

Those Who Serve: Addressing Firearm Suicide Among Military Veterans

Executive Summary

Veteran suicide is a devastating and worsening crisis, killing thousands each year. The population of veterans in the United States is made up of millions of people with diverse identities, experiences, and challenges, and addressing suicide in this population requires making sure that interventions meet their needs.

But one thing is clear: addressing the unique role guns play is an integral part of efforts to end veteran suicide. By 2022, three-quarters of veteran suicides involved firearms—the highest proportion in over 20 years. With an average of 18 veterans dying by suicide in the United States each day, 13 of them by firearm, we cannot address veteran suicide without talking about guns.¹

Veterans confront unique challenges during their service and face new ones when they return to civilian life. And these challenges are not always what might be expected. While many assume that suicide among veterans is associated with their time while deployed, in fact, veterans who served during the wars in Iraq and Afghanistan who were not deployed² had higher suicide rates than those who were.

It is vital to protect against veteran suicide by promoting secure firearm storage in and outside the home, utilizing Extreme Risk laws, raising awareness of firearm risks, addressing upstream factors, and ensuring timely data collection.

Military Veterans and Firearms: By the Numbers

everytownresearch.org/veteransuicidereport

87,000

From 2003–2022, over 87,000 veterans **died by gun suicide**.

16x

This is 16 times the number of **service members killed in action** over the same period.

13

Every day, an average of 13 veterans **die by gun suicide**.

3x

Veterans are three times **more likely to die by gun suicide** than non-veterans.

3/4

Three-quarters of veteran suicides are by gun—**the highest it has been in 20 years**.

58%

Over the past 20 years, the veteran firearm **suicide rate has increased** by 58 percent.

Sources: US Department of Veterans Affairs, 2001-2022 State and National Data Appendices; US Department of Defense, Defense Casualty Analysis System data.

See full citation here: ³

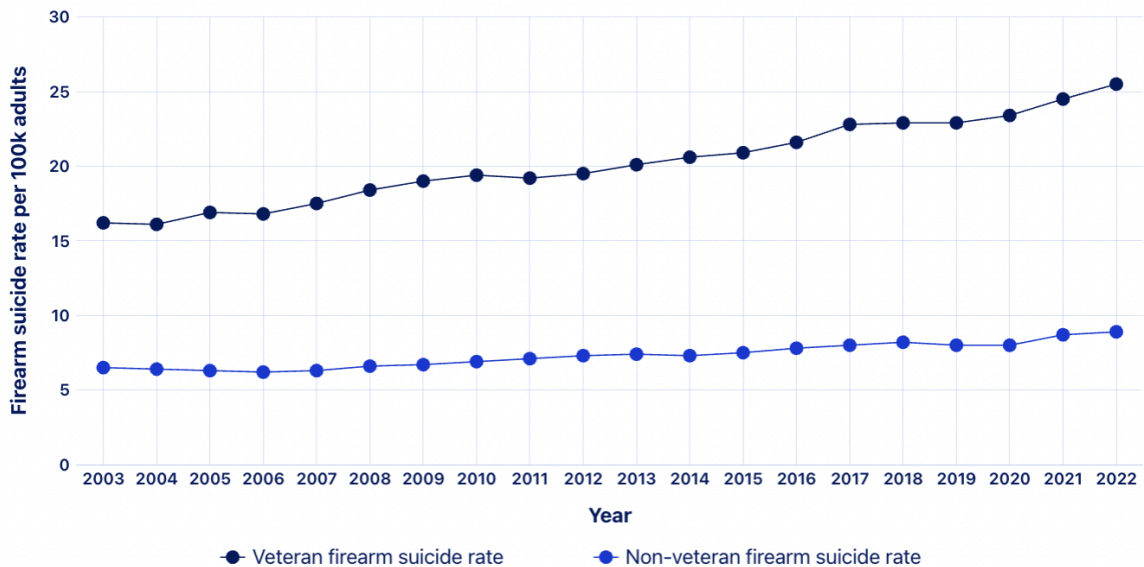
Key Findings

Veteran firearm suicide is an outsized part of a larger crisis.

In the United States, firearm suicide is a devastating public health crisis, claiming nearly 26,000 lives every year—about 71 deaths a day.⁴ Veterans make up approximately one in five adult firearm suicides, averaging 4,600 veteran firearm suicides every year.⁵

The problem is not getting better: The United States firearm suicide rate has increased in past years⁶ and veterans in particular have experienced an even sharper spike. Over the past 20 years, the veteran firearm suicide rate has increased by 58 percent compared to a 37 percent rise among non-veteran adults.⁷

The veteran suicide rate increased 58 percent since 2003.



Source: Everytown Research analysis of US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001–2022 National Data Appendix,” December 2024, <https://bit.ly/2Qblicx>. Veteran and non-veteran firearm suicide rates exclude suicides among people aged 17 years and under.

Gun ownership increases the likelihood of firearm suicide, and suicide attempts with firearms are nearly always lethal.

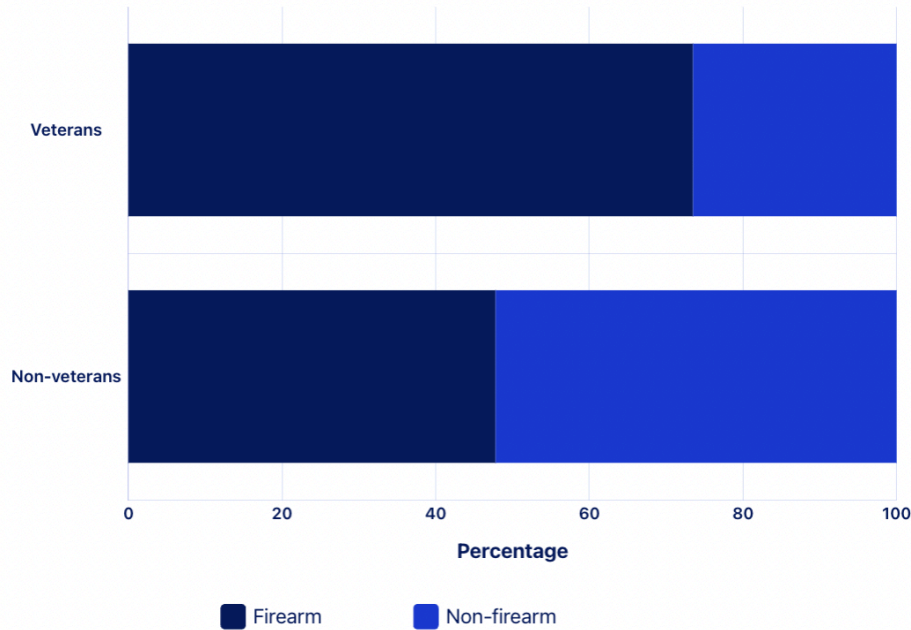
The dynamics of suicide are complex. However, research has confirmed that before a suicide attempt, a combination of these known risk factors are often present: (1) current life stressors, such as relationship problems, unemployment or financial problems, bullying, alcohol and substance use disorders, or mental health conditions, (2) historical risk factors, such as childhood abuse or trauma, a previous suicide attempt, or a family history of suicide, and (3) access to lethal means of harm such as firearms.⁸ Suicide risk dramatically increases when these factors coincide to create a sense of hopelessness and despair.

Easy access to firearms during a moment of crisis can mean the difference between life and death. Personal or household gun ownership triples suicide risk.⁹ Firearms are a particularly lethal means of self-harm,¹⁰ and most people who survive a suicide attempt do not go on to die by suicide.¹¹ Limiting gun access in a moment of acute crisis can ensure veterans live on as valued and valuable community members.

Veterans are more likely to own guns than non-veterans and are more likely to die by firearm suicide.

Veterans suffer a higher overall suicide rate compared to non-veterans. And firearms—the most lethal means of self-harm—are the prevailing method among veterans who die by suicide.¹² Half of veterans report owning guns (compared to 20 percent of non-veterans),¹³ and veterans are three times more likely than non-veterans to die by gun suicide.¹⁴ In fact, the use of guns in veteran suicide is becoming more frequent; in 2022, three-quarters of veteran suicides were by gun—the highest proportion in 20 years.¹⁵ The prevalence of firearm use among veterans means an already urgent crisis is that much more lethal.

Firearms are the prevailing method of suicide among veterans.



Source: Everytown Research analysis of US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001–2022 State Data Appendix,” December 2024. The proportion of suicides by gun was developed using the most recent year of available data: 2022.

Firearms are increasingly used in suicides among female veterans.

Firearm suicide makes up a smaller proportion of all suicide deaths among female veterans than among males (45 percent and 75 percent, respectively, in 2022), but that is changing.¹⁶ Compared to other suicide methods, the use of firearms in female veteran suicides is increasing faster than among their male counterparts. From 2001¹⁷ to 2022, the proportion of suicide deaths by firearm increased 25 percent among female veterans but 11 percent among male veterans.¹⁸ In addition, female veterans are more likely than civilian women to use a gun to die by suicide.¹⁹ This trend is consequential because women are the fastest-growing veteran group, currently comprising about 11 percent of the US veteran population.²⁰

The veteran suicide rate is highest among 18- to 34-year-olds.

In 2003, the highest suicide rate was seen among veterans aged 35 to 54, an age group made up of veterans who served at the same time as conflicts in Vietnam (1962–1973), the Persian Gulf (1991), and the intervening years.²¹ Twenty years later, the suicide rate has increased among the youngest veterans, and veterans aged 18 to 34 now have the highest rate of suicide. In fact, in 2022, the rate of suicide among this age group was 44 percent higher than the rate of suicide among other veterans.²² Among both men and women, the youngest veterans are facing the highest burden. This younger cohort of veterans began service in the post-9/11 era, and some of the youngest veterans hadn't even been born when the conflict began.

Veteran suicide is not always the result of combat trauma.

It is commonly assumed that suicide risk in veterans is due in large part to exposure to traumatic incidents while deployed to combat. On the contrary, among veterans who served during the Iraq and Afghanistan wars, those who were not deployed to those war zones were at higher risk for suicide than those who were.²³ Combat trauma has a complex relationship with suicide risk among veterans, and while research shows that certain conditions like post-traumatic stress disorder (PTSD) can contribute to suicide risk, there is no clear association between combat exposure generally and the risk of dying by suicide.²⁴

It is not entirely clear what drives this noteworthy difference, though some evidence suggests it is due to the “healthy warrior effect,” where soldiers are screened for their psychological resilience early in their careers. Recruits are trained in an intense environment that may reveal traits or disorders ill-suited for a war zone, which is a consideration for deployment later in their careers. One study of Marines deployed in Iraq and Afghanistan found that all psychiatric conditions except PTSD occurred at higher rates in non-deployed soldiers, suggesting that resilience is observed before deployment.²⁵ Since veterans with mental health diagnoses have a higher suicide rate than veterans without, such resilience may be an important protective factor.²⁶

Additionally, aspects of being in the military separate from combat exposure can contribute to a veteran's suicide risk. Military service can provide soldiers with positive experiences and skills, such as leadership, decision-making, working with a team, and commitment.²⁷ However, the culture that leads to success in the military, prizing discipline, group needs, and close bonds with other soldiers, may be lacking in US society when a soldier then transitions to become a veteran. Physical conditions that may result from military service can prove challenging as well; chronic pain, sleeplessness, increased health problems, and decreased physical ability are all risk factors for suicide.²⁸ Research shows that without support, veterans risk feeling disoriented and without identity or meaning when they transition to civilian life.²⁹

Recommendations

The following are recommendations that research shows are effective in reducing suicide for all people. While more research is urgently needed to determine the effectiveness of veteran-specific suicide prevention and intervention, the strategies below can also be used to address the rising rates of suicide among veterans as well as the general public.

We need to promote practices that put time and distance between those contemplating suicide and their guns.

Veterans are more likely to own firearms than non-veterans, and the average firearms-owning veteran owns six guns.³⁰ Secure gun storage practices, one foundational intervention point, are likely familiar to military service members and veterans, as military-issued guns are required to be stored in certain ways.

However, personal weapons may be treated differently: A 2022 survey found that while half of veterans own guns, the majority do not store all their guns securely.³¹ Veterans with certain risk factors for suicide—including alcohol misuse, depression, and suicidal ideation—were more likely to store their guns insecurely. Encouraging veterans to treat personal weapons with the same focus on safety expected while in the military is just one way we can prevent gun suicides in military communities.

Suicidal crises are often very brief, and preventing access to lethal means can stop a moment of despair from becoming an irreversible tragedy. Methods to reduce gun access for those in crisis exist on a continuum, and depending on the circumstances, some interventions may be more effective than others. If one tactic is not successful, another intervention can be used to put time and space between a person contemplating suicide and a particularly lethal means. Under this continuum, in addition to securely storing firearms at home, veterans with firearms in their homes can work with friends, family members, or physicians to give the keys to the person's secure storage device to a trusted friend or family member, put a plan in place to temporarily store their firearms with a friend or relative or in a storage facility, and/or take action to limit their own ability to acquire new guns in times of crisis. Voluntary Do Not Buy lists (sometimes called Voluntary Prohibition lists), currently enacted in several states, enable people to put themselves on a list that temporarily prevents them from purchasing guns.³² Firearm storage maps have been developed to help community members find third-party storage options in several states and localities, including Colorado, Maryland, Mississippi, New Jersey, New York, and Washington State. Education about the ways to disrupt a person's access to a gun when they are in crisis is an important part of preventing suicide.

We need to identify veterans in crisis, and ensure all 50 states have the authority to temporarily remove their access to firearms.

Extreme Risk laws, sometimes referred to as “red flag” laws, allow immediate family members and/or law enforcement to petition a civil court for an order to temporarily remove guns during times of crisis. A growing number of states and Washington, DC, have adopted this effective suicide intervention tool. Risk-mitigation planning is critical to preventing suicide. For veterans' families and friends, this plan can include steps to intervene by utilizing these laws. If a court finds that a person poses a serious risk of injuring themselves or others with a firearm, that person becomes temporarily prohibited from purchasing and possessing guns, and any guns they already own must be turned in and held by law enforcement or another authorized party while the order is in effect.

Extreme Risk Law

21 states have adopted this policy



While not all veterans seek Veterans Health Administration (VHA) services, the agency can, when not in conflict with patient confidentiality, work with designated petitioners to protect at-risk veterans by temporarily preventing their access to firearms. Extreme Risk laws have been proven to reduce firearm suicides. A multistate study found that one suicide was averted for every 17 ERPOs issued, which translates to 269 lives saved. This study also found that when looking at only those cases in which the individual had demonstrated a threat of self-harm, for every 13 ERPOs issued, a suicide was prevented.³⁴ Warning signs that someone is suicidal are often most apparent to household or family members, and while it can sometimes feel like there is nothing that can be done, requesting an Extreme Risk Protection Order is one thing people can do.

We need healthcare professionals to have conversations about gun access and suicide risk.

Roughly two in three Americans who attempt suicide will visit a healthcare professional in the month before the attempt.³⁵ One survey of veterans already receiving mental health care found that more than half (56 percent) of patients with a suicide plan had guns in the household.³⁶ These visits offer critical opportunities for conversations about firearm access.

Counseling for Access to Lethal Means (CALM) is one program designed to equip medical professionals with language for discussing this risk with their patients, and it has been offered by some VHA facilities. Providers who have received this training are more likely to counsel clients on the importance of restricting access to lethal means of suicide. One study found that after receiving training, 65 percent of mental health care providers counseled on access to lethal means.³⁷ And while these conversations may be challenging, a majority of US gun owners, including veterans, agree that it is appropriate for clinicians to talk about firearm safety with their patients.³⁸ These conversations could save lives.

We need greater public and veteran awareness about the inherent risks of firearm access.

Many Americans are unaware of the threat firearms in the home can pose with respect to suicide. Access to a firearm increases the suicide risk three-fold for all household members.³⁹ As discussed, veterans are far more likely to own firearms than non-veterans, and a majority (63 percent) cite protection as a primary reason for



firearm ownership.⁴⁰ But only 6 percent of veterans agree that having a gun in the home is a suicide risk factor.⁴¹

As service members transition into becoming veterans, both the Department of Veterans Affairs and the Department of Defense are in a unique position to inform them of the risks of firearm ownership as a civilian. The Transition Assistance Program, which is mandatory for most people separating from the military, provides information and resources to prepare service members to become civilians. Alongside providing transitional support, training for the workforce, and an explanation of veteran benefits, this program provides an important opportunity for trusted messengers to share information about the risks and best practices of owning a firearm as a civilian.

Building public awareness about the inherent dangers of firearm access may help gun-owning veterans or their families to mitigate risks. For example, there are a number of innovative programs across the country that bring suicide prevention information directly to gun owners. These include a partnership between suicide prevention and firearm safety organizations to bring mandatory training sessions to those seeking concealed-carry permits in Utah.⁴² Likewise, the Gun Shop Project in New Hampshire, which provides suicide prevention literature at firearm retailers, has expanded to several other states.⁴³ Although some research demonstrates the impact of the Gun Shop Project in New Hampshire, rigorous evaluations of training programs for firearm purchasers and public awareness campaigns are needed to provide further information on their efficacy, particularly among veterans.

We need to address upstream factors to understand and prevent veteran gun suicide.

To prevent firearm suicide, it is crucial to recognize intervention points before an attempt. Barriers to accessing healthcare and benefits, financial and housing insecurity, difficulties in transitioning to civilian life, and job insecurity can all contribute to suicide risk.⁴⁴ Policies to address these challenges and support veterans in navigating them are an important part of a holistic approach to preventing suicide.

We need timely data about veteran suicide and more research on the effectiveness of existing initiatives to combat this crisis.

Veteran suicide is an urgent, worsening crisis, but the lack of timely information about even the most basic aspects of this problem makes it difficult to design effective interventions. The most recent year of data available on the crisis of veteran suicide is from 2022. Now, years later, it is important to see how these trends and impacts have changed. Yet public access to that data is likely years away, and its release requires that government officials continue to consider suicide prevention a priority. Knowing what challenges are facing today's veterans is crucial to alleviating them and ultimately preventing suicide.

Additionally, it is important to study different programs dedicated to preventing veteran suicide to reveal which ones are effective. The Department of Veterans Affairs facilitates many initiatives dedicated to ending veteran suicide, such as community-based outreach, expanding crisis line and telehealth options for veterans considering suicide, and peer support services. Evaluating these programs is a critical step toward revealing which are most effective in preventing veteran suicide.



Conclusion: Better Supporting Those Who Serve

To truly honor those who serve, we must fully support the strategies and additional research necessary to prevent veteran firearm suicide. Veterans are more likely than the general population to die by suicide, and more often use a gun. And too many don't store their guns safely, so there is no barrier between themselves and a particularly lethal means of self-harm. Addressing the rising rates of veteran suicide requires acknowledging the importance of guns in this crisis.

Veterans deserve the best resources our country can offer. The recommendations outlined above are just the start of a larger dialogue on effective strategies to give back to those who serve.

Everytown for Gun Safety Support Fund would like to gratefully acknowledge members of the Everytown Veterans Advisory Council: Amber Schleuning, Kayla Williams, Mike Jason, Everytown Veteran Lead Chris Marvin, and The Heinz Endowments Director of Veterans Affairs Megan Andros, for sharing their invaluable expertise during the drafting of this report.

Support For Those in Crisis

If you are a veteran in crisis—or you're concerned about one—free, confidential support is available 24/7. Call the Veterans Crisis Line at 988 and press 1, text 838255, or chat online at veteranscrisisline.net.

If you or someone you know is in crisis, please call or text 988, or visit 988lifeline.org/chat to chat with a counselor from the 988 Suicide & Crisis Lifeline, previously known as the National Suicide Prevention Lifeline. The 988 Lifeline provides free 24/7 confidential support to people in suicidal crisis or emotional distress anywhere in the US.

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