	31	5%	24	7%	20	5%	80	7%	65	6%
	Other	3	1%	2	<1%	4	1%	0	0%	13	1%	7	1%

Table 5.30 2009 AND 2008 NON-FATAL ARMY DoDSER DEMOGRAPHICS (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
EDUCATION	Some high school	7	1%	7	1%	5	1%	7	2%	7	1%	14	1%
	GED	89	18%	107	18%	49	14%	54	13%	164	14%	147	14%
	High school graduate	171	34%	239	40%	169	49%	212	51%	569	48%	442	43%
	Some college or technical school	142	28%	104	18%	71	20%	82	20%	245	21%	206	20%
	2 year degree/certificate	19	4%	28	5%	5	1%	10	2%	37	3%	36	4%
	Four-year college degree	18	4%	27	5%	15	4%	6	1%	45	4%	23	2%
	Master's degree or greater	3	1%	8	1%	6	2%	3	1%	13	1%	11	1%
	Don't Know	53	11%	71	12%	27	8%	44	11%	115	10%	138	14%
MARITAL STATUS	Never Married	215	43%	264	45%	163	47%	198	47%	586	49%	477	47%
	Married	220	44%	253	43%	148	43%	172	41%	456	38%	425	42%
	Legally Separated	15	3%	20	3%	11	3%	9	2%	47	4%	28	3%
	Divorced	41	8%	38	6%	20	6%	28	7%	71	6%	57	6%
	Widowed	2	<1%	4	1%	0	0%	3	1%	0	0%	2	<1%
	Don't Know	9	2%	12	2%	5	1%	8	2%	36	3%	28	3%

Event Setting

As shown in Table 5.31, for all types of non-fatal events, the United States was the most commonly reported location. Iraq was the second most common location. However, as shown in the table, this proportion was small, as were the proportions for the remaining locations.

Table 5.31 2009 AND 2008 NON-FATAL ARMY DoDSER EVENT COUNTRY

EVENT COUNTRY		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
United States		396	79%	447	76%	295	85%	350	84%	1066	89%	927	91%
Iraq		43	9%	80	14%	19	5%	36	9%	50	4%	59	6%
Afghanistan		8	2%	10	2%	6	2%	3	1%	9	1%	6	1%
Kuwait		3	1%	2	<1%	2	1%	2	<1%	3	<1%	2	<1%
Korea		17	3%	18	3%	7	2%	10	2%	6	1%	10	1%
Kosovo		0	0%	0	0%	1	<1%	0	0%	1	<1%	0	0%
Europe		26	5%	30	5%	13	4%	14	3%	51	4%	13	1%
Canada		3	1%	1	<1%	0	0%	0	0%	3	<1%	0	0%
Central or South America		0	0%	1	<1%	0	0%	0	0%	1	<1%	0	0%
Other		4	1%	0	0%	2	1%	0	0%	0	0%	0	0%
Don't Know		2	<1%	2	<1%	2	1%	3	1%	2	<1%	0	0%

As shown in Table 5.32, non-fatal events occurred most often in Soldiers' personal residences. Very few self-harm behaviors were reported to have occurred in other locations.

Table 5.32 2009 AND 2008 NON-FATAL ARMY DoDSER EVENT SETTING

EVENT SETTING		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Residence (own) or barracks	397	79%	468	79%	289	83%	357	85%	898	75%	735	72%	
Residence of friend or family	26	5%	29	5%	10	3%	11	3%	29	2%	26	3%	
Work/jobsite	8	2%	24	4%	14	4%	16	4%	105	9%	128	13%	
Automobile	28	6%	18	3%	9	3%	8	2%	35	3%	18	2%	
Inpatient medical facility	3	1%	4	1%	7	2%	0	0%	6	1%	7	1%	
Other	40	8%	48	8%	18	5%	26	6%	119	10%	103	10%	

Event Method

Figure 5.2 and Table 5.33 show the self-harm methods used for each type of non-fatal event. Drugs were most frequently reported. Use of sharp or blunt objects, followed by hanging, were the next most common methods with which Soldiers were reported to have harmed themselves.

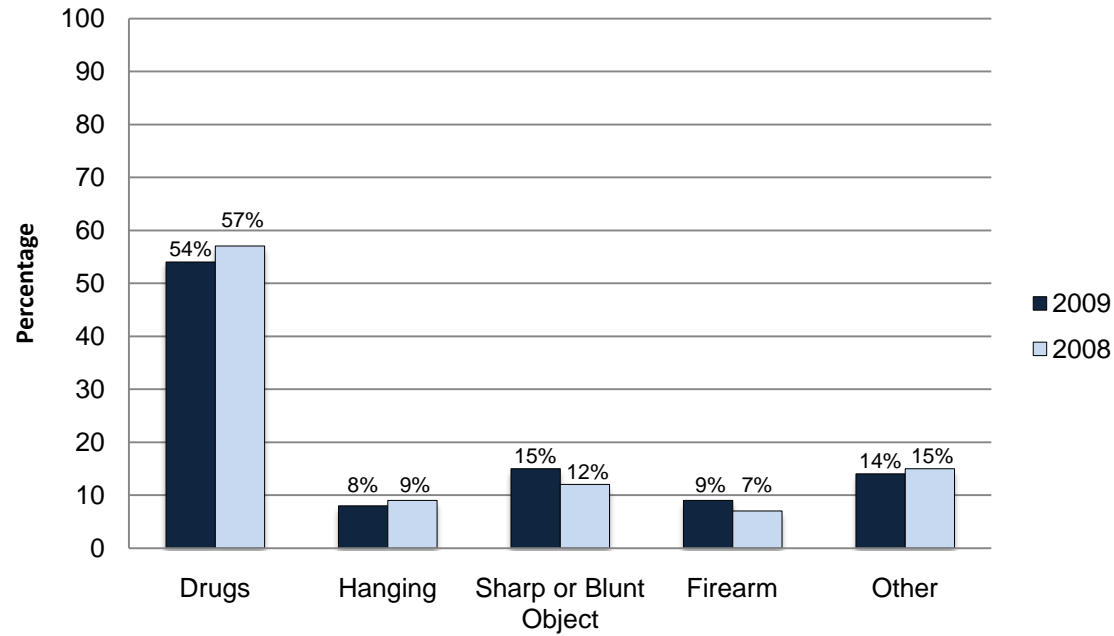


Figure 5.2 2009 AND 2008 NON-FATAL ARMY DoDSER EVENT METHODS

Table 5.33 2009 AND 2008 NON-FATAL ARMY DoDSER EVENT METHOD

EVENT METHOD		Suicide Attempt				Self-Harm (w/o Intent to Die)			
		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Drugs		271	54%	334	57%	159	46%	192	46%
Alcohol		11	2%	19	3%	16	5%	22	5%
Gas, vehicle exhaust		4	1%	4	1%	2	1%	0	0%
Gas, utility (or other)		2	<1%	0	0%	0	0%	0	0%
Chemicals		6	1%	5	1%	1	<1%	2	<1%
Hanging		40	8%	54	9%	15	4%	16	4%
Drowning		1	<1%	1	<1%	2	1%	0	0%
Firearm, military issue		25	5%	32	5%	9	3%	7	2%
Firearm, non-military issue		18	4%	13	2%	7	2%	5	1%
Fire, steam, etc.		0	0%	0	0%	1	<1%	3	1%
Sharp or blunt object		76	15%	71	12%	95	27%	118	28%
Jumping from high place		4	1%	6	1%	5	1%	1	<1%
Crashing a motor vehicle		10	2%	8	1%	2	1%	3	1%
Other		30	6%	35	6%	25	7%	38	9%
Don't Know		4	1%	9	2%	8	2%	11	3%

Event Motivation

After reviewing all relevant records and conducting interviews, Army DoDSER respondents reviewed available evidence and subjectively assessed the Soldier's primary motivation for the non-fatal event. It is important to note that this attempts to simplify extremely complex behavior. Due to the subjectivity of the content, results should be interpreted with caution. These data are summarized in Table 5.34.

For all non-fatal events, the principal motivation reported was emotional relief. Thirty-four percent of the Soldiers who attempted suicide ($n=171$) reported that they had been motivated by a desire for emotional relief; 42% ($n=146$) of Soldiers who engaged in self-harming behavior reported the same motivation. Very little data were reported for event motivation of suicidal ideation.

Table 5.34 2009 AND 2008 NON-FATAL ARMY DoDSER EVENT MOTIVATION

EVENT MOTIVATION		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
	Emotional Relief	171	34%	184	31%	146	42%	161	39%	17	1%	1	<1%
	Influence	28	6%	35	6%	37	11%	42	10%	0	0%	0	0%
	Feeling Generation	2	<1%	2	<1%	2	1%	3	1%	1	<1%	0	0%
	Avoidance	33	7%	47	8%	19	5%	38	9%	3	<1%	0	0%
	Individual Reasons	22	4%	19	3%	13	4%	12	3%	1	<1%	0	0%
	Hopelessness	44	9%	67	11%	12	3%	7	2%	1	<1%	0	0%
	Depression	67	13%	88	15%	26	7%	26	6%	3	<1%	1	<1%
	Other Behavioral Health	13	3%	18	3%	5	1%	14	3%	0	0%	0	0%
	Impulsivity	55	11%	45	8%	44	13%	58	14%	0	0%	0	0%
	Other	28	6%	41	7%	28	8%	34	8%	1	<1%	0	0%
	Don't Know	39	8%	45	8%	15	4%	23	6%	1171	98%	1015	100%

Post-Event Actions

The Army DoDSER asked respondents to identify actions taken as a consequence of the non-fatal event.

Table 5.35 shows the numbers and percentages of Soldiers who were hospitalized, evacuated, or referred to outpatient services following suicide attempts, self-harm without intent to die events, and reports of suicidal ideation only. The majority of Soldiers engaging in self-harm behaviors were hospitalized. DoDSERs submitted for non-fatal events may be completed shortly after the event. Therefore, it is very likely that more patients were referred for outpatient services after a hospitalization.

Table 5.35 2009 AND 2008 NON-FATAL ARMY DoDSER POST-EVENT ACTIONS

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
POST EVENT ACTIONS	HOSPITALIZED	456	91%	556	94%	330	95%	394	94%	1125	94%	973	96%
	OUTPATIENT	35	7%	35	6%	27	8%	18	4%	75	6%	25	2%
	EVACUATED	45	9%	39	7%	29	8%	31	7%	53	4%	36	4%
	OTHER	10	2%	13	2%	2	1%	3	1%	6	1%	7	1%
	UNKNOWN	11	2%	1	<1%	6	2%	2	<1%	44	4%	12	1%

Substance Use during the Event

The DoDSER process captures information about whether alcohol or other drugs were used during the non-fatal event (not necessarily as a method for inflicting self-harm). As shown in Table 5.36, drugs were the most common type of substance reported to have been used during suicide attempts and self-harm without intent to die. Sixty percent ($n=300$) of Soldiers who attempted suicide were reported to have used drugs during the event. A similar proportion (50%, $n=173$) of Soldiers who inflicted non-fatal self-harm were reported to have used drugs. Seventeen percent ($n=87$) of suicide attempts, and 14% ($n=47$) of self-harm cases were reported to have used both alcohol and drugs during the event. Few DoDSERs included data regarding substance use during suicidal ideation.

Table 5.36 2009 AND 2008 NON-FATAL ARMY DoDSER SUBSTANCE(S) USED DURING EVENT

		Suicide Attempt				Self-Harm (w/o Intent to Die)			
		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
ALCOHOL USED	Yes	138	27%	147	25%	94	27%	108	26%
	No	323	64%	381	64%	235	68%	256	61%
	Don't Know	41	8%	63	11%	18	5%	54	13%

Table 5.36 2009 AND 2008 NON-FATAL ARMY DoDSER SUBSTANCE(S) USED DURING EVENT (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)			
		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
ANY DRUGS USED	Yes	300	60%	353	60%	173	50%	204	49%
	No	175	35%	196	33%	159	46%	175	42%
	Don't Know	27	5%	42	7%	15	4%	39	9%
Illegal drugs	Overdose	17	3%	18	3%	9	3%	5	1%
	Used, no overdose	12	2%	13	2%	9	3%	13	3%
	Were not used	397	79%	411	70%	293	84%	323	77%
	Don't Know	76	15%	149	25%	36	10%	77	18%
Prescription drugs	Overdose	197	39%	220	37%	80	23%	99	24%
	Used, no overdose	29	6%	40	7%	48	14%	50	12%
	Were not used	237	47%	263	45%	196	56%	219	52%
	Don't Know	39	8%	68	12%	23	7%	50	12%
OTC drugs	Overdose	78	16%	92	16%	32	9%	36	9%
	Used, no overdose	13	3%	20	3%	17	5%	18	4%
	Were not used	339	68%	345	58%	262	76%	291	70%
	Don't Know	72	14%	134	23%	36	10%	73	17%
BOTH ALCOHOL AND DRUGS USED	Yes	87	17%	94	16%	47	14%	59	14%
	No	366	73%	426	72%	275	79%	301	72%
	Don't Know	49	10%	71	12%	25	7%	58	14%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicated their potential for self-harm behaviors, when known. As shown in Table 5.37, across all types of non-fatal events, the majority of Soldiers were not reported to have communicated their

potential for suicidal behaviors prior to the non-fatal events. Among Soldiers reported to have communicated this potential, friends, behavioral health staff, supervisors, and spouses were the most commonly reported recipients of the communications.

Table 5.37 2009 AND 2008 NON-FATAL ARMY DoDSER RECIPIENTS OF COMMUNICATED INTENT

COMMUNICATION		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Friend	24	5%	48	8%	14	4%	14	3%	3	<1%	0	0%	
Behavioral Health Staff	34	7%	38	6%	20	6%	26	6%	1	<1%	0	0%	
Supervisor	21	4%	30	5%	17	5%	17	4%	1	<1%	0	0%	
Spouse	38	8%	27	5%	10	3%	11	3%	1	<1%	0	0%	
Chaplain	6	1%	10	2%	0	0%	5	1%	1	<1%	0	0%	
Other	30	6%	38	6%	6	2%	13	3%	12	1%	0	0%	
Made Multiple Communication	27	5%	45	8%	11	3%	15	4%	1	<1%	0	0%	

Table 5.38 displays the number and types of recipients of the communicated potential for self-harm. The vast majority of Soldiers were not known to communicate their potential for self-harm. Less than 2% of suicidal ideation cases were reported to communicate their potential for self-harm to another person.

Table 5.38 2009 AND 2008 NON-FATAL ARMY DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	389	77%	463	78%	293	84%	358	86%	1180	98%	1017	100%
	1	86	17%	83	14%	43	12%	45	11%	17	1%	0	0%
	2	18	4%	32	5%	9	3%	7	2%	1	<1%	0	0%
	3	6	1%	10	2%	2	1%	5	1%	0	0%	0	0%
	4	2	<1%	1	<1%	0	0%	3	1%	0	0%	0	0%
	5	1	<1%	2	<1%	0	0%	0	0%	0	0%	0	0%

As shown in Table 5.39, the majority of reported communications of intent for self-harm without intent to die were verbal. However, “no known communication” was the most frequent response reported across all types of non-fatal events.

Table 5.39 2009 AND 2008 NON-FATAL ARMY DoDSER MODE OF COMMUNICATED INTENT

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	81	16%	98	17%	43	12%	52	12%	17	1%	0	0%
	Written Only	15	3%	10	2%	5	1%	3	1%	0	0%	0	0%
	Other	6	1%	0	0%	4	1%	1	<1%	1	<1%	0	0%
	Multiple Modes	10	2%	16	3%	2	1%	1	<1%	0	0%	0	0%

Note: Multiple Modes includes a combination of verbal, written, or other mode of communicating intent to suicide.

Additional Event Information

Additional details about non-fatal events were consistent from 2008 to 2009. As shown in Table 5.40, most Soldiers who attempted suicide were deemed to have intended to die (70%, $n=351$), however, very few suicide notes were found (12%, $n=62$). Nearly half of the Soldiers attempted

suicide in locations where it was likely that others could observe or intervene (46%, $n=229$). A much smaller proportion of self-harm and ideation-only cases were deemed to have intended to die. Fifty-six percent of self-harm without intent to die events ($n=195$) were reported to have taken place in locations where they were likely to be observed by others.

Table 5.40 2009 AND 2008 NON-FATAL ARMY DoDSER OTHER EVENT INFORMATION

		Suicide Attempt				Self-Harm (w/o Intent to Die)			
		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
EVIDENCE EXISTS INDICATING INTENTION TO DIE	Yes	351	70%	385	65%	22	6%	17	4%
	No	63	13%	78	13%	260	75%	330	79%
	Don't Know	88	18%	128	22%	65	19%	71	17%
DEATH RISK GAMBLING	Yes	8	2%	8	1%	1	<1%	13	3%
	No	465	93%	539	91%	339	98%	383	92%
	Don't Know	29	6%	44	7%	7	2%	22	5%
PLANNED/ PREMEDITATED	Yes	136	27%	158	27%	37	11%	42	10%
	No	295	59%	324	55%	257	74%	327	78%
	Don't Know	71	14%	109	18%	53	15%	49	12%
OBSERVABLE	Yes	229	46%	236	40%	195	56%	220	53%
	No	193	38%	261	44%	103	30%	140	33%
	Don't Know	80	16%	94	16%	49	14%	58	14%
SUICIDE NOTE LEFT	Yes	62	12%	88	15%	7	2%	10	2%
	No	385	77%	426	72%	309	89%	372	89%
	Don't Know	55	11%	77	13%	31	9%	36	9%

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

Most of the Soldiers who attempted suicide lived on military installations at the time of the attempt, with 58% ($n=292$) having lived in barracks or similar shared military housing and 24% ($n=121$) having lived in off-base family housing. Thirty-five percent of suicide attempters ($n=177$) had minor children, though most did not reside with their children at the time of the attempt. Only 15% ($n=75$) were reported to have had access to firearms in the immediate environment. Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die, and for Soldiers reported to have had suicidal ideations (Table 5.41).

Table 5.41 2009 AND 2008 NON-FATAL ARMY DoDSER HOME ENVIRONMENT

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environ.	292	58%	396	67%	201	58%	271	65%	774	65%	641	63%
	Bachelor quarters	4	1%	6	1%	0	0%	3	1%	9	1%	5	<1%
	On-base family housing	31	6%	25	4%	18	5%	31	7%	76	6%	58	6%
	Apartment or house	121	24%	120	20%	93	27%	93	22%	246	21%	215	21%
	Ship	0	0%	0	0%	0	0%	0	0%	1	<1%	0	0%
	Other	26	5%	21	4%	16	5%	10	2%	40	3%	40	4%
	Don't Know	28	6%	23	4%	19	5%	10	2%	50	4%	58	6%
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	100	20%	101	17%	76	22%	89	21%	201	17%	199	20%
	Separated due to relationship issues	44	9%	50	8%	29	8%	31	7%	100	8%	86	8%
	Apart for other reasons/deployed	68	14%	98	17%	35	10%	50	12%	137	11%	112	11%
	Don't Know	10	2%	5	1%	9	3%	2	<1%	17	1%	31	3%
	Unmarried at time of event	280	56%	337	57%	198	57%	246	59%	743	62%	589	58%

Table 5.41 2009 AND 2008 NON-FATAL ARMY DoDSER HOME ENVIRONMENT (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
RESIDED ALONE	Yes	136	27%	160	27%	62	18%	97	23%	226	19%	198	19%
	No	301	60%	363	61%	232	67%	290	69%	830	69%	729	72%
	Don't Know	65	13%	68	12%	53	15%	31	7%	141	12%	90	9%
HAD MINOR CHILDREN	Yes	177	35%	187	32%	90	26%	91	22%	316	26%	278	27%
	No	292	58%	360	61%	216	62%	292	70%	795	66%	631	62%
	Don't Know	33	7%	44	7%	41	12%	35	8%	86	7%	108	11%
CHILDREN RESIDED WITH	Yes	56	11%	62	10%	34	10%	26	6%	102	9%	103	10%
	No	115	23%	124	21%	55	16%	65	16%	194	16%	171	17%
	Don't Know	6	1%	3	1%	2	1%	1	<1%	23	2%	7	1%
	No Known Children	325	65%	402	68%	256	74%	326	78%	879	73%	736	72%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	75	15%	110	19%	37	11%	58	14%	141	12%	140	14%
	No	332	66%	341	58%	252	73%	277	66%	870	73%	642	63%
	Don't Know	95	19%	140	24%	58	17%	83	20%	187	16%	235	23%

Duty Environment

Data pertaining to the duty environment are provided in Table 5.42. Garrison was the most commonly reported duty environment for Soldiers who made suicide attempts (66%, $n=332$). Fourteen percent of Soldiers who attempted suicide were in training ($n=68$). Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die, and for Soldiers reported to have had suicidal ideations.

Table 5.42 2009 AND 2008 NON-FATAL ARMY DoDSER DUTY ENVIRONMENT

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
DUTY ENVIRONMENT	Garrison	332	66%	383	65%	261	75%	287	69%	844	70%	676	66%
	Psych Hosp	3	1%	4	1%	4	1%	1	<1%	9	1%	4	<1%
	Leave	16	3%	20	3%	6	2%	7	2%	11	1%	13	1%
	Medical Hold	16	3%	24	4%	20	6%	12	3%	32	3%	24	2%
	TDY	1	<1%	0	0%	1	<1%	3	1%	5	<1%	2	<1%
	Evacuation Chain	0	0%	2	<1%	3	1%	1	<1%	1	<1%	2	<1%
	AWOL	7	1%	7	1%	5	1%	4	1%	13	1%	16	2%
	Under Command Observation	4	1%	6	1%	2	1%	8	2%	4	<1%	8	1%
	Other	18	4%	31	5%	5	1%	19	5%	25	2%	51	5%
	Training	68	14%	95	16%	37	11%	69	17%	192	16%	196	19%
Multiple Duty Environments Provided	31	6%	61	10%	34	10%	29	7%	74	6%	55	5%	

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Non-fatal Events by Month

Consistent with data from 2008, no clear pattern exists for Army non-fatal events by month (Table 5.43).

Table 5.43 2009 AND 2008 NON-FATAL ARMY DoDSER SUICIDE EVENTS BY MONTH

MONTH		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
January	70	14%	60	10%	38	11%	33	8%	101	8%	66	6%	
February	35	7%	53	9%	31	9%	21	5%	102	9%	61	6%	
March	56	11%	47	8%	45	13%	31	7%	106	9%	45	4%	
April	45	9%	38	6%	28	8%	29	7%	120	10%	70	7%	
May	42	8%	40	7%	26	7%	38	9%	126	11%	63	6%	
June	43	9%	54	9%	27	8%	44	11%	126	11%	91	9%	
July	44	9%	56	9%	34	10%	39	9%	103	9%	96	9%	
August	48	10%	57	10%	30	9%	40	10%	101	8%	101	10%	
September	44	9%	54	9%	16	5%	40	10%	90	8%	121	12%	
October	41	8%	50	8%	30	9%	43	10%	100	8%	118	12%	
November	18	4%	42	7%	23	7%	24	6%	63	5%	99	10%	
December	16	3%	40	7%	19	5%	36	9%	60	5%	86	8%	

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

As shown in Table 5.44, 40% (n=199) of Soldiers who attempted suicide, 35% (n=122) of self-harm cases, and 26% (n=311) of suicidal ideation cases had known histories of prior self-injury. The proportions for more than one prior self-harm event were: 30% (n=149), 26% (n= 91), and 18% (n=217) for attempts, self-harm, and suicidal ideation, respectively. Particular non-fatal events were reported to have been similar to prior instances of self-injury in 20% (n=99) of attempts, 22% (n=77) of self-harm cases, and 9% (n=104) suicidal ideation cases.

Table 5.44 2009 AND 2008 NON-FATAL ARMY DoDSER PRIOR SELF-INJURY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	199	40%	221	37%	122	35%	149	36%	311	26%	264	26%
	Within 30 days	35	7%	16	3%	27	8%	16	4%	49	4%	26	3%
	Within 90 days (inclusive)*	56	11%	30	5%	40	12%	27	6%	77	6%	49	5%
	No	265	53%	292	49%	189	54%	224	54%	739	62%	598	59%
	Don't Know	38	8%	78	13%	36	10%	45	11%	148	12%	155	15%
Number prior self-injuries	One prior event	48	10%	----	----	28	8%	----	----	90	8%	----	----
	More than one prior event	149	30%	----	----	91	26%	----	----	217	18%	----	----
	N/A	303	61%	----	----	225	65%	----	----	887	74%	----	----
Event similar to prior self-injury	Yes	99	20%	115	19%	77	22%	94	22%	104	9%	100	10%
	No	80	16%	84	14%	32	9%	38	9%	132	11%	113	11%
	Don't Know	19	4%	22	4%	13	4%	17	4%	75	6%	51	5%
	N/A	303	60%	370	63%	225	65%	269	64%	887	74%	753	74%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

As shown in Table 5.45, 43% ($n=216$) of Soldiers with attempted suicides had no reported behavioral health diagnoses. Similarly, 39% ($n=136$) of Soldiers with self-harm without intent to die, and 46% ($n=554$) with suicidal ideation had no reported behavioral health diagnoses. Close to one-third of Soldiers with any type of non-fatal event had one reported behavioral health diagnosis. As displayed in the table, much smaller proportions of Soldiers had reported comorbid diagnoses across all types of non-fatal events.

Thirty-nine percent ($n=197$) of Service Members with a suicide attempt had been diagnosed with a mood disorder, including major depression (19%, $n=96$), bipolar disorder (3%, $n=16$), and dysthymic disorder (1%, $n=4$; Table 5.46). Twenty-four percent ($n=120$) of Service Members with a suicide attempt had been diagnosed with an anxiety disorder, including PTSD (10%, $n=49$; Table 5.47). As summarized in Table 5.48, 1% ($n=6$) had been diagnosed with a psychotic disorder, 7% ($n=33$) had been diagnosed with a personality disorder, and 28% ($n=139$) had a history of substance abuse.

Table 5.45 2009 AND 2008 NON-FATAL ARMY DoDSER COMORBIDITY RATES

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	216	43%	259	44%	136	39%	204	49%	554	46%	511	50%
	1 DX	149	30%	163	28%	96	28%	112	27%	348	29%	277	27%
	2 DX	74	15%	104	18%	67	19%	74	18%	188	16%	143	14%
	3 DX	42	8%	47	8%	38	11%	24	6%	71	6%	55	5%
	4 or more DX	21	4%	18	3%	10	3%	4	1%	37	3%	31	3%

Table 5.46 2009 AND 2008 NON-FATAL ARMY DoDSER MOOD DISORDERS

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/MOOD DISORDER	Yes	197	39%	246	42%	138	40%	156	37%	433	36%	348	34%
	No	258	51%	269	46%	178	51%	221	53%	635	53%	527	52%
	Don't Know	47	9%	76	13%	31	9%	41	10%	130	11%	142	14%
Bipolar disorder	Yes	16	3%	18	3%	10	3%	22	5%	45	4%	32	3%
	No	426	85%	470	80%	300	86%	343	82%	1001	84%	821	81%
	Don't Know	60	12%	103	17%	37	11%	53	13%	152	13%	164	16%
Major depression	Yes	96	19%	139	24%	64	18%	65	16%	183	15%	165	16%
	No	351	70%	361	61%	248	71%	302	72%	868	72%	688	68%
	Don't Know	55	11%	91	15%	35	10%	51	12%	147	12%	164	16%
Dysthymic disorder	Yes	4	1%	2	<1%	7	2%	4	1%	19	2%	12	1%
	No	436	87%	483	82%	300	86%	358	86%	1029	86%	836	82%
	Don't Know	62	12%	106	18%	40	12%	56	13%	150	13%	169	17%
Other mood disorder	Yes	44	9%	48	8%	37	11%	41	10%	118	10%	69	7%
	No	398	79%	434	73%	271	78%	327	78%	927	77%	784	77%
	Don't Know	60	12%	109	18%	39	11%	50	12%	153	13%	164	16%
Unspecified mood disorder	Yes	6	1%	11	2%	4	1%	7	2%	15	1%	24	2%
	No	449	89%	504	85%	312	90%	370	89%	1053	88%	851	84%
	Don't Know	47	9%	76	13%	31	9%	41	10%	130	11%	142	14%
Multiple mood DX	Yes	31	6%	28	5%	16	5%	17	4%	53	4%	46	5%
	No	424	84%	487	82%	300	86%	360	86%	1015	85%	829	82%
	Don't Know	47	9%	76	13%	31	9%	41	10%	130	11%	142	14%

Note: Mixed-case items were only asked in cases where the respondent indicated that the Service Member had a mood disorder.

Table 5.47 summarizes diagnoses of anxiety disorders.

Table 5.47 2009 AND 2008 NON-FATAL ARMY DoDSER ANXIETY DISORDERS

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/ANXIETY DISORDER	Yes	120	24%	138	23%	97	28%	68	16%	212	18%	200	20%
	No	338	67%	365	62%	219	63%	302	72%	864	72%	667	66%
	Don't Know	44	9%	88	15%	31	9%	48	11%	122	10%	150	15%
PTSD	Yes	49	10%	68	12%	37	11%	31	7%	89	7%	82	8%
	No	402	80%	428	72%	276	80%	333	80%	980	82%	775	76%
	Don't Know	51	10%	95	16%	34	10%	54	13%	129	11%	160	16%
Panic disorder	Yes	4	1%	4	1%	2	1%	3	1%	3	<1%	9	1%
	No	447	89%	484	82%	308	89%	359	86%	1056	88%	847	83%
	Don't Know	51	10%	103	17%	37	11%	56	13%	139	12%	161	16%
Generalized anxiety disorder	Yes	10	2%	16	3%	11	3%	7	2%	28	2%	27	3%
	No	439	87%	472	80%	301	87%	357	85%	1033	86%	828	81%
	Don't Know	53	11%	103	17%	35	10%	54	13%	137	11%	162	16%
Acute stress disorder	Yes	2	<1%	0	0%	0	0%	1	<1%	0	0%	2	<1%
	No	449	89%	483	82%	310	89%	362	87%	1061	89%	850	84%
	Don't Know	51	10%	108	18%	37	11%	55	13%	137	11%	165	16%
Other anxiety disorder	Yes	26	5%	21	4%	20	6%	17	4%	40	3%	36	4%
	No	428	85%	467	79%	290	84%	348	83%	1021	85%	823	81%
	Don't Know	48	10%	103	17%	37	11%	53	13%	137	11%	158	16%
Unspecified anxiety DX	Yes	5	1%	6	1%	2	1%	2	<1%	11	1%	9	1%
	No	453	90%	497	84%	314	90%	368	88%	1065	89%	858	84%
	Don't Know	44	9%	88	15%	31	9%	48	11%	122	10%	150	15%

Table 5.47 2009 AND 2008 NON-FATAL ARMY DoDSER ANXIETY DISORDERS (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Multiple anxiety DX	Yes	24	5%	23	4%	25	7%	7	2%	41	3%	35	3%
	No	434	86%	480	81%	291	84%	363	87%	1035	86%	832	82%
	Don't Know	44	9%	88	15%	31	9%	48	11%	122	10%	150	15%

Note: Mixed-case items were only asked in cases where the respondent indicated that the Service Member had an anxiety disorder.

As shown in Table 5.48, small proportions of Soldiers were reported to have been diagnosed with personality and psychotic disorders across all types of non-fatal events. The proportion of reported histories of substance abuse was greater: 28% ($n=139$), 30% ($n=104$), and 26% ($n=316$) for attempts, self-harm without intent to die, and suicidal ideation, respectively.

Table 5.48 2009 AND 2008 NON-FATAL ARMY DoDSER OTHER BEHAVIORAL HEALTH DISORDERS

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	33	7%	45	8%	37	11%	41	10%	72	6%	62	6%
	No	419	83%	442	75%	270	78%	324	78%	995	83%	801	79%
	Don't Know	50	10%	104	18%	40	12%	53	13%	131	11%	154	15%
DX W/PSYCHOTIC DISORDER	Yes	6	1%	12	2%	1	<1%	8	2%	19	2%	20	2%
	No	450	90%	500	85%	312	90%	365	87%	1062	89%	856	84%
	Don't Know	46	9%	79	13%	34	10%	45	11%	117	10%	141	14%
HX SUBSTANCE ABUSE	Yes	139	28%	159	27%	104	30%	108	26%	316	26%	249	24%
	No	313	62%	349	59%	215	62%	260	62%	760	63%	630	62%
	Don't Know	50	10%	83	14%	28	8%	50	12%	122	10%	138	14%

Treatment

Table 5.49 shows the history of Soldiers' visits to treatment programs and clinics prior to the non-fatal events. DoDSER respondents were instructed to select all categories that apply, thus categories are not mutually exclusive.

Thirty-five percent ($n=177$) of Soldiers who attempted suicide had been seen in military treatment facilities within 90 days of the attempt, and 28% ($n=140$) within 30 days. Forty-seven percent ($n=238$) had been seen in outpatient behavioral health facilities within 90 days of the attempt.

Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die, and for Soldiers reported to have had suicidal ideation. Table 5.49 also provides information about the history of Soldiers' visits to other broadly-defined behavioral health resources (i.e., Chaplain, Family Advocacy Program, Army Substance Abuse Program and Inpatient behavioral health programs) within 30 and 90 days across all categories of non-fatal events.

Table 5.49 2009 AND 2008 NON-FATAL ARMY DoDSER TREATMENT HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	220	44%	262	44%	138	40%	179	43%	566	47%	483	47%
	Within 30 days	140	28%	193	33%	87	25%	136	33%	404	34%	324	32%
	Within 90 days (inclusive)*	177	35%	240	41%	109	31%	171	41%	502	42%	418	41%
	No	228	45%	271	46%	174	50%	201	48%	508	42%	424	42%
	Don't Know	54	11%	58	10%	35	10%	38	9%	124	10%	110	11%
SUBSTANCE ABUSE SERVICES	Yes	73	15%	96	16%	60	17%	68	16%	197	16%	129	13%
	Within 30 days	39	8%	47	8%	34	10%	31	7%	115	10%	53	5%
	Within 90 days (inclusive)*	49	10%	62	10%	45	13%	48	11%	150	13%	82	8%
	No	381	76%	430	73%	257	74%	310	74%	877	73%	772	76%
	Don't Know	48	10%	65	11%	30	9%	40	10%	124	10%	116	11%
FAMILY ADVOCACY PROGRAMS	Yes	31	6%	25	4%	22	6%	23	6%	63	5%	45	4%
	Within 30 days	11	2%	7	1%	7	2%	9	2%	22	2%	23	2%
	Within 90 days (inclusive)*	22	4%	14	2%	14	4%	17	4%	38	3%	31	3%

Table 5.49 2009 AND 2008 NON-FATAL ARMY DoDSER TREATMENT HISTORY (cont.)

	Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only				
	2009		2008		2009		2008		2009		2008		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
CHAPLAIN SERVICES	No	420	84%	490	83%	289	83%	350	84%	1003	84%	826	81%
	Don't Know	51	10%	76	13%	36	10%	45	11%	132	11%	146	14%
	Yes	92	18%	99	17%	42	12%	59	14%	207	17%	149	15%
	Within 30 days	58	12%	62	10%	25	7%	42	10%	152	13%	113	11%
	Within 90 days (inclusive)*	81	16%	83	14%	33	10%	53	13%	189	16%	134	13%
OUTPATIENT BEHAVIORAL HEALTH	No	303	60%	331	56%	218	63%	249	60%	611	51%	463	46%
	Don't Know	107	21%	161	27%	87	25%	110	26%	380	32%	405	40%
	Yes	287	57%	354	60%	217	63%	236	56%	753	63%	610	60%
	Within 30 days	204	41%	235	40%	150	43%	155	37%	543	45%	435	43%
	Within 90 days (inclusive)*	238	47%	287	49%	176	51%	190	45%	625	52%	509	50%
INPATIENT BEHAVIORAL HEALTH	No	184	37%	200	34%	108	31%	165	39%	368	31%	325	32%
	Don't Know	31	6%	37	6%	22	6%	17	4%	77	6%	82	8%
	Yes	143	28%	152	26%	101	29%	92	22%	318	27%	247	24%
	Within 30 days	58	12%	59	10%	38	11%	31	7%	129	11%	117	12%
	Within 90 days (inclusive)*	88	18%	94	16%	67	19%	56	13%	193	16%	167	16%
HX PHYSICAL HEALTH PROBLEM	No	325	65%	394	67%	220	63%	302	72%	787	66%	677	67%
	Don't Know	34	7%	45	8%	26	7%	24	6%	93	8%	93	9%
	Yes	103	21%	107	18%	58	17%	61	15%	227	19%	183	18%
	Within 30 days	66	13%	56	9%	33	10%	42	10%	106	9%	86	8%
	Within 90 days (inclusive)*	79	16%	73	12%	46	13%	51	12%	149	12%	122	12%
No	350	70%	419	71%	272	78%	321	77%	875	73%	712	70%	
Don't Know	49	10%	65	11%	17	5%	36	9%	96	8%	122	12%	

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 5.50 shows that nearly half of all Soldiers with reported non-fatal events were reported to have taken psychotropic medication. The majority of these were antidepressants and antianxiety medications.

Table 5.50 2009 AND 2008 NON-FATAL ARMY DoDSER PSYCHOTROPIC MEDICATION USE

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	204	41%	242	41%	155	45%	155	37%	489	41%	341	34%
	No	259	52%	287	49%	157	45%	226	54%	577	48%	538	53%
	Don't Know	39	8%	62	10%	35	10%	37	9%	132	11%	138	14%
Antidepressants	Yes	178	35%	213	36%	140	40%	134	32%	426	36%	297	29%
	No	282	56%	309	52%	171	49%	244	58%	620	52%	569	56%
	Don't Know	42	8%	69	12%	36	10%	40	10%	152	13%	151	15%
Antianxiety	Yes	77	15%	97	16%	66	19%	46	11%	171	14%	129	13%
	No	370	74%	403	68%	237	68%	318	76%	856	71%	717	71%
	Don't Know	55	11%	91	15%	44	13%	54	13%	171	14%	171	17%
Antimanics	Yes	7	1%	14	2%	6	2%	15	4%	28	2%	25	2%
	No	433	86%	472	80%	296	85%	352	84%	991	83%	824	81%
	Don't Know	62	12%	105	18%	45	13%	51	12%	179	15%	168	17%
Anticonvulsants	Yes	9	2%	12	2%	9	3%	7	2%	25	2%	14	1%
	No	434	86%	480	81%	294	85%	357	85%	995	83%	833	82%
	Don't Know	59	12%	99	17%	44	13%	54	13%	178	15%	170	17%
Antipsychotics	Yes	47	9%	53	9%	41	12%	32	8%	86	7%	75	7%
	No	395	79%	444	75%	265	76%	332	79%	939	78%	770	76%
	Don't Know	60	12%	94	16%	41	12%	54	13%	173	14%	172	17%

Note: Mixed-case items were only asked in cases where the respondent indicated that the Service Member had taken psychotropic medication.

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a non-fatal suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

Table 5.51 shows relationship history factors. Many Soldiers who attempted suicide had experienced a failed intimate relationship before the attempt (50%, $n=252$). Thirty-one percent ($n=154$) had experienced the loss within 30 days of the attempt, as was true for 26% of Soldiers who engaged in non-fatal self-harm behavior. Seventeen percent ($n=85$) of those who attempted suicide had experienced a relationship difficulty with someone other than a romantic partner.

Table 5.51 2009 AND 2008 NON-FATAL ARMY DoDSER RELATIONSHIP HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	252	50%	276	47%	185	53%	180	43%	470	39%	359	35%
	Within 30 days	154	31%	161	27%	90	26%	89	21%	212	18%	179	18%
	Within 90 days (inclusive)*	193	38%	214	36%	143	41%	131	31%	319	27%	270	27%
	No	210	42%	259	44%	139	40%	200	48%	636	53%	531	52%
	Don't Know	40	8%	56	9%	23	7%	38	9%	92	8%	127	12%
HX FAILED OTHER RELATIONSHIP	Yes	85	17%	69	12%	39	11%	36	9%	150	13%	98	10%
	Within 30 days	44	9%	33	6%	19	5%	20	5%	63	5%	44	4%
	Within 90 days (inclusive)*	58	12%	47	8%	26	7%	28	7%	91	8%	63	6%
	No	350	70%	426	72%	277	80%	327	78%	918	77%	749	74%
	Don't Know	67	13%	96	16%	31	9%	55	13%	130	11%	170	17%

Table 5.51 2009 AND 2008 NON-FATAL ARMY DoDSER RELATIONSHIP HISTORY (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX ANY FAILED RELATIONSHIP	Yes	280	56%	295	50%	197	57%	191	46%	527	44%	404	40%
	Within 30 days	175	35%	171	29%	101	29%	96	23%	249	21%	199	20%
	Within 90 days (inclusive)*	213	42%	223	38%	153	44%	136	33%	354	30%	290	29%
	No	182	36%	240	41%	127	37%	192	46%	582	49%	490	48%
	Don't Know	40	8%	56	9%	23	7%	35	8%	89	7%	123	12%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

As summarized in Table 5.52, 13% ($n=66$) of Soldiers who attempted suicide had experienced the death of a family member (other than by suicide) prior to the attempt, and there was one report of spousal suicide for each type of non-fatal event. Ten percent ($n=49$) of Soldiers had experienced the death of a friend, 6% ($n=31$) had experienced the suicide of a family member, and 8% ($n=41$) were reported to have experienced the illness of a family member. These rates may be underestimates, as "don't know" responses were fairly common for some of these factors.

Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die by suicide, and for Soldiers reported to have had suicidal ideation.

Table 5.52 2009 AND 2008 NON-FATAL ARMY DoDSER FAMILY HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	1	<1%	2	<1%	1	<1%	2	<1%	1	<1%	3	<1%
	No	462	92%	530	90%	328	95%	385	92%	1120	93%	891	88%
	Don't Know	39	8%	59	10%	18	5%	31	7%	77	6%	123	12%

Table 5.52 2009 AND 2008 NON-FATAL ARMY DoDSER FAMILY HISTORY (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX FAMILY MEMBER SUICIDE	Yes	31	6%	39	7%	13	4%	18	4%	53	4%	45	4%
	No	416	83%	475	80%	310	89%	358	86%	1038	87%	823	81%
	Don't Know	55	11%	77	13%	24	7%	42	10%	107	9%	149	15%
HX FRIEND SUICIDE	Yes	37	7%	37	6%	14	4%	23	6%	80	7%	45	4%
	No	406	81%	468	79%	308	89%	349	83%	1003	84%	813	80%
	Don't Know	59	12%	86	15%	25	7%	46	11%	115	10%	159	16%
HX DEATH OF SPOUSE/FAMILY MEMBER	Yes	66	13%	92	16%	31	9%	43	10%	127	11%	132	13%
	No	382	76%	420	71%	293	84%	329	79%	964	80%	733	72%
	Don't Know	54	11%	79	13%	23	7%	46	11%	107	9%	152	15%
HX DEATH OF FRIEND	Yes	49	10%	70	12%	19	5%	29	7%	110	9%	98	10%
	No	390	78%	435	74%	306	88%	340	81%	974	81%	753	74%
	Don't Know	63	13%	86	15%	22	6%	49	12%	114	10%	166	16%
HX SPOUSE/FAMILY ILLNESS	Yes	41	8%	66	11%	34	10%	36	9%	83	7%	110	11%
	No	402	80%	444	75%	289	83%	326	78%	996	83%	737	72%
	Don't Know	59	12%	81	14%	24	7%	56	13%	119	10%	170	17%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	161	32%	212	36%	112	32%	138	33%	354	30%	304	30%
	No	257	51%	251	42%	189	54%	199	48%	635	53%	489	48%
	Don't Know	84	17%	128	22%	46	13%	81	19%	209	17%	224	22%

Administrative and Legal History

As shown in Table 5.53, Soldiers who attempted suicide reportedly had experienced a variety of administrative and legal difficulties. Nineteen percent ($n=96$) had a history of Article 15 proceedings, 11% ($n=54$) had a history of administrative separation, and 6% ($n=30$) had been absent without leave. Civil legal problems were reported for a minority of Soldiers.

Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die by suicide, and for Soldiers reported to have had suicidal ideation.

Table 5.53 2009 AND 2008 NON-FATAL ARMY DoDSER ADMIN/LEGAL HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	20	4%	12	2%	13	4%	10	2%	37	3%	30	3%
	No	427	85%	500	85%	309	89%	367	88%	1040	87%	846	83%
	Don't Know	55	11%	79	13%	25	7%	41	10%	121	10%	141	14%
HX ARTICLE 15	Yes	96	19%	112	19%	71	20%	81	19%	204	17%	166	16%
	No	345	69%	405	69%	244	70%	293	70%	855	71%	692	68%
	Don't Know	61	12%	74	13%	32	9%	44	11%	139	12%	159	16%
HX ADMIN SEPARATION	Yes	54	11%	63	11%	33	10%	45	11%	125	10%	97	10%
	No	394	78%	445	75%	285	82%	329	79%	953	80%	756	74%
	Don't Know	54	11%	83	14%	29	8%	44	11%	120	10%	164	16%
HX AWOL	Yes	30	6%	36	6%	32	9%	27	6%	111	9%	92	9%
	No	422	84%	492	83%	298	86%	355	85%	983	82%	800	79%
	Don't Know	50	10%	63	11%	17	5%	36	9%	104	9%	125	12%
HX MEDICAL BOARD	Yes	39	8%	51	9%	27	8%	34	8%	76	6%	58	6%
	No	409	81%	474	80%	300	86%	350	84%	1011	84%	821	81%
	Don't Know	54	11%	66	11%	20	6%	34	8%	111	9%	138	14%

Table 5.53 2009 AND 2008 NON-FATAL ARMY DoDSER ADMIN/LEGAL HISTORY (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX CIVIL LEGAL PROBLEMS	Yes	47	9%	46	8%	23	7%	33	8%	76	6%	69	7%
	No	397	79%	464	79%	296	85%	326	78%	1000	83%	768	76%
	Don't Know	58	12%	81	14%	28	8%	59	14%	122	10%	180	18%
HX NON-SELECTION	Yes	15	3%	7	1%	12	3%	10	2%	20	2%	18	2%
	No	421	84%	502	85%	304	88%	345	83%	1034	86%	811	80%
	Don't Know	66	13%	82	14%	31	9%	63	15%	144	12%	188	18%

Abuse History

As shown in Table 5.54, 23% ($n=113$) of Soldiers who attempted suicide had a history of physical abuse, 17% had a history of sexual abuse, and 25% had a history of emotional abuse. The portions of reported physical, sexual, and emotional abuse were very similar for those with self-harm behaviors and those with suicidal ideation. Reports of Soldiers having perpetrated abuse or having been victims of sexual harassment were not common for any category of non-fatal event.

Table 5.54 2009 AND 2008 NON-FATAL ARMY DoDSER ABUSE HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	113	23%	111	19%	71	20%	76	18%	244	20%	186	18%
	No	325	65%	380	64%	222	64%	276	66%	784	65%	642	63%
	Don't Know	64	13%	100	17%	54	16%	66	16%	170	14%	189	19%
HX VICTIM SEXUAL ABUSE	Yes	84	17%	71	12%	50	14%	48	11%	154	13%	125	12%
	No	351	70%	415	70%	241	69%	301	72%	856	71%	708	70%
	Don't Know	67	13%	105	18%	56	16%	69	17%	188	16%	184	18%
HX VICTIM EMOTIONAL ABUSE	Yes	125	25%	122	21%	64	18%	70	17%	251	21%	188	18%
	No	306	61%	361	61%	222	64%	275	66%	764	64%	646	64%
	Don't Know	71	14%	108	18%	61	18%	73	17%	183	15%	183	18%
HX VICTIM SEXUAL HARASSMENT	Yes	19	4%	27	5%	7	2%	6	1%	39	3%	29	3%
	No	406	81%	450	76%	283	82%	335	80%	967	81%	776	76%
	Don't Know	77	15%	114	19%	57	16%	77	18%	192	16%	212	21%

Table 5.54 2009 AND 2008 NON-FATAL ARMY DoDSER ABUSE HISTORY (cont.)

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX PERPETRATOR PHYSICAL ABUSE	Yes	28	6%	25	4%	18	5%	19	5%	54	5%	43	4%
	No	405	81%	467	79%	274	79%	330	79%	984	82%	778	76%
	Don't Know	69	14%	99	17%	55	16%	69	17%	160	13%	196	19%
HX PERPETRATOR SEXUAL ABUSE	Yes	9	2%	5	1%	3	1%	4	1%	12	1%	12	1%
	No	423	84%	482	82%	288	83%	344	82%	1021	85%	811	80%
	Don't Know	70	14%	104	18%	56	16%	70	17%	165	14%	194	19%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	16	3%	14	2%	3	1%	10	2%	28	2%	13	1%
	No	412	82%	468	79%	285	82%	338	81%	1005	84%	799	79%
	Don't Know	74	15%	109	18%	59	17%	70	17%	165	14%	205	20%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	2	<1%	2	<1%	1	<1%	3	1%	12	1%	4	<1%
	No	427	85%	485	82%	288	83%	343	82%	1024	85%	813	80%
	Don't Know	73	15%	104	18%	58	17%	72	17%	162	14%	200	20%

Financial and Workplace Difficulties

Of the financial and workplace issues assessed by DoDSER, the most common for Soldiers who attempted suicide were job loss or instability (27%, n=137) and problems with supervisors or co-workers (24%, n=121), as shown in Table 5.55. Workplace hazing was reported in a small number of those with non-fatal events, ranging from 3% to 5% of cases.

Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die, and for Soldiers reported to have had suicidal ideations.

Table 5.55 2009 AND 2008 NON-FATAL ARMY DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
EXCESSIVE DEBT/ BANKRUPTCY	Yes	51	10%	66	11%	36	10%	52	12%	127	11%	114	11%
	No	378	75%	411	70%	273	79%	291	70%	946	79%	703	69%
	Don't Know	73	15%	114	19%	38	11%	75	18%	125	10%	200	20%
HX JOB PROBLEMS	Yes	137	27%	159	27%	106	31%	134	32%	358	30%	310	30%
	No	306	61%	342	58%	221	64%	231	55%	740	62%	561	55%
	Don't Know	59	12%	90	15%	20	6%	53	13%	100	8%	146	14%
HX SUPERVISOR/ COWORKER ISSUES	Yes	121	24%	143	24%	99	29%	129	31%	320	27%	282	28%
	No	309	62%	341	58%	221	64%	229	55%	757	63%	572	56%
	Don't Know	72	14%	107	18%	27	8%	60	14%	121	10%	163	16%
HX POOR WORK EVALUATION	Yes	63	13%	90	15%	80	23%	98	23%	198	17%	199	20%
	No	364	73%	383	65%	234	67%	249	60%	858	72%	629	62%
	Don't Know	75	15%	118	20%	33	10%	71	17%	142	12%	189	19%
HX UNIT/ WORKPLACE HAZING	Yes	27	5%	23	4%	13	4%	14	3%	37	3%	27	3%
	No	397	79%	448	76%	306	88%	325	78%	1023	85%	781	77%
	Don't Know	78	16%	120	20%	28	8%	79	19%	138	12%	209	21%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Member's most recent three deployments. Data include deployment location information as well as a history of direct combat operations. Comparisons of OEF/OIF suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment History

As shown in Table 5.56, 49% ($n=245$) of Soldiers who attempted suicide had been deployed as part of OEF/OIF at least once. Forty-two percent ($n=209$) had been deployed to only Iraq, and 3% ($n=13$) had been deployed to multiple OEF/OIF locations. These data are consistent with 2008 Army DoDSERs.

Similar patterns were observed for Soldiers reported to have harmed themselves without intending to die, and for Soldiers reported to have had suicidal ideations.

Table 5.56 2009 AND 2008 NON-FATAL ARMY DoDSER EVER DEPLOYED TO OEF/OIF

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	11	2%	35	6%	13	4%	21	5%	35	3%	73	7%
	IRAQ	209	42%	59	10%	108	31%	155	37%	382	32%	345	34%
	KUWAIT	12	2%	2	<1%	7	2%	8	2%	21	2%	13	1%
	MULTIPLE OEF/OIF LOCATIONS	13	3%	12	2%	12	3%	6	2%	37	3%	22	2%
	NO HX OEF/OIF DEPLOYMENT	257	51%	495	84%	207	60%	234	56%	723	60%	586	58%

Combat History

As shown in Table 5.57, the majority of Soldiers who attempted suicide had no known direct combat experience (76%, $n=384$). Of the 118 with combat history (24%), 85 (72%) were reported to have witnessed killing and 91 (77%) were reported to have seen dead bodies during combat. A similar pattern was observed for self-harm and suicidal ideation cases.

Table 5.57 2009 AND 2008 NON-FATAL ARMY DoDSER COMBAT HISTORY

		Suicide Attempt				Self-Harm (w/o Intent to Die)				Ideation Only			
		2009		2008		2009		2008		2009		2008	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	118	24%	134	23%	63	18%	72	17%	190	16%	184	18%
	Combat Resulted in Injuries/Casualties	89	75%	86	64%	36	57%	47	65%	129	68%	129	70%
	Injured in Combat	24	20%	33	25%	14	22%	14	19%	57	30%	48	26%
	Witnessed Killing in Combat	85	72%	81	60%	34	54%	45	63%	126	66%	128	70%
	Saw Dead Bodies in Combat	91	77%	81	60%	36	57%	52	72%	124	65%	131	71%
	Killed Others in Combat	41	35%	47	35%	16	25%	24	33%	61	32%	65	35%
	NO DIRECT COMBAT HX	384	76%	457	77%	284	82%	346	83%	1008	84%	833	82%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

This chapter described the factors associated with Army suicides, attempted suicides, non-fatal self-harm events and instances of suicidal ideation tracked by DoDSERs in calendar year 2009.

The AFMES indicates a total of 164 Soldier suicides in 2009, including cases pending final determination but strongly suspected to be suicides. DoDSERs were received for 95% of confirmed 2009 Army suicides as of 1 April 2010. An additional 2047 Army DoDSERs were received for non-fatal Army suicide events. Suicide behaviors were most common for young, married, Caucasian, junior enlisted, active component Soldiers.

Firearms and hanging were the most common method for suicides, and overdoses and cutting were the most common non-fatal suicide-related behaviors. The majority of events occurred in a garrison duty environment. It was not uncommon for individuals to have had prior self-injurious events, past behavioral health diagnoses, or prior outpatient or other behavioral health care, although most suicides did not have a diagnosed behavioral health disorder reported. The most frequently reported stressors included failed intimate relationships, work-related problems, Article 15 proceedings and civil legal problems. Histories of physical, sexual, or emotional abuse were reported in 13% to 25% of all suicide attempts, self-harm events, and instances of suicidal ideation.

About half of Soldiers with completed suicides had deployed to Iraq at least once, and 42% of Soldiers who attempted suicide had been deployed to Iraq at least once. Slightly less than one-third of those with self-harm and suicidal ideation (31% and 32%, respectively) had been deployed in support of OIF at least once. The majority of suicide and non-fatal suicide event cases had no reported history of combat exposure.

Results from Army DoDSERs submitted for suicides in 2009 were generally consistent with patterns observed in 2008. Conclusions and interpretations regarding noted patterns must be made with caution until data are available for a comparable group of Soldiers that is demographically similar.

Chapter 6

MARINE CORPS RESULTS FOR COMPLETED SUICIDES

DoDSER Submissions and POC Compliance

Department of Defense Suicide Event Reports (DoDSERs) were submitted for 52 Marine Corps suicides in 2009. As indicated in Table 6.1, the 52 reports are consistent with the 51 confirmed suicides plus one as yet unconfirmed suicide reported by the Armed Forces Medical Examiner System (AFMES).

Table 6.1 2009 MARINE CORPS AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	2009
Total DoDSERs	52
Total AFMES Confirmed and Pending Suicides	52
AFMES Confirmed Suicides	50
DoDSER Submission Compliance	100%
Additional DoDSERs Pending AFMES Confirmation	2

Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicidal events. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

The majority of Marine Corps decedents were male and in Regular Active Duty component, as reported in DMDC demographic data. As in 2008, Table 6.2 shows that the majority were Caucasian (92%, $n=48$), under 25 years of age (77%, $n=40$), and enlisted (96%, $n=50$). All Marine Corps decedents had at least graduated high school (81%, $n=42$) or attained a GED (13%, $n=7$). Forty-eight percent had never been married ($n=25$), 42% ($n=22$) were married at the time of the suicide and 10% were divorced ($n=5$).

Table 6.2 2009 AND 2008 AFMES MARINE CORPS DEMOGRAPHICS

	2009		2008	
	Count	Percent	Count	Percent
Total	52	100%	42	100%
GENDER				
Male	52	100%	40	95%

Table 6.2 2009 AND 2008 AFMES MARINE CORPS DEMOGRAPHICS

		(cont.)		2009		2008	
		Count	Percent	Count	Percent	Count	Percent
RACE	Female	0	0%	2	5%		
	Asian/Pacific Islander	1	2%	0	0%		
	African American	3	6%	2	5%		
	Caucasian	48	92%	37	88%		
	American Indian/Alaska Native	0	0%	0	0%		
	Other/Don't Know/Missing	0	0%	3	7%		
AGE RANGE	Under 25	40	77%	31	74%		
	25-29	5	10%	6	14%		
	30-39	6	12%	3	7%		
	40 +	1	2%	2	5%		
RANK	E1-E4	39	75%	27	64%		
	E5-E9	11	21%	13	31%		
	Officer	1	2%	2	5%		
	Warrant Officer	1	2%	0	0%		
	Cadet/Midshipman	0	0%	0	0%		
COMPONENT	Regular	51	98%	40	95%		
	Reserve	1	2%	2	5%		
	National Guard	0	0%	0	0%		
EDUCATION	Did not graduate high school	0	0%	3	7%		
	GED	7	13%	1	2%		
	High school graduate	42	81%	33	79%		
	Some college or technical school	2	4%	0	0%		
	Degree/certificate of less than four years	0	0%	2	5%		
	Four-year college degree	1	2%	2	5%		
	Master's degree or greater	0	0%	1	2%		
	Don't Know	0	0%	0	0%		
MARITAL STATUS	Never Married	25	48%	19	45%		
	Married	22	42%	18	43%		
	Legally Separated	0	0%	0	0%		
	Divorced	5	10%	3	7%		
	Widowed	0	0%	0	0%		
	Don't Know	0	0%	2	5%		

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through 12/31/2009 as of 4/1/2010.

Event Setting

Table 6.3 identifies the country where Marine Corps suicides took place and Table 6.4 identifies specific settings. Marine Corps suicides took place primarily in the U.S. (75%, *n*=39) and Iraq (15%, *n*=8). The most common settings for Marine Corps suicides in 2009 were Service Members' personal residences or barracks (60%, *n*=31). Fifteen percent (*n*=8) of suicides occurred at other locations such as hotels or parks. Twelve percent (*n*=6) occurred in the residence of a friend or family member.

Table 6.3 2009 AND 2008 MARINE CORPS DoDSER EVENT COUNTRY

EVENT COUNTRY		2009		2008	
		Count	Percent	Count	Percent
EVENT COUNTRY	United States	39	75%	33	80%
	Iraq	8	15%	6	15%
	Afghanistan	3	6%	0	0%
	Other	2	4%	0	0%
	Don't Know	0	0%	2	5%

Table 6.4 2009 AND 2008 MARINE CORPS DoDSER EVENT SETTING

EVENT SETTING		2009		2008	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (own) or barracks	31	60%	23	56%
	Residence of friend or family	6	12%	5	12%
	Work/jobsite	3	6%	5	12%
	Automobile (away from residence)	4	8%	4	10%
	Inpatient medical facility	0	0%	0	0%
	Other	8	15%	4	10%

Event Method

Figure 6.1 and Table 6.5 show the most common suicide methods used by Marine Corps Service Members in 2009 and 2008. The majority of decedents used firearms, including both non-military issue (31%, *n*=16) and military issue (29%, *n*=15). Hanging was the next most common suicide method (33%, *n*=17). The remainder of individuals used other methods (8%, *n*=4 in 2009).

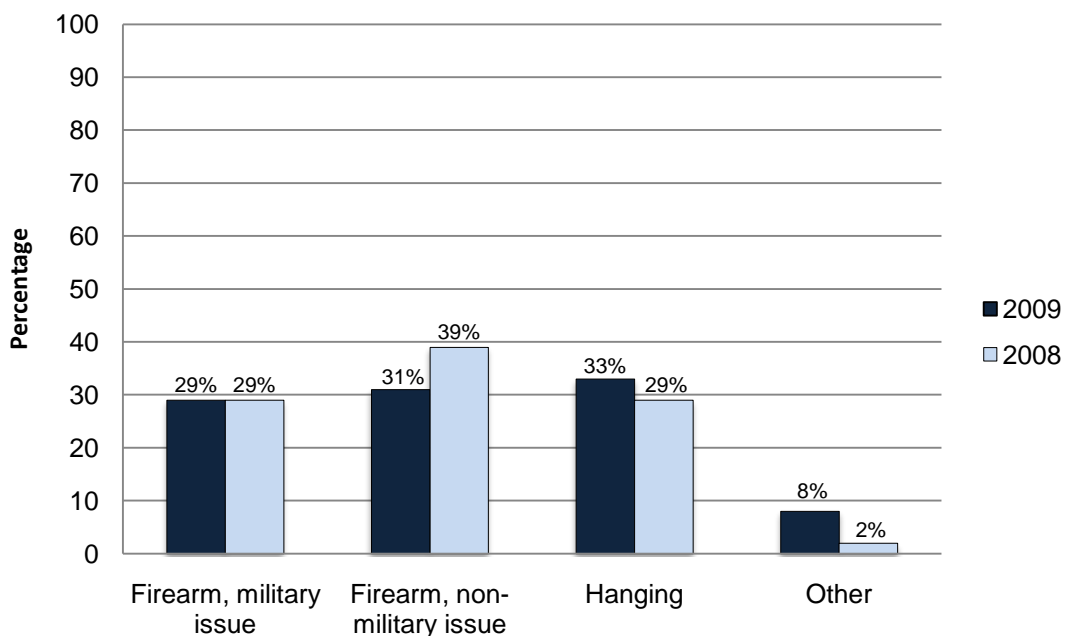


Figure 6.1 2009 AND 2008 MARINE CORPS DoDSER EVENT METHODS

Table 6.5 2009 AND 2008 MARINE CORPS DoDSER EVENT METHOD

EVENT METHOD	2009		2008	
	Count	Percent	Count	Percent
Gas, vehicle exhaust	1	2%	0	0%
Hanging	17	33%	12	29%
Firearm, military issue	15	29%	12	29%
Firearm, non-military issue	16	31%	16	39%
Sharp or blunt object	2	4%	0	0%
Crashing a motor vehicle	0	0%	1	2%
Other	1	2%	0	0%

Substance Use during the Event

The DoDSER process collects information about whether alcohol or other drugs were used during the suicide. For approximately one half of Marine Corps decedents, it remains unknown whether they used alcohol or drugs. As indicated in Table 6.6, thirteen percent ($n=7$) of decedents were reported to have used alcohol and 6% ($n=3$) were reported to have used prescription or illegal drugs.

Table 6.6 2009 AND 2008 MARINE CORPS DoDSER SUBSTANCE(S) USED DURING EVENT

		2009		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	7	13%	10	24%
	No	22	42%	15	37%
	Don't Know	23	44%	16	39%
ANY DRUGS USED	Yes	3	6%	1	2%
	No	19	37%	22	54%
	Don't Know	30	58%	18	44%
Illegal drugs	Overdose	0	0%	0	0%
	Used, no overdose	1	2%	0	0%
	Were not used	21	40%	22	54%
	Don't Know	30	58%	19	46%
Prescription drugs	Overdose	0	0%	0	0%
	Used, no overdose	2	4%	1	2%
	Were not used	20	38%	22	54%
	Don't Know	30	58%	18	44%
OTC drugs	Overdose	0	0%	0	0%
	Used, no overdose	0	0%	0	0%
	Were not used	22	42%	22	54%
	Don't Know	30	58%	19	46%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicated their potential for self-harm when known. The majority of Marine Corps decedents were not reported to have disclosed to others potential for self-harm (73%, $n=38$), as shown in Table 6.7. The majority of reported communications were verbal (15%, $n=8$), as shown in Table 6.8. These reported communications of intent were to spouses (13%, $n=7$) or friends (13%, $n=7$; Table 6.9). As indicated in Table 6.7, 12% ($n=6$) communicated with at least two different categories of recipients.

Table 6.7 2009 AND 2008 MARINE CORPS DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	38	73%	28	68%
	1	7	13%	11	27%
	2	6	12%	2	5%
	4	1	2%	0	0%

Table 6.8 2009 AND 2008 MARINE CORPS DoDSER MODE OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	8	15%	6	15%
	Written Only	0	0%	1	2%
	Other	2	4%	3	7%
	Multiple Modes	3	6%	1	2%

Note: Multiple modes include a combination of verbal, written, or other mode of communicating intent to suicide.

Table 6.9 2009 AND 2008 MARINE CORPS DoDSER RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
COMMUNICATION	Friend	7	13%	1	2%
	Behavioral Health Staff	2	4%	1	2%
	Supervisor	1	2%	0	0%
	Spouse	7	13%	6	15%
	Chaplain	0	0%	0	0%
	Other	6	12%	7	17%
	Made Multiple Communication	7	13%	2	5%

Additional Event Information

Additional details about Marine Corps suicides were consistent from 2008 to 2009. As shown in Table 6.10, most decedents were deemed by respondents as having evidence of intent to die (73%, $n=38$), but only 35% ($n=18$) of the suicides were reported to have been premeditated. The majority of decedents took their lives in places where it was unlikely that others could observe or intervene (75%, $n=39$) and only 17% ($n=9$) left suicide notes.

Table 6.10 2009 AND 2008 MARINE CORPS DoDSER OTHER EVENT INFORMATION

		2009		2008	
		Count	Percent	Count	Percent
EVIDENCE EXISTS INDICATING INTENTION TO DIE	Yes	38	73%	30	73%
	No	3	6%	3	7%
	Don't Know	11	21%	8	20%
DEATH RISK GAMBLING	Yes	0	0%	1	2%
	No	44	85%	34	83%
	Don't Know	8	15%	6	15%

Table 6.10 2009 AND 2008 MARINE CORPS DoDSER OTHER EVENT INFORMATION (cont.)

		2009		2008	
		Count	Percent	Count	Percent
PLANNED/PREMEDITATED	Yes	18	35%	14	34%
	No	16	31%	18	44%
	Don't Know	18	35%	9	22%
OBSERVABLE	Yes	6	12%	9	22%
	No	39	75%	32	78%
	Don't Know	7	13%	0	0%
SUICIDE NOTE LEFT	Yes	9	17%	13	32%
	No	31	60%	23	56%
	Don't Know	12	23%	5	12%

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

Most Marine Corps decedents lived in a shared military environment (37%, $n=19$) and 19% ($n=10$) lived in bachelor's quarters at the time the suicide took place. Another 29% ($n=15$) of decedents lived in their own houses or apartments. Most did not live alone (71%, $n=37$). Fifteen percent lived with their spouses ($n=8$) or lived apart due to deployment or for reasons other than relationship difficulties (19%, $n=10$). Twenty-one percent ($n=11$) had minor-aged children, and 8% ($n=4$) lived with their children at the time of suicide. Half of the Marine Corps decedents (50%, $n=26$) had access to firearms in their living or work environment. See Table 6.11 for additional situational details.

Table 6.11 2009 AND 2008 MARINE CORPS DoDSER HOME ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environment	19	37%	10	24%
	Bachelor quarters	10	19%	8	20%
	On-base family housing	2	4%	2	5%
	Owned or leased apartment or house	15	29%	17	41%
	Ship	0	0%	1	2%
	Other	3	6%	3	7%
	Don't Know	3	6%	0	0%

Table 6.11 2009 AND 2008 MARINE CORPS DoDSER HOME ENVIRONMENT (cont.)

		2009		2008	
		Count	Percent	Count	Percent
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	8	15%	7	17%
	Separated due to relationship issues	3	6%	7	17%
	Apart for other reasons/deployed	10	19%	4	10%
	Don't Know	3	6%	1	2%
	Unmarried at time of event	28	54%	22	54%
RESIDED ALONE	Yes	13	25%	9	22%
	No	37	71%	30	73%
	Don't Know	2	4%	2	5%
HAD MINOR CHILDREN	Yes	11	21%	10	24%
	No	41	79%	31	76%
CHILDREN RESIDED WITH	Yes	4	8%	5	12%
	No	6	12%	5	12%
	Don't Know	1	2%	0	0%
	No Known Children	41	79%	31	76%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	26	50%	23	56%
	No	15	29%	13	32%
	Don't Know	11	21%	5	12%

Duty Environment

Specific duty environment possibilities presented in Table 6.12 were rare for Marine Corps decedents. As in 2008, 10% ($n=5$) of individuals were absent without leave at the time of death. See Table 6.12 for additional details.

Table 6.12 2009 AND 2008 MARINE CORPS DoDSER DUTY ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
DUTY ENVIRONMENT	Leave	4	8%	5	12%
	Medical Hold	0	0%	2	5%
	TDY	4	8%	4	10%
	AWOL	5	10%	4	10%
	Other	4	8%	2	5%
	Training	3	6%	2	5%
	Multiple Duty Environments Provided	1	2%	2	5%

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Suicide Completions by Month

Consistent with data from 2008, no clear pattern exists for Marine Corps suicides by month, as shown in Table 6.13.

Table 6.13 2009 AND 2008 MARINE CORPS DoDSER SUICIDE EVENTS BY MONTH

MONTH	2009		2008	
	Count	Percent	Count	Percent
January	3	6%	7	17%
February	1	2%	1	2%
March	3	6%	4	10%
April	6	12%	1	2%
May	4	8%	6	15%
June	9	17%	3	7%
July	9	17%	3	7%
August	2	4%	6	15%
September	1	2%	2	5%
October	4	8%	2	5%
November	4	8%	1	2%
December	6	12%	5	12%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

As shown in Table 6.14, 13% (n=7) of Marine Corps decedents had a reported history of prior self-injury. Three of the seven individuals had one known prior event, and four had more than one. Two of the decedents had prior self-injuries similar to the method of completed suicide. Three Marine Corps decedents were reported to have injured themselves within one month of the completed suicide and an additional two within three months.

Table 6.14 2009 AND 2008 MARINE CORPS DoDSER PRIOR SELF-INJURY

		2009		2008	
		Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	7	13%	6	15%
	Within 30 days	3	6%	2	5%
	Within 90 days (inclusive)*	5	10%	3	7%
	No	34	65%	24	59%
	Don't Know	11	21%	11	27%
Number prior self-injuries	One prior event	3	6%	----	----
	More than one prior event	4	8%	----	----
	N/A	45	87%	----	----
Event similar to prior self-injury	Yes	2	4%	1	2%
	No	5	10%	4	10%
	Don't Know	0	0%	1	2%
	N/A	45	87%	35	85%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

As shown in Table 6.15, 21% ($n=11$) of Marine Corps decedents reportedly had been diagnosed with a mood disorder. Most commonly, decedents had been previously diagnosed with major depressive disorder ($n=5$, 10%). In contrast to 2008 data, 13% ($n=7$) had a diagnosis of at least one anxiety disorder, and 10% ($n=5$) had more than one anxiety disorder (Table 6.16), although given the small cell sizes, differences between years should be interpreted with caution. As shown in Table 6.17, twenty-nine percent ($n=15$) had a reported history of substance abuse and 8% ($n=4$) had a diagnosis of a personality disorder. Only one decedent (2%) had been previously diagnosed with a psychotic disorder. Approximately half of Marine Corps decedents had no known behavioral health disorders (54%, $n=28$; Table 6.18). Of the remainder, most had only one diagnosis (29%, $n=15$), and 18% ($n=9$) had more than one comorbid disorder.

Table 6.15 2009 AND 2008 MARINE CORPS DoDSER MOOD DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/MOOD DISORDER	Yes	11	21%	6	15%
	No	33	63%	32	78%
	Don't Know	8	15%	3	7%

Table 6.15 2009 AND 2008 MARINE CORPS DoDSER MOOD DISORDERS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Bipolar disorder	Yes	0	0%	0	0%
	No	39	75%	35	85%
	Don't Know	13	25%	6	15%
Major depression	Yes	5	10%	2	5%
	No	36	69%	34	83%
	Don't Know	11	21%	5	12%
Dysthymic disorder	Yes	0	0%	1	2%
	No	39	75%	34	83%
	Don't Know	13	25%	6	15%
Other mood disorder	Yes	2	4%	1	2%
	No	38	73%	34	83%
	Don't Know	12	23%	6	15%
Unspecified mood disorder	Yes	2	4%	2	5%
	No	42	81%	36	88%
	Don't Know	8	15%	3	7%
Multiple mood DX	Yes	2	4%	0	0%
	No	42	81%	38	93%
	Don't Know	8	15%	3	7%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a mood disorder.

Table 6.16 2009 AND 2008 MARINE CORPS DoDSER ANXIETY DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/ANXIETY DISORDER	Yes	7	13%	2	5%
	No	35	67%	36	88%
	Don't Know	10	19%	3	7%
PTSD	Yes	1	2%	0	0%
	No	40	77%	37	90%
	Don't Know	11	21%	4	10%
Panic disorder	Yes	0	0%	0	0%
	No	41	79%	37	90%
	Don't Know	11	21%	4	10%
Generalized anxiety disorder	Yes	1	2%	1	2%
	No	40	77%	36	88%
	Don't Know	11	21%	4	10%

Table 6.16 2009 AND 2008 MARINE CORPS DoDSER ANXIETY DISORDERS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Acute stress disorder	Yes	0	0%	1	2%
	No	41	79%	37	90%
	Don't Know	11	21%	3	7%
Other anxiety disorder	Yes	0	0%	0	0%
	No	42	81%	37	90%
	Don't Know	10	19%	4	10%
Unspecified anxiety DX	Yes	0	0%	0	0%
	No	42	81%	38	93%
	Don't Know	10	19%	3	7%
Multiple anxiety DX	Yes	5	10%	0	0%
	No	37	71%	38	93%
	Don't Know	10	19%	3	7%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had an anxiety disorder.

Table 6.17 2009 AND 2008 MARINE CORPS DoDSER OTHER BEHAVIORAL HEALTH DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	4	8%	2	5%
	No	39	75%	37	90%
	Don't Know	9	17%	2	5%
DX W/PSYCHOTIC DISORDER	Yes	1	2%	0	0%
	No	43	83%	38	93%
	Don't Know	8	15%	3	7%
HX SUBSTANCE ABUSE	Yes	15	29%	6	15%
	No	29	56%	29	71%
	Don't Know	8	15%	6	15%

Table 6.18 2009 AND 2008 MARINE CORPS DoDSER COMORBIDITY RATES

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	28	54%	30	73%
	1 DX	15	29%	10	24%
	2 DX	4	8%	1	2%
	3 DX	2	4%	0	0%
	4 or more DX	3	6%	0	0%

Treatment

Table 6.19 displays the history of Marine Corps decedents’ visits to treatment programs and clinics prior to suicide. Sixty percent ($n=31$) had been seen at a military treatment facility prior to the event and only 8% ($n=4$) had a reported physical health problem. Outpatient mental health was the most commonly reported behavioral healthcare provision (35%, $n=18$), followed by chaplain services (21%, $n=11$). Only 10% ($n=5$) of decedents had been prescribed psychotropic medication, as shown in Table 6.20. Most of these were antidepressants (8%, $n=4$). These data are generally consistent with patterns observed in 2008.

Table 6.19 2009 AND 2008 MARINE CORPS DoDSER TREATMENT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	31	60%	22	54%
	Within 30 days	19	37%	10	24%
	Within 90 days (inclusive)*	24	46%	16	39%
	No	15	29%	16	39%
	Don’t Know	6	12%	3	7%
SUBSTANCE ABUSE SERVICES	Yes	9	17%	2	5%
	Within 30 days	6	12%	0	0%
	Within 90 days (inclusive)*	6	12%	0	0%
	No	34	65%	32	78%
	Don’t Know	9	17%	7	17%
FAMILY ADVOCACY PROGRAMS	Yes	3	6%	3	7%
	Within 30 days	1	2%	2	5%
	Within 90 days (inclusive)*	3	6%	2	5%
	No	34	65%	30	73%
	Don’t Know	15	29%	8	20%

Table 6.19 2009 AND 2008 MARINE CORPS DoDSER TREATMENT HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
CHAPLAIN SERVICES	Yes	11	21%	5	12%
	Within 30 days	6	12%	3	7%
	Within 90 days (inclusive)*	8	15%	4	10%
	No	29	56%	25	61%
	Don't Know	12	23%	11	27%
OUTPATIENT BEHAVIORAL HEALTH	Yes	18	35%	12	29%
	Within 30 days	8	15%	5	12%
	Within 90 days (inclusive)*	11	21%	6	15%
	No	26	50%	27	66%
	Don't Know	8	15%	2	5%
INPATIENT BEHAVIORAL HEALTH	Yes	4	8%	2	5%
	Within 30 days	1	2%	2	5%
	Within 90 days (inclusive)*	2	4%	3	7%
	No	38	73%	32	78%
	Don't Know	10	19%	7	17%
HX PHYSICAL HEALTH PROBLEM	Yes	4	8%	9	22%
	Within 30 days	3	6%	5	12%
	Within 90 days (inclusive)*	4	8%	6	15%
	No	39	75%	30	73%
	Don't Know	9	17%	2	5%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 6.20 2009 AND 2008 MARINE CORPS DoDSER PSYCHOTROPIC MEDICATION USE

		2009		2008	
		Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	5	10%	4	10%
	No	34	65%	31	76%
	Don't Know	13	25%	6	15%
Antidepressants	Yes	4	8%	4	10%
	No	34	65%	31	76%
	Don't Know	14	27%	6	15%
Antianxiety	Yes	2	4%	0	0%
	No	36	69%	35	85%
	Don't Know	14	27%	6	15%

Table 6.20 2009 AND 2008 MARINE CORPS DoDSER PSYCHOTROPIC MEDICATION USE (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Antimanics	Yes	1	2%	1	2%
	No	37	71%	34	83%
	Don't Know	14	27%	6	15%
Anticonvulsants	Yes	2	4%	1	2%
	No	36	69%	34	83%
	Don't Know	14	27%	6	15%
Antipsychotics	Yes	1	2%	1	2%
	No	37	71%	34	83%
	Don't Know	14	27%	6	15%

Note: Indented items were only asked in cases where the respondent indicated that the decedent used psychotropic medication.

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

As in 2008, many Marine Corps decedents had experienced failed intimate relationships prior to suicide ($n=22$, 42%; Table 6.21). Twenty-seven percent ($n=14$) were reported to have experienced the loss within 30 days of taking their lives. Three decedents were reported to have experienced a relationship difficulty with someone other than a romantic partner within 30 days of the suicide. As shown in Table 6.22, histories of the death or suicide of a loved one was rare.

Table 6.21 2009 AND 2008 MARINE CORPS DoDSER RELATIONSHIP HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	22	42%	23	56%
	Within 30 days	14	27%	14	34%
	Within 90 days (inclusive)*	15	29%	18	44%
	No	17	33%	12	29%
	Don't Know	13	25%	6	15%
HX FAILED OTHER RELATIONSHIP	Yes	5	10%	4	10%
	Within 30 days	3	6%	4	10%
	Within 90 days (inclusive)*	3	6%	4	10%
	No	23	44%	24	59%
	Don't Know	24	46%	13	32%

Table 6.21 2009 AND 2008 MARINE CORPS DoDSER RELATIONSHIP HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX ANY FAILED RELATIONSHIP	Yes	22	42%	24	59%
	Within 30 days	14	27%	17	41%
	Within 90 days (inclusive)*	15	29%	20	49%
	No	17	33%	11	27%
	Don't Know	13	25%	6	15%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 6.22 2009 AND 2008 MARINE CORPS DoDSER FAMILY HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	48	92%	39	95%
	Don't Know	4	8%	2	5%
HX FAMILY MEMBER SUICIDE	Yes	2	4%	3	7%
	No	34	65%	29	71%
	Don't Know	16	31%	9	22%
HX FRIEND SUICIDE	Yes	1	2%	1	2%
	No	33	63%	29	71%
	Don't Know	18	35%	11	27%
HX DEATH OF SPOUSE/FAMILY MEMBER	Yes	1	2%	3	7%
	No	35	67%	30	73%
	Don't Know	16	31%	8	20%
HX DEATH OF FRIEND	Yes	1	2%	2	5%
	No	28	54%	24	59%
	Don't Know	23	44%	15	37%
HX SPOUSE/FAMILY ILLNESS	Yes	2	4%	3	7%
	No	33	63%	28	68%
	Don't Know	17	33%	10	24%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	4	8%	2	5%
	No	11	21%	6	15%
	Don't Know	37	71%	33	80%

Administrative and Legal History

As shown in Table 6.23, Marine Corps decedents were reported to have experienced a variety of administrative and legal difficulties before dying by suicide. Thirty-five percent ($n=18$) had a history of Article 15 proceedings, 15% ($n=8$) had been absent without leave, and 12% ($n=6$) had a history of administrative separation from the Service. Civil legal problems and other legal and administrative problems were reported for a minority of cases.

Table 6.23 2009 AND 2008 MARINE CORPS DoDSER ADMIN/LEGAL HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	4	8%	1	2%
	No	45	87%	40	98%
	Don't Know	3	6%	0	0%
HX ARTICLE 15	Yes	18	35%	0	0%
	No	26	50%	0	0%
	Don't Know	8	15%	41	100%
HX ADMIN SEPARATION	Yes	6	12%	4	10%
	No	44	85%	36	88%
	Don't Know	2	4%	1	2%
HX AWOL	Yes	8	15%	5	12%
	No	43	83%	36	88%
	Don't Know	1	2%	0	0%
HX MEDICAL BOARD	Yes	1	2%	4	10%
	No	47	90%	37	90%
	Don't Know	4	8%	0	0%
HX CIVIL LEGAL PROBLEMS	Yes	3	6%	2	5%
	No	41	79%	35	85%
	Don't Know	8	15%	4	10%
HX NON-SELECTION	Yes	5	10%	5	12%
	No	44	85%	35	85%
	Don't Know	3	6%	1	2%

Abuse History

It is unknown whether many of the Marine Corps decedents had been either the victim or the perpetrator of abuse. For those with known histories of previous victimization, all incidents were reported to have occurred more than a year prior to the suicide. As shown in Table 6.24, 10% ($n=5$) had reported histories of sexual abuse, 8% ($n=4$) had histories of emotional abuse, and six percent ($n=3$) had histories of other types of physical abuse. Eight percent ($n=4$) of Marine Corps decedents had reported

histories of perpetrating physical abuse, and half of these incidents ($n=2$, 4%) occurred within one year of the suicide.

Table 6.24 2009 AND 2008 MARINE CORPS DoDSER ABUSE HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	3	6%	2	5%
	No	31	60%	29	71%
	Don't Know	18	35%	10	24%
HX VICTIM SEXUAL ABUSE	Yes	5	10%	0	0%
	No	29	56%	31	76%
	Don't Know	18	35%	10	24%
HX VICTIM EMOTIONAL ABUSE	Yes	4	8%	2	5%
	No	30	58%	28	68%
	Don't Know	18	35%	11	27%
HX VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	32	62%	32	78%
	Don't Know	20	38%	9	22%
HX PERPETRATOR PHYSICAL ABUSE	Yes	4	8%	4	10%
	No	34	65%	30	73%
	Don't Know	14	27%	7	17%
HX PERPETRATOR SEXUAL ABUSE	Yes	0	0%	0	0%
	No	38	73%	34	83%
	Don't Know	14	27%	7	17%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	1	2%	0	0%
	No	37	71%	34	83%
	Don't Know	14	27%	7	17%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	0	0%	1	2%
	No	38	73%	33	80%
	Don't Know	14	27%	7	17%

Financial and Workplace Difficulties

Of the financial and workplace issues assessed by DoDSER, the most commonly reported for Marine Corps decedents were job problems (job loss or instability; 29%, $n=15$) and poor work performance (29%, $n=15$), as shown in Table 6.25. Twenty-three percent ($n=12$) of decedents had a history of difficulties with either supervisors or coworkers, and 15% ($n=8$) had a history of excessive debt or bankruptcy.

Table 6.25 2009 AND 2008 MARINE CORPS DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES

		2009		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	8	15%	4	10%
	No	25	48%	24	59%
	Don't Know	19	37%	13	32%
HX JOB LOSS/INSTABILITY	Yes	15	29%	7	17%
	No	29	56%	33	80%
	Don't Know	8	15%	1	2%
HX SUPERVISOR/COWORKER ISSUES	Yes	12	23%	5	12%
	No	33	63%	34	83%
	Don't Know	7	13%	2	5%
HX POOR WORK EVALUATION	Yes	15	29%	6	15%
	No	32	62%	35	85%
	Don't Know	5	10%	0	0%
HX UNIT/WORKPLACE HAZING	Yes	1	2%	0	0%
	No	43	83%	40	98%
	Don't Know	8	15%	1	2%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Member's most recent three deployments. Data include deployment location information as well as a history of direct combat operations. Comparisons of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment History

As shown in Table 6.26, the majority (68%, $n=35$) of Marine Corps decedents had been deployed as part of OEF/OIF at least once. Forty-eight percent ($n=25$) had been deployed to only Iraq, and 12% ($n=6$) had been deployed to multiple OEF/OIF countries. These data are consistent with 2008 Marine Corps DoDSERs.

Table 6.26 2009 AND 2008 MARINE CORPS DoDSER EVER DEPLOYED TO OEF/OIF

		2009		2008	
		Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	3	6%	0	0%
	IRAQ	25	48%	23	56%
	KUWAIT	1	2%	5	12%
	MULTIPLE OEF/OIF LOCATIONS	6	12%	0	0%
	NO HX OEF/OIF DEPLOYMENT	17	33%	13	32%

Note: Data regarding multiple OEF/OIF deployments unknown for 2008.

Combat History

As shown in Table 6.27, the large majority of Marine Corps decedents had no known direct combat history (83%, $n=43$). Of the nine decedents (17%) with combat history, two (22%) were reported to have witnessed killing and two (22%) were reported to have seen dead bodies during combat. These figures are lower than for 2008 Marine Corps DoDSER data.

Table 6.27 2009 AND 2008 MARINE CORPS DoDSER COMBAT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	9	17%	15	37%
	Combat Resulted in Injuries/Casualties	1	11%	10	67%
	Injured in Combat	0	0%	4	37%
	Witnessed Killing in Combat	2	22%	12	80%
	Saw Dead Bodies in Combat	2	22%	8	53%
	Killed Others in Combat	0	0%	7	47%
	NO DIRECT COMBAT HX	43	83%	26	63%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

This chapter describes the events and historical factors associated with Marine Corps suicides in calendar year 2009. There were fifty-two AFMES suicide confirmations for 2009 and 52 DoDSERs submitted for a compliance rate of 100%.

All Marine Corps decedents were male and almost all were in a Regular Active Duty component. The majority were Caucasian, under 25 years of age, and enlisted. The primary location of suicide was Service Members' residence or shared military living space. Most used firearms (primarily non-military), and hanging was the next most common method. Insufficient information exists regarding Marine Corps decedents' substance use during suicide events. Although for most Marine Corps decedents there were no reports of having disclosed to others their potential for self-harm, when they did, they most commonly spoke with their spouses or friends. Most Marine Corps decedents lived on military installations, but specific locations of duty were often not reported.

Few Marine Corps decedents had reported histories of prior self-injury. Most decedents had no reported history of a behavioral health diagnosis. Of those with a behavioral health history, the most common diagnoses were substance abuse and mood disorder. Outpatient mental health was the most common behavioral healthcare provision, and few decedents had prescriptions for psychotropic medications.

Prior to suicide, many Marine Corps decedents were reported to have experienced failed intimate relationships. Further, decedents were also reported to have experienced a variety of administrative and legal difficulties, the most common being Article 15 proceedings. The most commonly reported financial and workplace difficulties for decedents were job loss or instability and poor work performance.

The majority of Marine Corps decedents had been deployed as part of OEF/OIF at least once. Approximately half of all decedents had been deployed to Iraq. The majority had no known direct combat history.

In addition to presenting 2009 DoDSER data, this chapter includes 2008 comparison data. Overall, patterns were generally consistent across the two years.

Chapter 7

NAVY RESULTS FOR COMPLETED SUICIDES

Navy DoDSER Submissions and POC Compliance

Forty-five Navy suicides were confirmed by the Armed Forces Medical Examiner System (AFMES) for calendar year 2009 as of the Department of Defense Suicide Event Report (DoDSER) submission compliance cut date (31 January 2010), as described in Chapter 1, Method. Forty-five Navy DoDSERs were submitted and analyzed, for a submission compliance rate of 100%. Two additional suicides for 2009 have been confirmed or are pending, and a Defense Suicide Event Report (DoDSER) was received for one of them. Consequently, a total of 46 suicide completions for 2009 were included in this report (Table 7.1).

Table 7.1 2009 NAVY AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	2009
Total DoDSERs	46
Total AFMES Confirmed and Pending Suicides	47
AFMES Confirmed Suicides	45
DoDSER Submission Compliance	100%
Additional DoDSERs Pending AFMES Confirmation	1

Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

Dispositional/Personal Factors

This section reports data that describe internal characteristics or individual behaviors of decedents that may have been associated with or contributed to the suicidal events. These factors include decedents' demographic characteristics, event setting, suicide method, substance use during the event, possible motive and intent to die, and communication of intent with others.

Demographics

Table 7.2 contains DMDC demographic data provided by AFMES. All but two Navy suicides were completed by males. Suicide decedents were primarily Caucasian, enlisted, and regular component, as was the case in 2008. Cases were older relative to 2008, but given the small number of decedents each year, differences should be interpreted with caution.

Table 7.2 2009 AND 2008 AFMES NAVY DEMOGRAPHICS

		2009		2008	
		Count	Percent	Count	Percent
Total		47	100%	41	100%
GENDER	Male	45	96%	40	98%
	Female	2	4%	1	2%
RACE	Asian/Pacific Islander	2	4%	3	7%
	African American	6	13%	7	17%
	Caucasian	34	72%	28	68%
	American Indian/Alaska Native	3	7%	1	2%
	Other/Don't Know/Missing	2	4%	1	2%
AGE RANGE	Under 25	13	28%	21	51%
	25-29	8	17%	6	15%
	30-39	20	43%	9	22%
	40 +	6	13%	5	12%
RANK	E1-E4	13	28%	18	44%
	E5-E9	30	64%	20	49%
	Officer	2	4%	3	7%
	Warrant Officer	1	2%	0	0%
	Cadet/Midshipman	0	0%	0	0%
COMPONENT	Regular	45	96%	40	98%
	Reserve	2	4%	1	2%
	National Guard	0	0%	0	0%
EDUCATION	Did not graduate high school	0	0%	2	5%
	GED	3	7%	1	2%
	High school graduate	35	76%	29	71%
	Some college or technical school	2	4%	4	10%
	Degree/certificate of less than four years	2	4%	0	0%
	Four-year college degree	3	6%	3	7%
	Master's degree or greater	1	2%	2	5%
	Don't Know	1	2%	0	0%
MARITAL STATUS	Never Married	8	17%	15	37%
	Married	28	60%	23	56%
	Legally Separated	0	0%	0	0%
	Divorced	4	9%	3	7%
	Widowed	0	0%	0	0%
	Don't Know	7	15%	0	0%

Note: Demographic data were obtained from the DMDC with assistance from the AFMES and reflect suicide events from 1/1/2008 through 12/31/2009 as of 4/1/2010.

Event Setting

The most common settings for Navy suicides in 2009 were Service Members' personal residences (59%, $n=27$) (Table 7.3). Six additional suicides occurred at work or a jobsite, and two occurred at the residence of a family or friend. Eleven other locations were reported, including a variety of public, private, and service-related settings. Four Navy suicides took place while Service Members were outside the United States (Table 7.4). There were no OEF/OIF suicides in 2008 or 2009.

Table 7.3 2009 AND 2008 NAVY DoDSER EVENT SETTING

		2009		2008	
EVENT SETTING		Count	Percent	Count	Percent
	Residence (own) or barracks	27	59%	21	51%
	Residence of friend or family	2	4%	3	7%
	Work/jobsite	6	13%	4	10%
	Automobile (away from residence)	0	0%	5	12%
	Inpatient medical facility	0	0%	0	0%
	Other	11	24%	8	20%

Table 7.4 2009 AND 2008 NAVY DoDSER EVENT COUNTRY

		2009		2008	
EVENT COUNTRY		Count	Percent	Count	Percent
	United States	42	91%	37	90%
	Korea	1	2%	0	0%
	Other	3	7%	0	0%
	Don't Know	0	0%	4	10%

Event Method

Most Navy suicides involved non-military firearms (39%, $n=18$), or hanging (24%, $n=11$), as shown in Figure 7.1 and Table 7.5. The method for the remaining suicides for which there was information available included military-issue firearms, vehicle exhaust, and other methods.

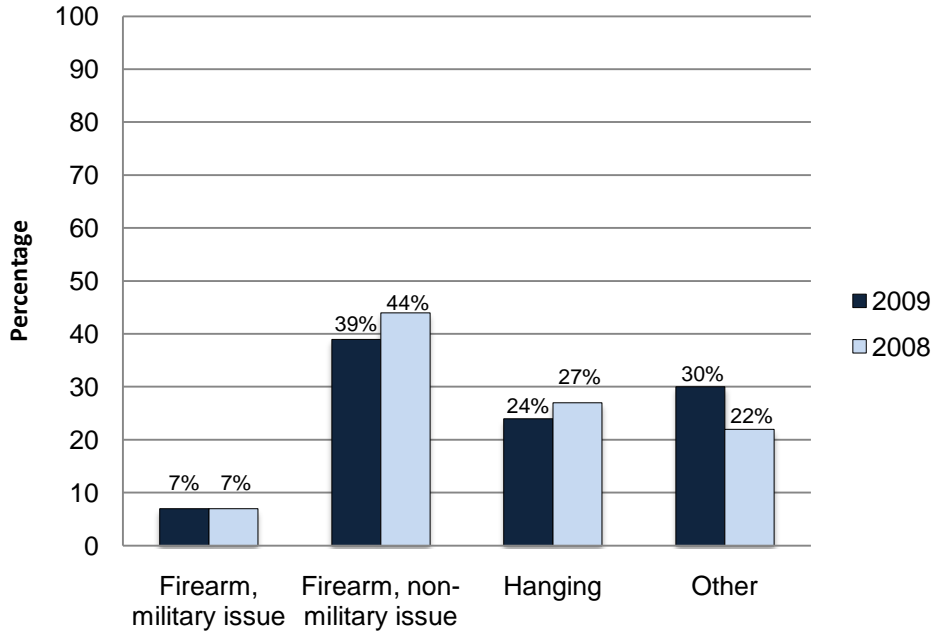


Figure 7.1 2009 AND 2008 NAVY DoDSER EVENT METHODS

Table 7.5 2009 AND 2008 NAVY DoDSER EVENT METHOD

EVENT METHOD	2009		2008	
	Count	Percent	Count	Percent
Drugs	1	2%	1	2%
Gas, vehicle exhaust	3	7%	2	5%
Gas, utility (or other)	2	4%	0	0%
Hanging	11	24%	11	27%
Drowning	0	0%	1	2%
Firearm, military issue	3	7%	3	7%
Firearm, non-military issue	18	39%	18	44%
Sharp or blunt object	2	4%	2	5%
Jumping from high place	2	4%	0	0%
Lying in front of moving object	0	0%	1	2%
Other	4	9%	2	5%

Substance Use during the Event

For 26% of Navy suicides in 2009, information was not available about substance use during the event, (Table 7.6). However, when data were available, alcohol use during the event was observed for nine of 34 events for which substance use or non-use was reported. With the exception of one overdose of

prescription drugs and one decedent taking over-the-counter medication, drug use was not known to have occurred during suicide.

Table 7.6 2009 AND 2008 NAVY DoDSER SUBSTANCE(S) USED DURING EVENT

		2009		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	9	20%	10	24%
	No	25	54%	17	41%
	Don't Know	12	26%	14	34%
ANY DRUGS USED	Yes	1	2%	2	5%
	No	31	67%	24	59%
	Don't Know	14	30%	15	37%
Illegal drugs	Overdose	0	0%	0	0%
	Used, no overdose	0	0%	0	0%
	Were not used	32	70%	24	59%
	Don't Know	14	30%	17	41%
Prescription drugs	Overdose	1	2%	0	0%
	Used, no overdose	0	0%	1	2%
	Were not used	31	67%	24	59%
	Don't Know	14	30%	16	39%
OTC drugs	Overdose	0	0%	1	2%
	Used, no overdose	1	2%	0	0%
	Were not used	31	67%	24	59%
	Don't Know	14	30%	16	39%
BOTH ALCOHOL AND DRUGS USED	Yes	0	0%	1	2%
	No	32	70%	25	61%
	Don't Know	14	30%	15	37%

Communication of Intent

DoDSER respondents indicate the types of individuals with whom decedents communicated potential for self-harm when known. As shown in Table 7.7, 74% of Navy decedents in 2009 had no known history of communicating a potential suicide. Twelve decedents were reported to have communicated their intent to one or more types of recipients prior to taking their lives. Seven of those had expressed their intent verbally (Table 7.8). Six individuals (13%) reportedly communicated their intent to their spouse, three (7%) to a friend, one to a behavioral health provider, and the remaining four (9%) to a variety of “other” persons including an ex-girlfriend and family members (Table 7.9).

Table 7.7 2009 AND 2008 NAVY DoDSER NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF TYPES OF RECIPIENTS OF COMMUNICATED INTENT	0	34	74%	24	59%
	1	10	22%	13	32%
	2	2	4%	4	10%

Table 7.8 2009 AND 2008 NAVY DoDSER MODE OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
MODE OF COMMUNICATED INTENT	Verbal Only	7	15%	11	27%
	Written Only	0	0%	1	2%
	Other	4	9%	3	7%
	Multiple Modes	2	4%	2	5%

Note: Multiple modes include a combination of verbal, written, or other mode of communicating intent to suicide.

Table 7.9 2009 AND 2008 NAVY DoDSER RECIPIENTS OF COMMUNICATED INTENT

		2009		2008	
		Count	Percent	Count	Percent
COMMUNICATION	Friend	3	7%	6	15%
	Behavioral Health Staff	1	2%	2	5%
	Supervisor	0	0%	1	2%
	Spouse	6	13%	6	15%
	Chaplain	0	0%	1	2%
	Other	4	9%	5	12%
	Made Multiple Communication	2	4%	4	10%

Additional Event Information

Table 7.10 shows that there was evidence of intent to die for 83% ($n=38$) of Navy decedents. For 20 suicides, there was evidence of planned or premeditated self-harm. Most suicides took place where it was unlikely that others could observe or intervene (74%, $n=34$), and in most cases (54%, $n=25$) no suicide note was found.

Table 7.10 2009 AND 2008 NAVY DoDSER OTHER EVENT INFORMATION

		2009		2008	
		Count	Percent	Count	Percent
EVIDENCE EXISTS INDICATING INTENTION TO DIE	Yes	38	83%	23	56%
	No	1	2%	5	12%
	Don't Know	7	15%	13	32%
DEATH RISK GAMBLING	Yes	1	2%	2	5%
	No	42	91%	35	85%
	Don't Know	3	7%	4	10%
PLANNED/PREMEDITATED	Yes	20	43%	18	44%
	No	13	28%	7	17%
	Don't Know	13	28%	16	39%
OBSERVABLE	Yes	11	24%	9	22%
	No	34	74%	27	66%
	Don't Know	1	2%	5	12%
SUICIDE NOTE LEFT	Yes	16	35%	8	20%
	No	25	54%	27	66%
	Don't Know	5	11%	6	15%

Contextual Factors

This section describes DoDSER data that pertains to contextual factors such as the home and duty environments.

Home Environment

As shown in Table 7.11, in 2009, Navy Service Members who died by suicide most frequently lived in off-base family housing at the time the suicide took place (74%, $n=34$). One-third of decedents ($n=15$) were living with a spouse, and 30% ($n=14$) were living with children. Firearms were reported to be in the homes or immediate environments of 43% ($n=20$) of Navy decedents.

Table 7.11 2009 AND 2008 NAVY DoDSER HOME ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
RESIDENCE AT TIME OF EVENT	Shared military living environment	1	2%	1	2%
	Bachelor quarters	4	9%	5	12%
	On-base family housing	2	4%	2	5%
	Owned or leased apartment or house	34	74%	21	51%
	Ship	3	7%	4	10%
	Other	1	2%	5	12%
	Don't Know	1	2%	3	7%
MARRIED SERVICE MEMBER RESIDENCE	Resides with spouse	15	33%	7	17%
	Separated due to relationship issues	6	13%	6	15%
	Apart for other reasons/deployed	5	11%	3	7%
	Don't Know	1	2%	5	12%
	Unmarried at time of event	19	41%	20	49%
RESIDED ALONE	Yes	19	41%	9	22%
	No	27	59%	28	68%
	Don't Know	0	0%	4	10%
HAD MINOR CHILDREN	Yes	21	46%	15	37%
	No	24	52%	23	56%
	Don't Know	1	2%	3	7%
CHILDREN RESIDED WITH	Yes	14	30%	3	7%
	No	7	15%	11	27%
	Don't Know	0	0%	1	2%
	No Known Children	25	54%	26	63%
FIREARM IN IMMEDIATE/LIVING ENVIRONMENT	Yes	20	43%	18	44%
	No	14	30%	10	24%
	Don't Know	12	26%	13	32%

Duty Environment

The duty location options shown in Table 7.12 were relatively rare. Five decedents (11%) died by suicide while on leave.

Table 7.12 2009 AND 2008 NAVY DoDSER DUTY ENVIRONMENT

		2009		2008	
		Count	Percent	Count	Percent
DUTY ENVIRONMENT	Leave	5	11%	7	17%
	Medical Hold	1	2%	0	0%
	TDY	1	2%	0	0%
	AWOL	3	7%	0	0%
	Other	3	7%	0	0%
	Training	2	4%	3	7%

Note: Duty environment was not required for all DoDSERs. As such, percentages do not add to 100%.

Suicide Completions by Month

Consistent with data from 2008, no clear pattern exists for Navy suicides by month (Table 7.13).

Table 7.13 2009 AND 2008 NAVY DoDSER SUICIDE EVENTS BY MONTH

		2009		2008	
		Count	Percent	Count	Percent
MONTH	January	2	4%	6	15%
	February	6	13%	1	2%
	March	4	9%	3	7%
	April	3	7%	4	10%
	May	5	11%	5	12%
	June	3	7%	2	5%
	July	4	9%	4	10%
	August	6	13%	0	0%
	September	3	7%	2	5%
	October	3	7%	2	5%
	November	3	7%	8	20%
	December	4	9%	4	10%

Clinical/Symptom Factors

The DoDSER also captures detailed information on clinical, behavioral, and symptom factors that may be associated with subsequent suicidal behavior. These factors include data on prior self-harm, previous diagnoses of behavioral health disorders and behavioral health issues, and relevant treatment histories, including prescribed medication.

Prior Self-Injury

Five decedents in 2009 had reported histories of prior self-injury (Table 7.14), only one of whom had more than one report of prior self-injury.

Table 7.14 2009 AND 2008 NAVY DoDSER PRIOR SELF-INJURY

		2009		2008	
		Count	Percent	Count	Percent
HX PRIOR SELF-INJURY	Yes	5	11%	4	10%
	Within 30 days	1	2%	2	5%
	Within 90 days (inclusive)*	4	9%	3	7%
	No	30	65%	22	54%
	Don't Know	11	24%	15	37%
Number prior self-injuries	One prior event	4	9%	----	----
	More than one prior event	1	2%	----	----
	N/A	41	89%	----	----
Event similar to prior self-injury	Yes	2	4%	3	7%
	No	1	2%	1	2%
	Don't Know	2	4%	0	0%
	N/A	41	89%	37	90%

Note: Number of prior self-injuries not available for 2008.

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days."

Behavioral Health Disorders

Thirty percent ($n=14$) of Navy decedents had reported histories of at least one behavioral health disorder. As shown in Table 7.15, 17% ($n=8$) of Navy decedents were reported to have been diagnosed with a mood disorder, including major depression ($n=4$), dysthymic disorder ($n=2$), and other mood disorders ($n=2$). Thirteen percent ($n=6$) were reported to have been diagnosed with an anxiety disorder (Table 7.16). PTSD (4%, $n=2$) and other or unspecified anxiety disorders (6%, $n=3$) were rarely reported, and no reported instances of panic disorder, generalized anxiety disorder or acute stress disorder were evident. Furthermore, few decedents had reported diagnoses of personality disorder (4%, $n=2$) or history of substance abuse (17%, $n=8$), and no psychotic disorders were reported (Table 7.17). Six

individuals (13%) were reported to have been diagnosed with more than one comorbid behavioral health disorders prior to suicide (Table 7.18).

Table 7.15 2009 AND 2008 NAVY DoDSER MOOD DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/MOOD DISORDER	Yes	8	17%	3	7%
	No	26	57%	25	61%
	Don't Know	12	26%	13	32%
Bipolar disorder	Yes	0	0%	0	0%
	No	32	70%	28	68%
	Don't Know	14	30%	13	32%
Major depression	Yes	4	9%	1	2%
	No	29	63%	27	66%
	Don't Know	13	28%	13	32%
Dysthymic disorder	Yes	2	4%	0	0%
	No	30	65%	28	68%
	Don't Know	14	30%	13	32%
Other mood disorder	Yes	1	2%	2	5%
	No	31	67%	25	61%
	Don't Know	14	30%	14	34%
Unspecified mood disorder	Yes	1	2%	0	0%
	No	33	72%	28	68%
	Don't Know	12	26%	13	32%
Multiple mood DX	Yes	0	0%	0	0%
	No	34	74%	28	68%
	Don't Know	12	26%	13	32%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a mood disorder.

Table 7.16 2009 AND 2008 NAVY DoDSER ANXIETY DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/ANXIETY DISORDER	Yes	6	13%	4	10%
	No	30	65%	26	63%
	Don't Know	10	22%	11	27%
PTSD	Yes	2	4%	0	0%
	No	33	72%	28	68%
	Don't Know	11	24%	13	32%

Table 7.16 2009 AND 2008 NAVY DoDSER ANXIETY DISORDERS (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Panic disorder	Yes	0	0%	0	0%
	No	35	76%	28	68%
	Don't Know	11	24%	13	32%
Generalized anxiety disorder	Yes	0	0%	0	0%
	No	35	76%	30	73%
	Don't Know	11	24%	11	27%
Acute stress disorder	Yes	0	0%	0	0%
	No	35	76%	30	73%
	Don't Know	11	24%	11	27%
Other anxiety disorder	Yes	2	4%	1	2%
	No	33	72%	28	68%
	Don't Know	11	24%	12	29%
Unspecified anxiety DX	Yes	1	2%	0	0%
	No	35	76%	30	73%
	Don't Know	10	22%	11	27%
Multiple anxiety DX	Yes	1	2%	3	7%
	No	35	76%	27	66%
	Don't Know	10	22%	11	27%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had an anxiety disorder.

Table 7.17 2009 AND 2008 NAVY DoDSER OTHER BEHAVIORAL HEALTH DISORDERS

		2009		2008	
		Count	Percent	Count	Percent
DX W/PERSONALITY DISORDER	Yes	2	4%	0	0%
	No	32	70%	30	73%
	Don't Know	12	26%	11	27%
DX W/PSYCHOTIC DISORDER	Yes	0	0%	0	0%
	No	33	72%	30	73%
	Don't Know	13	28%	11	27%
HX SUBSTANCE ABUSE	Yes	8	17%	6	15%
	No	24	52%	23	56%
	Don't Know	14	30%	12	29%

Table 7.18 2009 AND 2008 NAVY DoDSER COMORBIDITY RATES

		2009		2008	
		Count	Percent	Count	Percent
NUMBER OF BEHAVIORAL HEALTH DIAGNOSES	No DX	32	70%	32	78%
	1 DX	8	17%	5	12%
	2 DX	5	11%	1	2%
	3 DX	1	2%	2	5%
	4 or more DX	0	0%	1	2%

Treatment

Table 7.19 shows the history of decedents’ visits to treatment programs and clinics prior to their suicides. In 2009, 39% of decedents were reported to have been seen in a military treatment facility (MTF) within 90 days of their suicides.

Table 7.19 2009 AND 2008 NAVY DoDSER TREATMENT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
SEEN AT MILITARY TREATMENT FACILITY	Yes	21	46%	12	29%
	Within 30 days	12	26%	9	22%
	Within 90 days (inclusive)*	18	39%	10	24%
	No	15	33%	16	39%
	Don’t Know	10	22%	13	32%
SUBSTANCE ABUSE SERVICES	Yes	8	17%	4	10%
	Within 30 days	2	4%	1	2%
	Within 90 days (inclusive)*	3	7%	2	5%
	No	28	61%	30	73%
	Don’t Know	10	22%	7	17%
FAMILY ADVOCACY PROGRAMS	Yes	3	7%	1	2%
	Within 30 days	0	0%	1	2%
	Within 90 days (inclusive)*	0	0%	1	2%
	No	29	63%	28	68%
	Don’t Know	14	30%	12	29%
CHAPLAIN SERVICES	Yes	6	13%	6	15%
	Within 30 days	2	4%	1	2%
	Within 90 days (inclusive)	5	11%	3	7%
	No	22	48%	16	39%
	Don’t Know	18	39%	19	46%

Table 7.19 2009 AND 2008 NAVY DoDSER TREATMENT HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
OUTPATIENT BEHAVIORAL HEALTH	Yes	9	20%	5	12%
	Within 30 days	3	7%	2	5%
	Within 90 days (inclusive)*	3	7%	3	7%
	No	26	57%	27	66%
	Don't Know	11	24%	9	22%
INPATIENT BEHAVIORAL HEALTH	Yes	4	9%	3	7%
	Within 30 days	1	2%	0	0%
	Within 90 days (inclusive)*	1	2%	0	0%
	No	33	72%	31	76%
	Don't Know	9	20%	7	17%
HX PHYSICAL HEALTH PROBLEM	Yes	9	20%	3	7%
	Within 30 days	3	7%	2	5%
	Within 90 days (inclusive)*	4	9%	3	7%
	No	30	65%	24	59%
	Don't Know	7	15%	14	34%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 7.20 shows psychotropic medications reported to have been used by Navy Service Members prior to taking their lives. In 2009, only 4% ($n=2$) of decedents were reported to have used psychotropic drugs. Both decedents were reported to have taken antidepressants, and one was reported to have also taken antianxiety medications.

Table 7.20 2009 AND 2008 NAVY DoDSER PSYCHOTROPIC MEDICATION USE

		2009		2008	
		Count	Percent	Count	Percent
TAKEN PSYCHOTROPIC MEDS	Yes	2	4%	4	10%
	No	27	59%	26	63%
	Don't Know	17	37%	11	27%
Antidepressants	Yes	2	4%	3	7%
	No	27	59%	26	63%
	Don't Know	17	37%	12	29%
Antianxiety	Yes	1	2%	3	7%
	No	28	61%	27	66%
	Don't Know	17	37%	11	27%

Table 7.20 2009 AND 2008 NAVY DoDSER PSYCHOTROPIC MEDICATION USE (cont.)

		2009		2008	
		Count	Percent	Count	Percent
Antimanic	Yes	0	0%	0	0%
	No	29	63%	29	71%
	Don't Know	17	37%	12	29%
Anticonvulsants	Yes	0	0%	0	0%
	No	29	63%	29	71%
	Don't Know	17	37%	12	29%
Antipsychotics	Yes	0	0%	0	0%
	No	29	63%	29	71%
	Don't Know	17	37%	12	29%

Note: Indented items were only asked in cases where the respondent indicated that the decedent used psychotropic medication.

Historical/Developmental Factors

DoDSER data are collected on historical or developmental factors that precede a suicide event. These data include information about family histories and interpersonal relationships, legal, financial and administrative difficulties, and reports of prior abuse.

Family and Relationship History

As in 2008, many Navy decedents were reported to have experienced a failed intimate relationship before dying by suicide (57%, $n=26$) (Table 7.21). Thirty-three percent ($n=15$) had experienced the loss within 30 days of taking their lives, and another four within 90 days. Other influential events, such as the death of a spouse, family member or friend, were reported less frequently (Table 7.22).

Table 7.21 2009 AND 2008 NAVY DoDSER RELATIONSHIP HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX FAILED INTIMATE RELATIONSHIP	Yes	26	57%	21	51%
	Within 30 days	15	33%	13	32%
	Within 90 days (inclusive)*	19	41%	16	39%
	No	14	30%	10	24%
	Don't Know	6	13%	10	24%
HX FAILED OTHER RELATIONSHIP	Yes	9	20%	6	15%
	Within 30 days	3	7%	5	12%
	Within 90 days (inclusive)*	4	9%	5	12%
	No	26	57%	18	44%
	Don't Know	11	24%	17	41%

Table 7.21 2009 AND 2008 NAVY DoDSER RELATIONSHIP HISTORY (cont.)

		2009		2008	
		Count	Percent	Count	Percent
HX ANY FAILED RELATIONSHIP	Yes	27	59%	24	59%
	Within 30 days	15	33%	15	37%
	Within 90 days (inclusive)*	19	41%	18	44%
	No	14	30%	8	20%
	Don't Know	5	11%	9	22%

*Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.

Table 7.22 2009 AND 2008 NAVY DoDSER FAMILY HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	42	91%	35	85%
	Don't Know	4	9%	6	15%
HX FAMILY MEMBER SUICIDE	Yes	0	0%	2	5%
	No	36	78%	21	51%
	Don't Know	10	22%	18	44%
HX FRIEND SUICIDE	Yes	1	2%	0	0%
	No	29	63%	21	51%
	Don't Know	16	35%	20	49%
HX DEATH OF SPOUSE/FAMILY MEMBER	Yes	7	15%	1	2%
	No	29	63%	22	54%
	Don't Know	10	22%	18	44%
HX DEATH OF FRIEND	Yes	2	4%	2	5%
	No	28	61%	19	46%
	Don't Know	16	35%	20	49%
HX SPOUSE/FAMILY ILLNESS	Yes	3	7%	2	5%
	No	34	74%	21	51%
	Don't Know	9	20%	18	44%
HX FAMILY BEHAVIORAL HEALTH PROBLEMS	Yes	2	4%	4	10%
	No	18	39%	9	22%
	Don't Know	26	57%	28	68%

Administrative and Legal History

As shown in Table 7.23, Navy decedents were reported to have experienced relatively few legal or administrative difficulties prior to suicide. Few instances of courts martial, Article 15 proceedings, administrative separations, medical evaluation board reviews, or job selection or promotion concerns were reported. Civilian legal difficulties such as child custody disputes and civilian litigations were the most prevalent legal issues reported to have occurred prior to suicides (20%, $n=9$). Being absent without leave (15%, $n=7$) was less frequent but also noteworthy among suicides.

Table 7.23 2009 AND 2008 NAVY DoDSER ADMIN/LEGAL HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX COURTS MARTIAL	Yes	2	4%	0	0%
	No	43	93%	41	100%
	Don't Know	1	2%	0	0%
HX ARTICLE 15	Yes	4	9%	0	0%
	No	22	48%	0	0%
	Don't Know	20	43%	41	100%
HX ADMIN SEPARATION	Yes	4	9%	1	2%
	No	42	91%	40	98%
	Don't Know	0	0%	0	0%
HX AWOL	Yes	7	15%	0	0%
	No	38	83%	41	100%
	Don't Know	1	2%	0	0%
HX MEDICAL BOARD	Yes	3	7%	0	0%
	No	42	91%	40	98%
	Don't Know	1	2%	1	2%
HX CIVIL LEGAL PROBLEMS	Yes	9	20%	4	10%
	No	32	70%	31	76%
	Don't Know	5	11%	6	15%
HX NON-SELECTION	Yes	4	9%	2	5%
	No	40	87%	35	85%
	Don't Know	2	4%	4	10%

Abuse History

A history of physical, sexual or emotional abuse, either as a victim or perpetrator, was rarely reported for Navy Service Members taking their lives (Table 7.24). There were five known instances of decedents who had been victims of physical abuse.

Table 7.24 2009 AND 2008 NAVY DoDSER ABUSE HISTORY

		2009		2008	
		Count	Percent	Count	Percent
HX VICTIM PHYSICAL ABUSE	Yes	5	11%	1	2%
	No	33	72%	22	54%
	Don't Know	8	17%	18	44%
HX VICTIM SEXUAL ABUSE	Yes	1	2%	0	0%
	No	36	78%	25	61%
	Don't Know	9	20%	16	39%
HX VICTIM EMOTIONAL ABUSE	Yes	4	9%	1	2%
	No	32	70%	23	56%
	Don't Know	10	22%	17	41%
HX VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	37	80%	25	61%
	Don't Know	9	20%	16	39%
HX PERPETRATOR PHYSICAL ABUSE	Yes	3	7%	1	2%
	No	36	78%	25	61%
	Don't Know	7	15%	15	37%
HX PERPETRATOR SEXUAL ABUSE	Yes	2	4%	2	5%
	No	36	78%	25	61%
	Don't Know	8	17%	14	34%
HX PERPETRATOR EMOTIONAL ABUSE	Yes	2	4%	0	0%
	No	34	74%	26	63%
	Don't Know	10	22%	15	37%
HX PERPETRATOR SEXUAL HARASSMENT	Yes	0	0%	1	2%
	No	38	83%	28	68%
	Don't Know	8	17%	12	29%

Financial and Workplace Difficulties

A relatively small proportion of Navy decedents in 2009 (8 of 35 with available financial data) were reported to have had excessive debt or bankruptcy. Table 7.25 shows that job problems (job loss or job instability) preceding suicide was more prevalent (28%, $n=13$). Supervisory or co-worker issues and poor work performance reviews were less frequently reported.

Table 7.25 2009 AND 2008 NAVY DoDSER FINANCIAL AND WORKPLACE DIFFICULTIES

		2009		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	8	17%	3	7%
	No	27	59%	28	68%
	Don't Know	11	24%	10	24%
HX JOB PROBLEMS	Yes	13	28%	4	10%
	No	32	70%	32	78%
	Don't Know	1	2%	5	12%
HX SUPERVISOR/COWORKER ISSUES	Yes	6	13%	3	7%
	No	37	80%	30	73%
	Don't Know	3	7%	8	20%
HX POOR WORK EVALUATION	Yes	4	9%	2	5%
	No	39	85%	34	83%
	Don't Know	3	7%	5	12%
HX UNIT/WORKPLACE HAZING	Yes	0	0%	0	0%
	No	42	91%	34	83%
	Don't Know	4	9%	7	17%

Deployment Factors

The 2009 DoDSER captured detailed information pertaining to the Service Member's most recent three deployments. Data include deployment location information as well as a history of direct combat operations. Comparisons of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) suicide events to non-OEF/OIF suicide events are reported in Chapter 3.

Deployment and Combat History

Few Navy personnel who died by suicide in 2009 had been deployed to Iraq or Afghanistan (Table 7.26). Of the 46 Navy suicides reported for 2009, 41 (89%) decedents did not have histories of OEF/OIF deployment, three had served in Afghanistan or Iraq, and combat experiences were reported for only one decedent, as shown in Table 7.27.

Table 7.26 2009 AND 2008 NAVY DoDSER EVER DEPLOYED TO OEF/OIF

		2009		2008	
		Count	Percent	Count	Percent
HX DEPLOYMENT OEF/OIF	AFGHANISTAN	1	2%	0	0%
	IRAQ	2	4%	2	5%
	KUWAIT	1	2%	0	0%
	MULTIPLE OEF/OIF LOCATIONS	1	2%	0	0%
	NO HX OEF/OIF DEPLOYMENT	41	89%	39	95%

Note: Data regarding multiple OEF/OIF deployments unknown for 2008.

Table 7.27 2009 AND 2008 NAVY DoDSER COMBAT HISTORY

		2009		2008	
		Count	Percent	Count	Percent
COMBAT HISTORY	HX DIRECT COMBAT	1	2%	0	0%
	Witnessed Killing in Combat	1	100%	0	0%
	Saw Dead Bodies in Combat	1	100%	0	0%
	NO DIRECT COMBAT HX	45	98%	41	100%

Note: Indented items were only asked in cases for which the respondent indicated that the decedent had participated in direct combat. Percentages for these items reflect proportion of those with combat experience.

Summary

This annual report of the Navy DoDSER provides descriptive statistics for Navy suicides that occurred in 2009. The AFMES indicates a total of 47 suicides confirmed or pending for 2009. DoDSERs were received for 46 of the suicides (the one outstanding DoDSER was not past due at the time of this writing). Suicides in 2009 were most common among young, Caucasian, married, enlisted, active component Service Members. Non-military firearms and hanging were the most frequent methods of suicide. Suicides were frequently deemed to have been planned or premeditated, but only a minority of decedents was reported to have communicated their intent to others.

Off-base housing was the most common place of residence at the time of suicide in 2009. Suicides most frequently occurred in Service Members' own residences. Alcohol was reported to have been used in only a minority of suicides for which substance use or non-use was reported.

Thirty-nine percent of decedents were reported to have been seen in MTFs within three months prior to taking their lives. Behavioral health treatment histories were reported for less than one-fifth of suicide decedents, with mood and anxiety disorders most commonly reported. The most frequently reported stressors included failed or failing spousal or other intimate relationships, and job related problems. Of the 19 decedents who had a history of deployment to OEF/OIF, there was only one report of combat experiences.

REFERENCES

- [1] Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). Fatal Injury Reports. Atlanta, GA: National Center for Injury Prevention and Control. Last accessed 2010 June 29.
- [2] DoD Instruction 1300.18 "Department of Defense Personnel Casualty Matters, Policies, and Procedures." January 8, 2009.
- [3] Silverman M. M., Berman A.L., Sanddal N.D., O'Carroll P.W., & Joiner T.E. (2007). Rebuilding the tower of Babel: a revised nomenclature for the study of suicide and suicidal behaviors. Part 2: Suicide-related ideations, communications, and behaviors. *Suicide and Life-Threatening Behavior*, 37(3):264-77.
- [4] Under Secretary of Defense for Personnel and Readiness Memorandum, "Standardized DoD Suicide Data and Reporting," June 18, 2006.

ABBREVIATION, ACRONYM, AND INITIALISM LIST

ADMIN – administrative	MTF – medical treatment facility
AF – Air Force	OEF – Operation Enduring Freedom
AFIP – Armed Forces Institute of Pathology	OIF – Operation Iraqi Freedom
AFMES – Armed Forces Medical Examiner System	OSI – Office of Special Investigations
AWOL – absent without leave	OTC – over the counter
CAC – common access card	POC – point of contact
CDC – Centers for Disease Control	PTSD – Posttraumatic Stress Disorder
CY – calendar year	RR – rate ratio
DMDC – Defense Manpower Data Center	SESS – Suicide Event Surveillance System
DoD – Department of Defense	SPARRC – Suicide Prevention and Risk Reduction Committee
DoDSER – Department of Defense Suicide Event Report	SPPM – Suicide Prevention Program Manager
DoNSIR – Department of the Navy Suicide Incident Report	SRMSO – Suicide Risk Management & Surveillance Office
DX – diagnosis	T2 – National Center for Telehealth & Technology
GED – general equivalency diploma	TDY – temporary duty
HX – history	USMC – United States Marine Corps
MEB – Medical Evaluation Board	

FEEDBACK AND SUGGESTIONS

In a continuing effort to provide an annual DoDSER that is useful to the DoD community it serves, we solicit your feedback on the information we've provided and your suggestions for ways we could make it more useful.

Please return your completed survey by mail, fax, or email to:

National Center for Telehealth & Technology (T2)
 OMAMC, BLDG 9933C West Hayes, Tacoma WA 98431
 Fax: 253.968.4192
suicide.reporting@us.army.mil

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found the information in the 2009 DoDSER Annual Report helpful.					
What other statistics or comparisons would you like to have in future annual DoDSER reports?					
How did/will you use this report?					
Do you have any other feedback or suggestions?					
Optional					
Name					
Title					
Organization					
Email					
Phone					