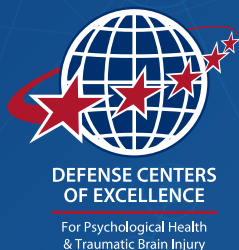




DoD SER

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT CALENDAR YEAR 2012 ANNUAL REPORT



National Center for Telehealth & Technology (T2)

Defense Centers of Excellence for Psychological Health
& Traumatic Brain Injury (DCoE)

t2health.org

The estimated cost of report for the Department of Defense is approximately \$58K in Fiscal Years 2012 - 2013. This includes \$31K in expenses and \$27K in DoD labor.

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Suicide is a serious problem that causes immeasurable pain, suffering, and loss to individuals, families, survivors, military units, and military communities. The Department of Defense (DoD) recognizes suicide as one of the most important issues facing our military today, and is committed to preventing suicide by all who serve. Establishing, monitoring, and analyzing suicide prevention research and surveillance activities in order to identify suicide risk factors is essential for the improvement of suicide prevention policy and programs throughout the Department.


The Department of Defense Suicide Event Report (DoDSER) was initiated in 2008 to collect and report on factors that influence Service member suicide. The DoDSER assesses several areas of interest that inform suicide prevention efforts, including demographics, suicide event information, behavioral health diagnosis, psychosocial stressors, and deployment history.

Suicide is a complex outcome that is influenced by many factors. According to the 2012 DoDSER, behavioral health diagnosis is the predominant common factor. The report also shows that the three most common psychosocial stressors among Service members who died by suicide are: family and relationship stressors, financial or workplace difficulties, and a history of administrative or legal issues. Many other influences from the broader social, cultural, economic, and physical environments also play a role leading to this event. These factors cannot be interpreted as causes of suicide from the 2012 DoDSER data since the surveillance system does not monitor the prevalence of these factors among Service members who did not die by suicide or engage in other suicidal behavior.

In order to improve DoD suicide surveillance efforts, the Department decided to change how it collects and reports Suicide events throughout the force. For the first time, Calendar Year 2012 suicide incidents and rate calculations were collected, analyzed, and reported for both the Active (AC) and Reserve Components (RC), regardless of whether or not RC forces were serving in an Active Duty status. Prior to 2012, DoD reported only AC suicide numbers and rates which included those RC members who died by suicide while serving on Active Duty.

Increasing awareness of suicide incidents for both AC and RC Service members better informs suicide prevention/resilience efforts in all components (Active, Guard, and Reserve), while facilitating comparison with similar organizations that review epidemiological or public health issues related to suicide. The attached Calendar Year 2012 Annual Report is the first to contain this compilation of detailed statistical information.

Collection, dissemination, and analysis of information in this report are important in providing leaders valuable information that can guide, shape, and refine ongoing programs and research. I encourage everyone to read this document and use its findings to improve efforts in preventing suicide among members of our Armed Forces. Thank you for your continued support.


Michael S. Linnington
LTG, U.S. Army
Military Deputy

Attachment:
As stated

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EXECUTIVE SUMMARY

This annual report of the Department of Defense Suicide Event Report (DoDSER) program summarizes calendar year (CY) 2012 fatal and nonfatal suicide events reported and submitted by 31 March 2013. This report is composed of aggregated DoDSER data for each of the four covered Services: Air Force, Army, Marine Corps, and Navy. Personally identifiable information has been redacted from this report.

Background

The DoDSER program is a collaborative effort of the National Center for Telehealth & Technology (T2) and the Services' (excluding the U.S. Coast Guard) suicide prevention program offices. Since 1 January 2008, the DoDSER program has standardized suicide surveillance across the Services with the ultimate goal of facilitating the DoD's suicide prevention mission. When a death is ruled a suicide by the Armed Forces Medical Examiner System (AFMES), a designated professional from the respective Service reviews records, conducts interviews when appropriate, and responds to the DoDSER items via the secure web-based DoDSER application (dodser.t2.health.mil). As of 1 January 2010, surveillance of suicide events expanded to include suicide attempts for all Services. Additional nonfatal suicide events including self-harm and suicidal ideation are collected by the Army. The DoDSER items collect comprehensive information about the Service member and the event.

Changes to the DoDSER

In the current report, we have enhanced the reporting of event method and substance use at the time of death for suicides by using official data from AFMES. In addition, we have included figures that display the annual proportion of DoDSERs (2008 – 2012 for suicides; 2010 – 2012 for suicide attempts) for some variables. Confidence intervals are displayed with the proportions to provide a measure of the precision of these estimates. Wider intervals indicate less precision (more instability) of the proportion. We did not engage in formal statistical testing of these data, neither between specific years nor overall for trends across years.¹ In addition, the online training module was made mandatory for all submitters prior to submission of a DoDSER record.

Results

According to AFMES data as of 31 March 2013, there were 319 suicides among Active component Service members and 203 among Reserve component Services members (Reserve [n = 73]; National Guard [n = 130]). The suicide rate (per 100,000 Service members) for the Active component was 22.7 and for the Reserve component was 24.2 (Reserve – 19.3, National Guard – 28.1). Per policy, the DoDSER system collected data on suicides for all Service members in an Active status at the time of death, including Service members in the Reserve components (i.e., active or activated² Reserve/National Guard). The distribution of suicide DoDSERs across the four included Services was as follows: Air Force – 57 (17.9%), Army – 155 (48.7%), Marine Corps – 47 (14.8%), and Navy – 59 (18.6%). These counts included reports for both confirmed suicides and probable suicides pending a final determination. Of these suicides, 259 were confirmed by AFMES as of 31 January 2013, the date used for the evaluation of DoDSER submission compliance. For 2012, all Services achieved 100% submission compliance. A total of 841 Service members had one or more attempted suicides reported in DoDSER for CY 2012. Below we provide summary statistics on several variables for all DoD suicide and suicide attempt DoDSERs.

¹ See Appendix A. ² Activated on Title 10 orders

- Based on submitted DoDSERs, the most common demographic characteristics for Service members who died by suicide in CY 2012 were: male (n = 295; 92.8%), white/Caucasian (n = 236; 74.2%), non-Hispanic (n = 218; 68.6%), between 17 and 24 years of age (n = 126; 39.6%), junior enlisted (E1–E4; n = 158; 49.7%), and educational attainment of some college or more (n = 113; 35.5%). Demographic characteristics for Service members with a reported suicide attempt were: male (n = 663; 76.3%), white/Caucasian (n = 589; 67.8%), non-Hispanic (n = 641; 73.8%), between 17 and 24 years of age (n = 506; 58.2%), junior enlisted (E1–E4; n = 575; 66.2%), and educational attainment of some college or more (n = 315; 36.2%).
- The primary method for suicides was the use of a firearm (n = 207; 65.1%). The majority of firearms used were non-military issued firearms (n = 157; 75.8% of events involving a firearm). For suicide attempt DoDSERs, the use of drugs was the most frequently reported method (n = 476; 54.8%).
- A total of 91 suicide DoDSERS (28.6%) and 191 suicide attempt DoDSERs (22.0%) reported that the Service member had communicated potential for self-harm prior to the event.
- A total of 134 suicide DoDSERs (42.1%) and 452 suicide attempt DoDSERs (52.0%) indicated a history of a behavioral health diagnosis. The most frequently reported diagnosis among the suicide DoDSERs was adjustment disorder (n = 82; 61.2% of DoDSERs with a behavioral health diagnosis); among suicide attempt DoDSERs, the most common diagnostic category was mood disorder (n = 293; 64.8% of DoDSERs with a behavioral health diagnosis).
- A majority of DoDSERs for both suicides (n = 194; 61.0%) and suicide attempts (n = 588; 67.7%) specified that the Service member had accessed health and/or support services during the 90 days prior to the event. The most frequently used services for both event types were a military treatment facility (MTF; suicides [n = 177; 91.2% of DoDSERs in which access was reported]; suicide attempts [n = 446; 75.9% of DoDSERs in which access was reported]) and outpatient behavioral health (suicides [n = 91; 46.9% of DoDSERs in which access was reported]; suicide attempts [n = 399; 67.9% of DoDSERs in which access was reported]).
- Family and relationship stressors during the 90 days prior to the event were the most common type of stressor reported among suicide DoDSERs (n = 129; 40.6%). This type of stressor was also the most frequently reported among suicide attempt DoDSERs (n = 377; 43.4%).
- A total of 151 suicide DoDSERs (47.5%) and 312 suicide attempt DoDSERs (35.9%) reported a history of deployment in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and/or Operation New Dawn (OND).

Conclusions

The DoDSER program continues to refine procedures to improve DoD suicide surveillance. Incorporation of data from AFMES in this year's report and pending enhancements that include the use of additional external data sources will further enhance the ability of the DoDSER program to inform leadership of patterns related to suicide among Service members. Since the primary purpose of the DoDSER program is to monitor suicide events, both fatal and nonfatal, as they occur, the system does not specify the systematic collection of concurrent data on non-cases (i.e., controls). Collection of such data exceeds the surveillance mandate of DoDSER and becomes a formal research protocol. The data described in this report can identify the prevalence of various suspected risk and protective factors for suicide, but definitive conclusions and inference about the role of any specific factor in terms of suicide prevention requires well-planned and well-executed etiologic research that exceeds beyond the scope of this surveillance program.

A NOTE ON THE DATA SOURCES

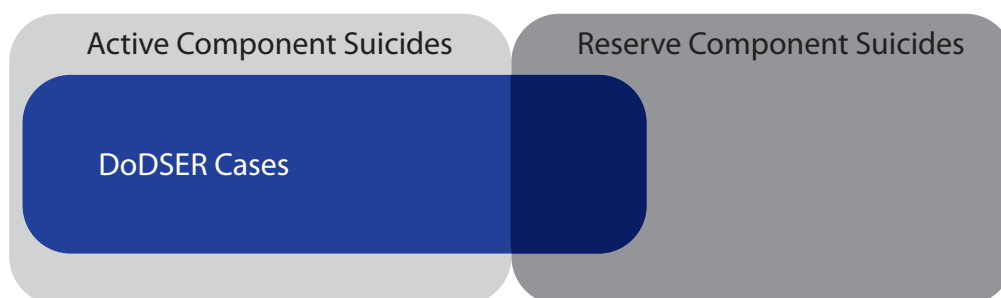
This DoDSER Annual Report presents data to address two important aspects of suicide surveillance:

1. What is the burden of suicide among Service members?
2. What is distribution of known or suspected risk factors among Service members who engaged in suicidal behavior?

To answer the first question, the Armed Forces Medical Examiner System (AFMES) used data on the number of CY 2012 suicides that were confirmed or pending confirmation as of 31 March 2013 to calculate mortality rates using data from the Defense Manpower Data Center (DMDC) to determine the denominators. See Appendix A for more details on the calculations performed to produce the rates presented in this report. The presentation of rate data for this year's DoDSER Annual Report presents rate data separately for Service members in the Active component and Service members in the Selected Reserve.

To answer the second question, the National Center for Telehealth and Technology (T2) maintains an electronic surveillance system to collect historical and risk factor data on suicides and suicide attempts among Service members who are in an Active status at the time of the event (this includes all Active component Service members and Reserve component Service members who are in an Active status). At present, the mandate for the surveillance system does not extend to Reserve component Service members who are not in an Active status. All CY 2012 suicides that were confirmed by 31 January 2013 by AFMES were required to submit a DoDSER by 31 March 2013. Those suicides that were confirmed after this deadline may also have had a DoDSER submitted, but it was not required given the required time allowed to submit a report post confirmation of a suicide and the timeline for developing the annual report. See Appendix A for more information on how the DoDSER system functions and a description of the types and sources of data used to complete a DoDSER.

The following diagram displays the relationship between the sources of data. All Active and Reserve component suicides (regardless of status at the time of the event) were eligible for inclusion in the rate calculation. To require a DoDSER, the Service member had to be in an Active status and the suicide had to be confirmed by 31 January 2013. **Note:** The diagram is not drawn to scale.



Relationship of DoDSER cases to the Active and Reserve component suicides.

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Suicide Rates

SUICIDE RATES

In this section, we present the rates of suicide for CY 2012 (see Appendix B for tables). Rates are presented for each Service and in aggregate across the four Services included in the DoDSER surveillance program. In this year's report, we include rates for both the Active and the Reserve components. All rates included in the tables are crude rates, which means that they are not standardized on any specific demographic factors. Comparisons between groups or across time do not take into account different distributions of factors, such as the age composition of each population, that can provide misleading results. Distributions of demographic characteristics and associated rates are included in the tables in Appendix B with rates suppressed for categories with fewer than 20 events. A detailed discussion on the data sources, definitions, and formulae used in calculating the suicide rates is included in Appendix A.

As of 31 March 2013, the Armed Forces Medical Examiner Service (AFMES) identified 319 suicides among Active component Service members, 73 among Selected Reserve Service members, and 130 among National Guard Service members. The rate of suicide, per 100,000 Service members, in each of the aforementioned components was as follows: Active component – 22.7, Reserve – 19.3, and National Guard – 28.1. The suicide rates for the Active component of the four Services, per 100,000 Service members, were as follows: Air Force – 15.0, Army – 29.7, Marine Corps – 24.3, Navy – 17.8. The number of suicides for the Reserve components for each Service were too small ($n < 20$) for the calculation of rates, with the exception of the Air National Guard (19.1 per 100,000 Service members), Army Reserve (24.7 per 100,000 Service members), and the Army National Guard (30.8 per 100,000 Service members).

The suicide rates across demographic categories for the combined Services (Active component only) are displayed in Appendix B ([Table B1](#)). The rate of suicide for male Service members was 24.6 per 100,000 Service members; for females, it was 11.7 per 100,000 Service members. The rates for several categories of race/ethnicity were suppressed because of small numbers of suicides. The rate for Caucasian Service members was 25.1 per 100,000 Service members. The rate for non-Hispanic Service members was 23.7 per 100,000 Service members. In terms of age, the largest rates were observed among Service members 17 to 24 years of age at 24.8 per 100,000 Service members. The rate decreased as age increased. Service members in the junior enlisted rank/grade category (E1–E4) had a rate of 26.6 per 100,000 Service members. The highest rate in terms of educational attainment was observed for Service members with an alternative high school certification (e.g., GED®) at 50.0 per 100,000 Service members. Similar to the pattern for age and rank, the rate decreased as the level of education increased. Service members who were never married had a rate of 22.9 per 100,000 Service members; the rate for married Service members was 21.1 per 100,000.

DoDSER RESULTS— ALL SERVICES



DODSER RESULTS—ALL SERVICES

2012 Reported Suicides

As of 31 March 2013, the AFMES reported 304 confirmed Active duty suicides and 46 probable suicides pending final determination for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. To meet the timeline of this report, all suicide events that were confirmed on or before 31 January 2013 ($n = 259$) were used as the denominator in evaluating report submission compliance for all services. Submission occurred when the form completer changed the status of the report from “in-progress” to “submitted,” indicating a final submission. Reports with incomplete data were able to be submitted. For calendar year 2012, the Services achieved 100% submission of a DoDSER for each confirmed suicide event. In addition, 59 events that were identified as still pending a final determination as a suicide had a DoDSER submitted prior to 1 April; these DoDSERs were included in the subsequent text, yielding a total of 318 suicide event DoDSERs for this report.

Demographics

The distributions of demographic characteristics among the 318 suicide DoDSERs are provided in (Table C1). The characteristics most often reported were: male ($n = 295$; 92.8%), Caucasian ($n = 236$; 74.2%), non-Hispanic ($n = 218$; 68.6%), between 17 and 24 years of age ($n = 126$; 39.6%), junior enlisted (E1–E4; $n = 158$; 49.7%), and Active component ($n = 296$; 93.1%). A total of 113 DoDSERs (35.5%) indicated educational attainments of some college or more, and 154 DoDSERs (48.4%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in Appendix C, (Table C2). According to data received from AFMES, the predominant method for suicide events was a firearm ($n = 207$; 65.1%); non-military firearms were used in 157 (75.8% of suicides involving a firearm) suicides. Asphyxiation, which included hanging, was the method used in 81 suicide events (25.5%). Figure 1 displays the annual proportionate mortality (2008–2012) associated with these event methods in suicide DoDSERs. Toxicology identified alcohol use in 107 suicides (33.6%) and drug use in 78 suicides (24.5%).

Figure 1. Distribution of top three event methods for suicide event reports, by calendar year.

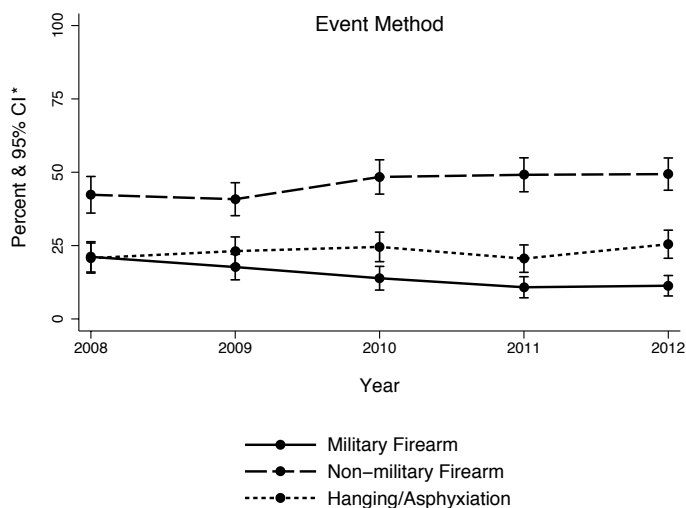


Figure 2. Percentage of reported suicide event reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

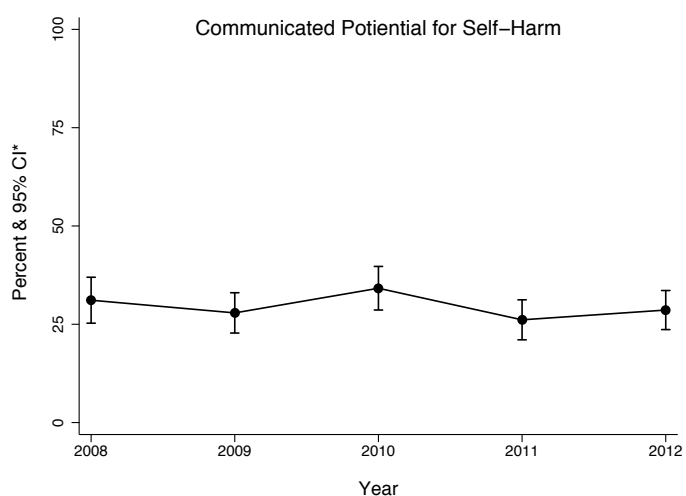


Figure 3. Percentage of reported suicide event reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

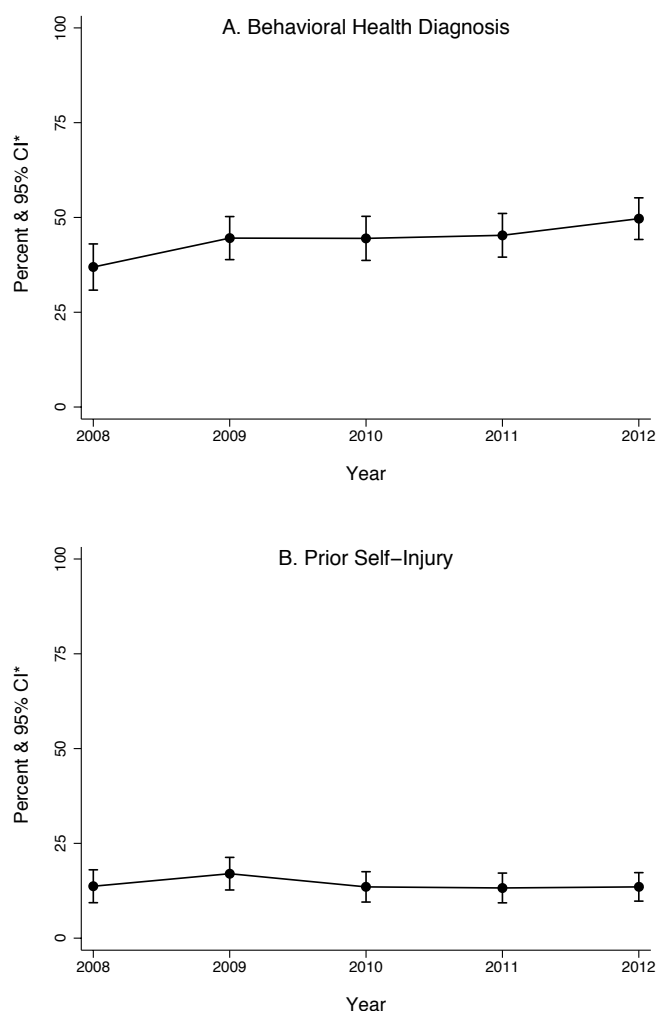
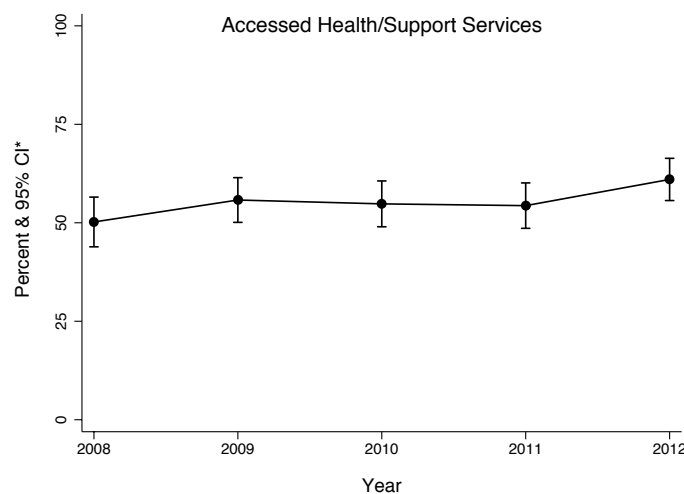


Figure 4. Percentage of suicide event reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Prior to suicide, 91 decedents (28.6%) were known to have communicated their potential for self-harm to at least one other person. Figure 2 displays the annual proportion of DoDSERs (2008-2012) where the Service member communicated potential for self-harm prior to suicide. A total of 95 decedents (29.9%) lived alone and 174 (54.7%) were known to have had a firearm in their home/immediate environment.

Health and Treatment

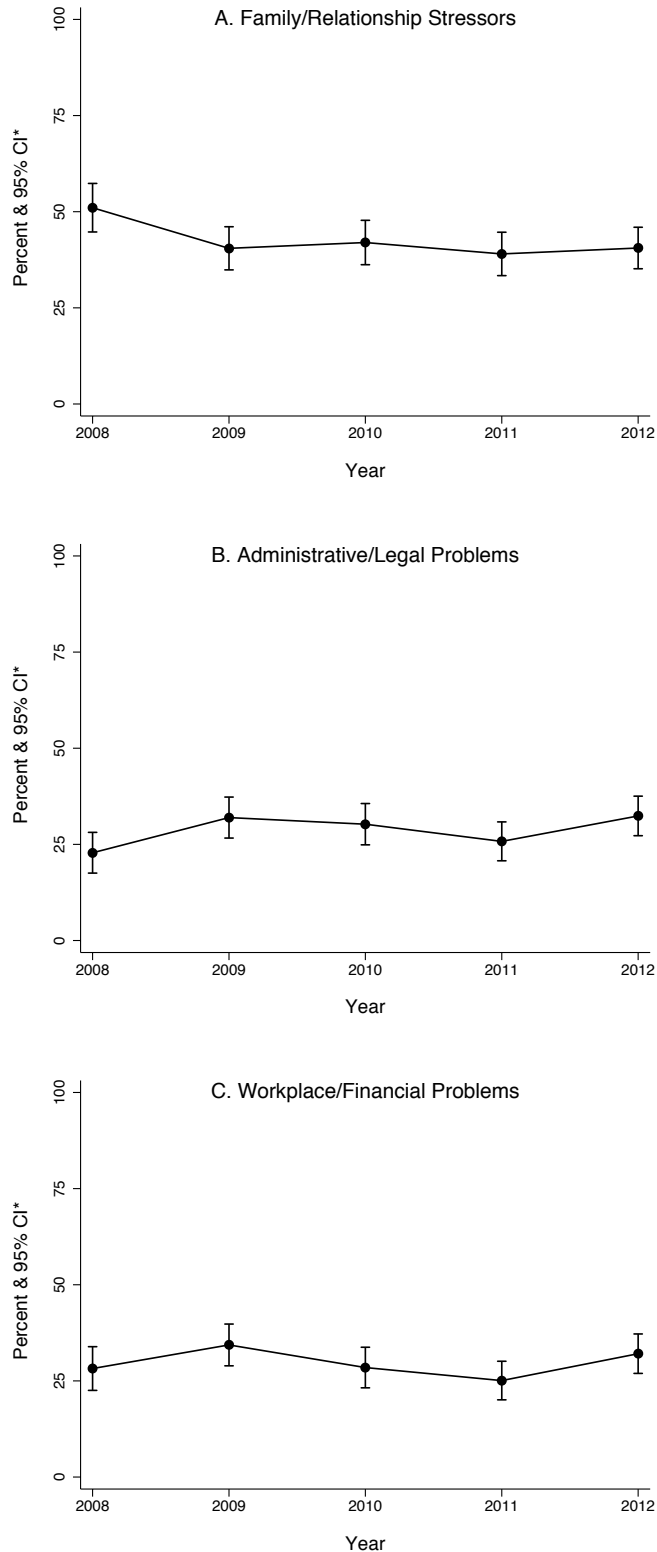
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table C3). In 134 DoDSERs (42.1%), the decedent was known to have had a behavioral health diagnosis. A total of 73 DoDSERs (23.0%) reported a history of substance abuse and 43 (13.5%) indicated a history of prior self-injury. Figure 3 presents the annual proportions of DoDSERs (2008-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 194 decedents (61.0%) accessed physical, mental, or other support services in the 90 days prior to the event. Figure 4 displays the annual proportion of DoDSERs (2008-2012) where accession of services was reported in the 90 days prior to the event. Ninety-three decedents (29.2%) were reported to have ever taken psychotropic medications. A total of 63 decedents (19.8%) were known to have used psychotropic medications within 90 days prior to suicide.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table C4). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship (n = 129; 40.6%), administrative/legal (n = 103; 32.4%), and workplace/financial (n = 102; 32.1%). Figure 5 displays the annual proportion of DoDSERs (2008-2012) in which any of the three types of stressor was reported. Data were collected on known or suspected experiences of abuse victimization or perpetration. There were 33 decedents (10.4%) with histories of

Figure 5. Percentage of suicide event reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

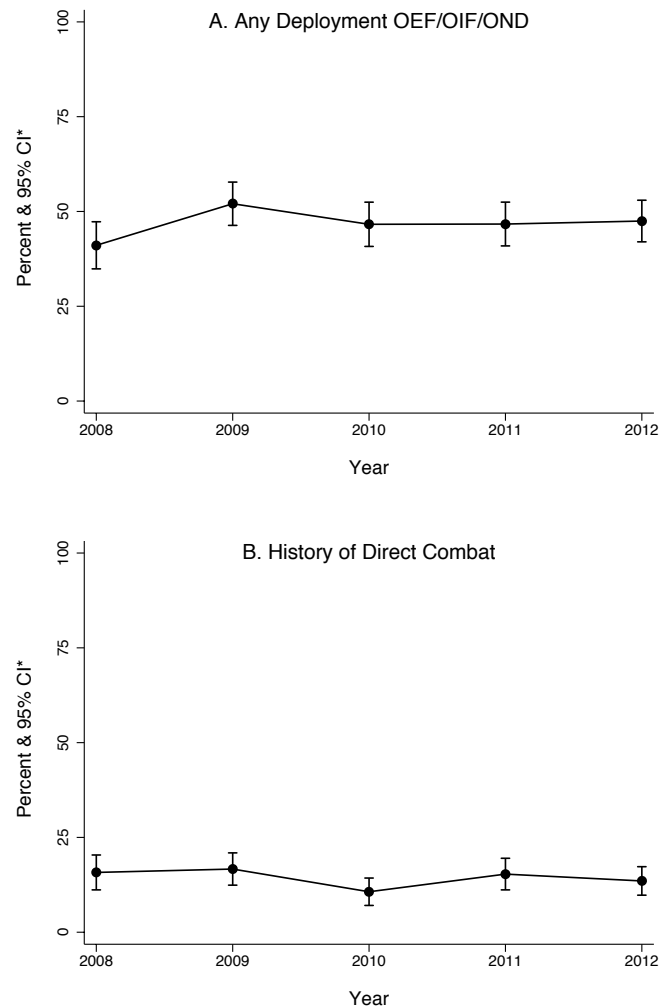


abuse victimization and 42 decedents (13.2%) with histories of abuse perpetration.

Deployment History

A total of 182 DoDSERs (57.2%) reported a history of any deployment (Table C5). In 151 DoDSERs (47.5%), the decedent had a history of deployment as part of OIF/OEF/OND. A total of 24 suicides (7.5%) occurred in theater; the majority of these events occurred in Afghanistan ($n = 21$; 87.5% of events that occurred in theater). In 43 DoDSERs (13.5%), the decedent had a known history of exposure to direct combat. Figure 6 displays the annual proportions of DoDSERs (2008-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 6. Percentage of suicide event reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Reported Suicide Attempts

As of 31 March 2013, there were 869 submitted suicide attempt DoDSERs among Active duty Service members for all services in calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one suicide attempt during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described suicide attempts for 841 unique Service members: 815 with one DoDSER, 24 with two, and 2 with three. The distribution of suicide attempt DoDSERs across the services was as follows: Air Force – 26.4%, Army – 42.0%, Marine Corps – 19.4%, and Navy – 12.2%. All DoDSERs were included in the tables, figures, and summary text.

Demographics

The distributions of demographic characteristics among the 869 suicide attempt DoDSERs are provided in (Table C6). The characteristics most often reported were: male (n = 663; 76.3%), Caucasian (n = 589; 67.8%), non-Hispanic (n = 641; 73.8%), between 17 and 24 years of age (n = 506; 58.2%), junior enlisted (E1–E4; n = 575; 66.2%), and Active component (n = 829; 95.4%). A total of 315 DoDSERs (36.2%) indicated educational attainment of some college or more, and 364 DoDSERs (41.9%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table C7). Drug overdose (n = 476; 54.8%), use of a sharp or blunt object (e.g., cutting; n = 107; 12.3%), and hanging/asphyxiation (n = 95; 10.9%) were the three most frequently reported suicide attempt methods. Figure 7 displays the annual proportionate morbidity (2010-2012) of these three attempt methods. Alcohol use was reported in 262 DoDSERs (30.1%), and substance use was reported in 519 DoDSERs (59.7%).

There were 191 suicide attempt DoDSERs (22.0%) in which the Service member was known to have communicated intent for self-harm prior to the event. Figure 8 displays the annual proportion of DoDSERs (2010-2012) in which communication of intent was reported. A total of 283 DoDSERs (32.6%) indicated that the Service member resided alone at the time of the event. In 87 DoDSERs (10.0%), it was reported that the Service member was known to have access to a firearm in his/her home/immediate environment.

Figure 7. Distribution of top three event methods for suicide attempt reports, by calendar year.

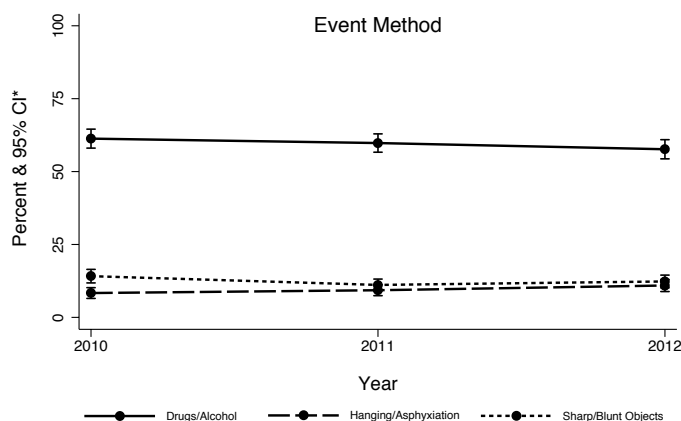


Figure 8. Percentage of reported suicide attempt reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

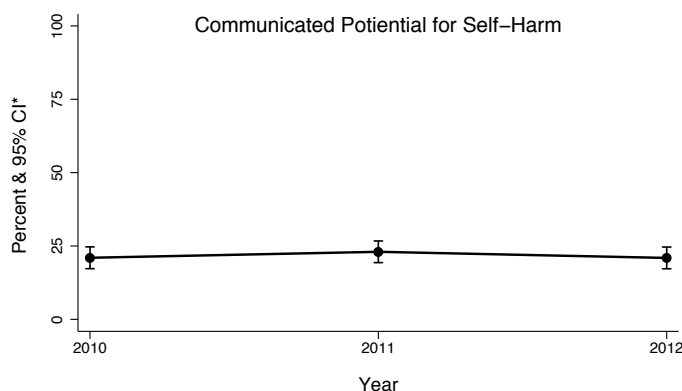


Figure 9. Percentage of reported suicide attempt reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

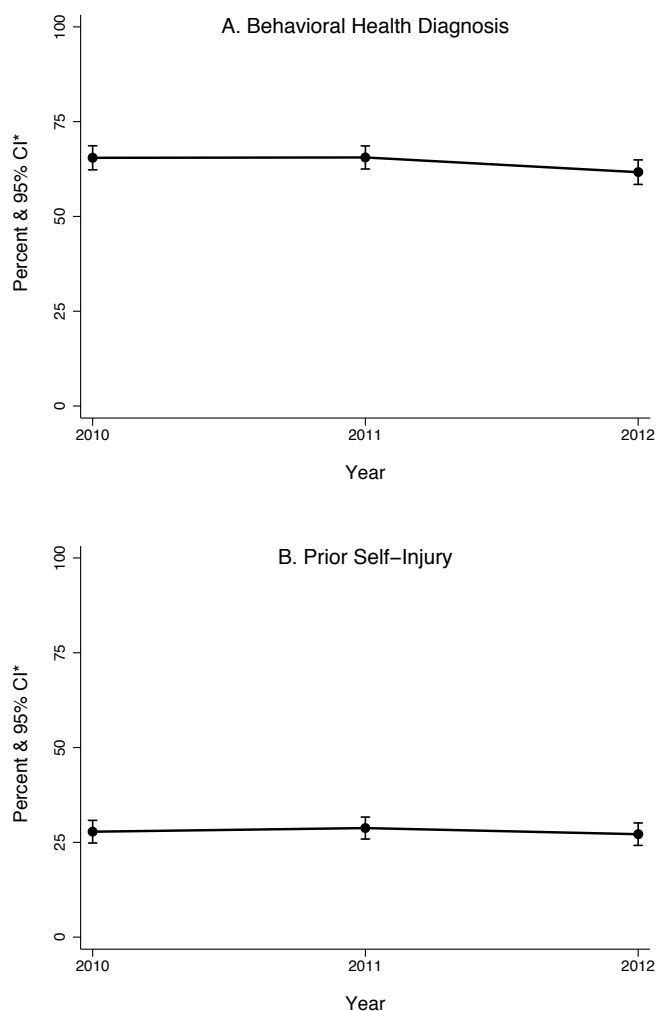
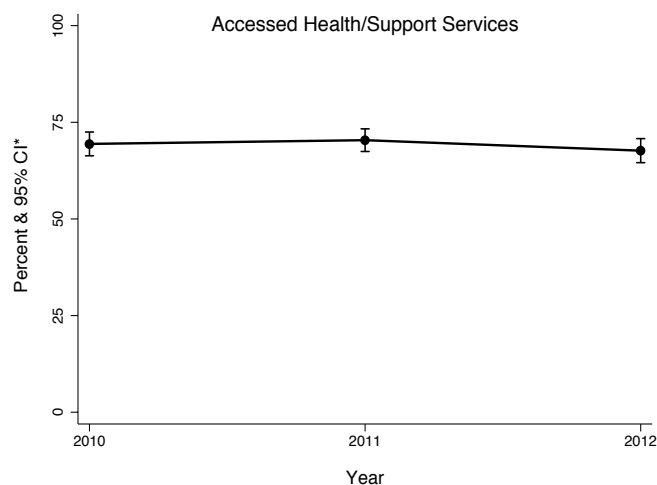


Figure 10. Percentage of suicide attempt reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Health and Treatment

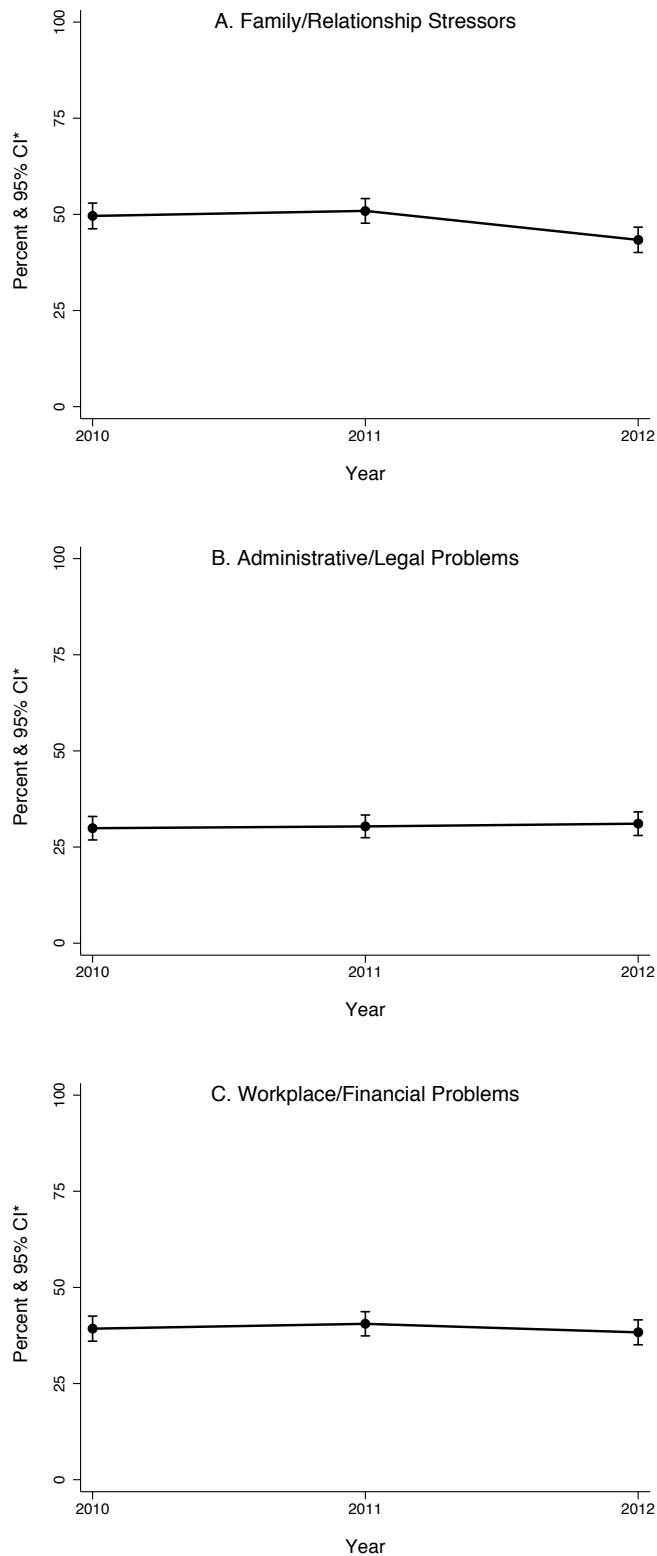
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table C8). A total of 452 DoDSERs (52.0%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 248 DoDSERs (28.5%) reported a history of substance abuse, and 236 DoDSERs (27.2%) specified a history of prior self-injury. Figure 9 presents the annual proportions of DoDSERs (2010-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 588 DoDSERs (67.7%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide attempt. Figure 10 displays the annual proportion of DoDSERs (2010-2012) that reported accession of services in the 90 days prior to the event. Three hundred thirty-five DoDSERs (38.6%) reported that the Service member had ever used psychotropic medications. A total of 269 DoDSERs (31.0%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table C9). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 377$; 43.4%), administrative/legal ($n = 270$; 31.1%), and workplace/financial ($n = 333$; 38.3%). Figure 11 displays the annual proportions of DoDSERs (2010-2012) in which any of the three types of stressors was reported. Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 267 DoDSERs (30.7%) that reported histories of abuse victimization and 84 DoDSERs (9.7%) that reported histories of abuse perpetration.

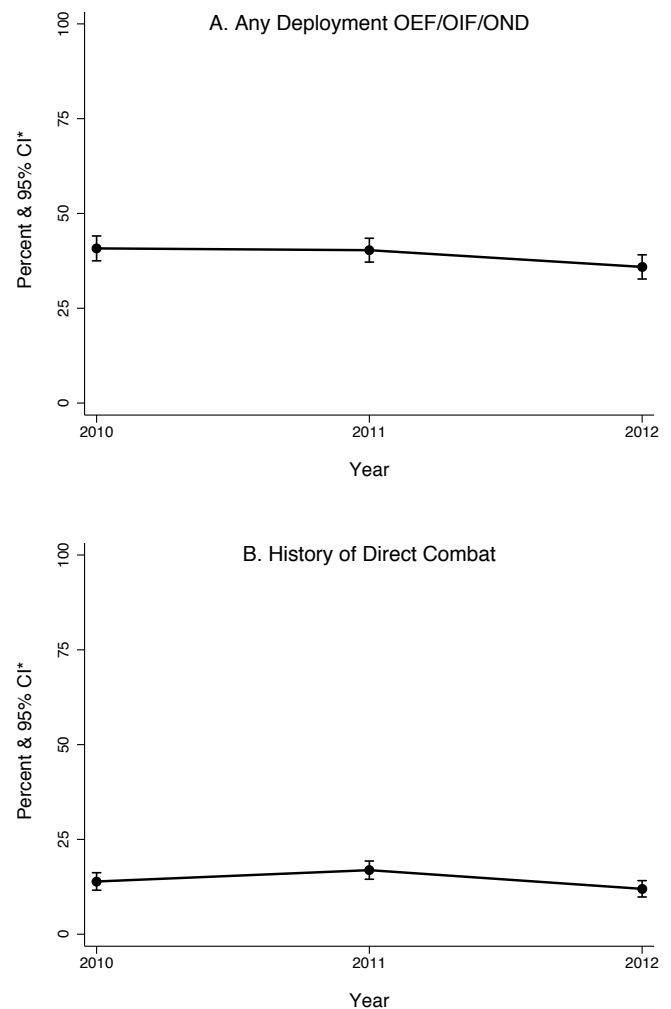
Figure 11. Percentage of suicide attempt reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.



Deployment History

A total of 378 DoDSERs (43.5%) reported a history of any deployment ([Table C10](#)). In 312 DoDSERs (35.9%), the Service member had a history of deployment as part of OIF/OEF/OND. A total of 15 suicide attempts (1.7%) occurred in theater. In 104 DoDSERs (12.0%), the Service member had a known history of exposure to direct combat. Figure 12 displays the annual proportions of DoDSERs (2010-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

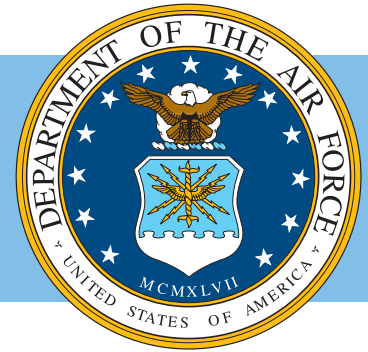
Figure 12. Percentage of suicide attempt reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



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AIR FORCE

DoDSER RESULTS



AIR FORCE DoDSER RESULTS

2012 Reported Suicides

As of 31 March 2013, AFMES reported 50 confirmed Active duty suicides and 9 probable suicides pending final determination for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. To meet the timeline of this report, all suicide events that were confirmed on or before 31 January 2013 ($n = 37$) were used as the denominator in evaluating report submission compliance for all Services. Submission occurred when the form completer changed the status of the report from “in-progress” to “submitted,” indicating a final submission. Reports with incomplete data were able to be submitted. For calendar year 2012, the Air Force achieved 100% submission of a DoDSER for each confirmed suicide event. In addition, 20 events that were confirmed after 31 January 2013 or were identified as still pending a final determination as a suicide had a DoDSER submitted prior to 1 April; these DoDSERs were included in the subsequent text, yielding a total of 57 suicide event DoDSERs for this report.

Demographics

The distributions of demographic characteristics among the 57 suicide DoDSERs are provided in (Table D1). The characteristics most often reported were: male ($n = 51$; 89.5%), Caucasian ($n = 47$; 82.5%), non-Hispanic ($n = 42$; 73.7%), between 17 and 24 years of age ($n = 26$; 45.6%), junior enlisted (E1–E4; $n = 25$; 43.9%) or non-commissioned officer (E5–E9; $n = 25$, 43.9%), and Active component ($n = 49$; 86.0%). A total of 34 DoDSERs (59.6%) indicated educational attainments of some college or more, and 22 DoDSERs (38.6%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in Appendix D, (Table D2). According to data received from AFMES, the predominant method for suicide events was a firearm ($n = 41$; 71.9%); non-military firearms were used in 36 suicides (87.8% of suicides involving a firearm). Asphyxiation, which included hanging, was the method used in 13 suicides (22.8%). Figure 13 displays the annual proportionate mortality (2008–2012) associated with these event methods in suicide DoDSERs. Toxicology identified alcohol use in 19 suicides (33.3%) and drug use in 12 suicides (21.1%).

Figure 13. Distribution of top three event methods for Air Force suicide event reports, by calendar year.

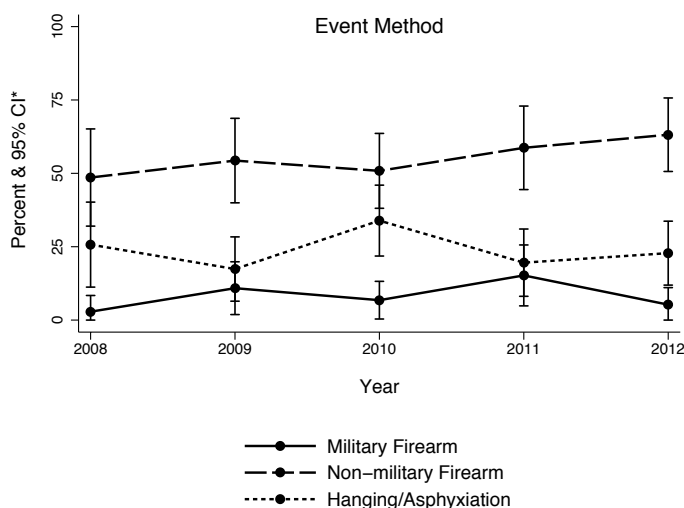


Figure 14. Percentage of reported Air Force suicide event reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

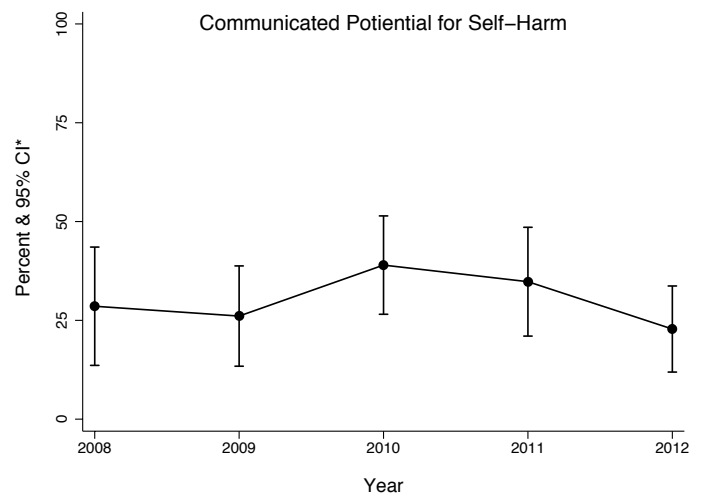


Figure 15. Percentage of reported Air Force suicide event reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

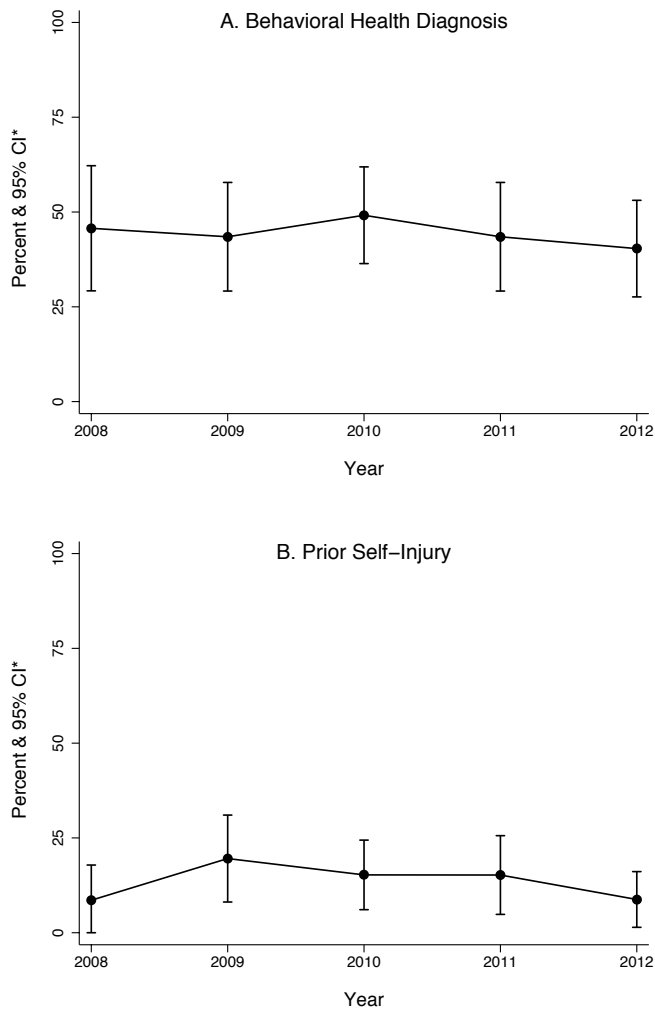
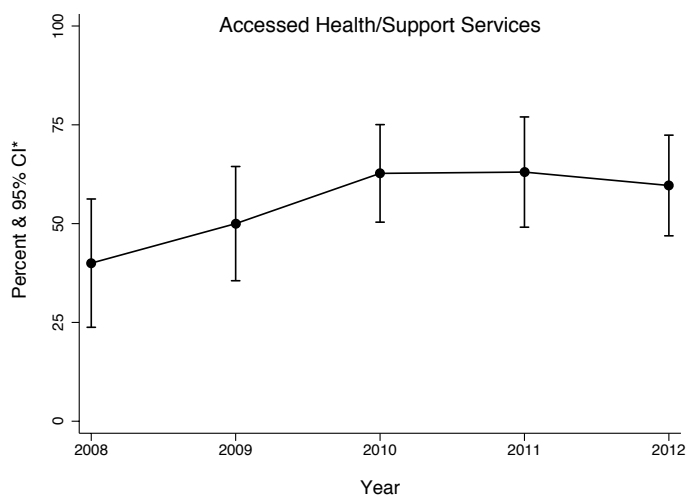


Figure 16. Percentage of Air Force suicide event reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Prior to suicide, 13 decedents (22.8%) were known to have communicated their intent for self-harm to at least one other person. Figure 14 displays the annual proportion of DoDSERs (2008-2012) where the Service member communicated intent for self-harm prior to suicide. A total of 26 decedents (45.6%) lived alone and 32 (56.1%) were known to have had a firearm in their home/immediate environment.

Health and Treatment

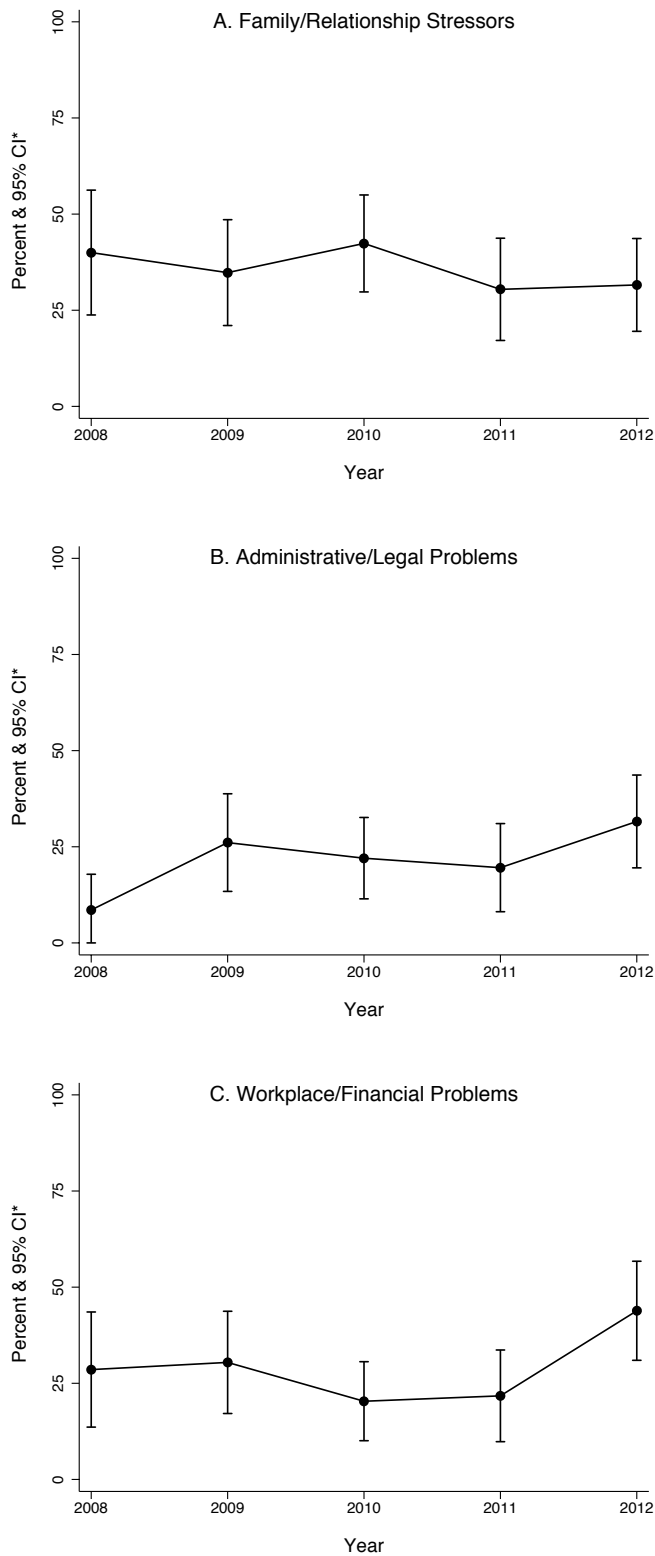
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table D3). In 17 DoDSERs (29.9%), the decedent was known to have had a behavioral health diagnosis. A total of 12 DoDSERs (21.1%) reported a history of substance abuse and 5 (8.8%) indicated a history of prior self-injury. Figure 15 presents the annual proportions of DoDSERs (2008-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 34 decedents (59.6%) accessed physical, mental, or other support services in the 90 days prior to the event. Figure 16 displays the annual proportion of DoDSERs (2008-2012) where accession of services was reported in the 90 days prior to the event. Thirteen decedents (22.8%) were reported to have ever used psychotropic medications. A total of six decedents (10.5%) were known to have used psychotropic medications within 90 day prior to suicide.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table D4). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship (n = 18; 31.6%), administrative/legal (n = 18; 31.6%), and workplace/financial (n = 25; 43.9%). Figure 17 displays the annual proportion of DoDSERs (2008-2012) in which any of the three types of stressor was reported. Data were collected on known or suspected experiences of abuse victimization or perpetration. There were 10 decedents (17.5%) with histories of

Figure 17. Percentage of Air Force suicide event reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

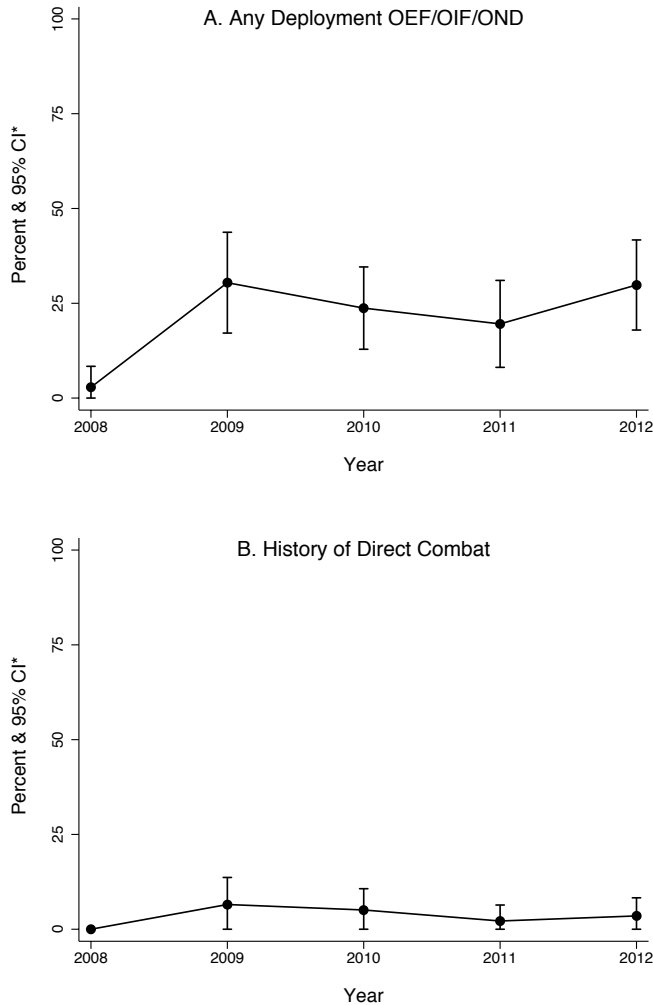


abuse victimization and 5 decedents (8.8%) with histories of abuse perpetration.

Deployment History

A total of 27 DoDSERs (47.4%) reported a history of any deployment (Table D5). In 17 DoDSERs (29.8%), the decedent had a history of deployment as part of OIF/OEF/OND. No suicides occurred in theater. In two DoDSERs (3.5%), the decedent had a known history of exposure to direct combat. Figure 18 displays the annual proportions of DoDSERs (2008-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 18. Percentage of Air Force suicide event reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Reported Suicide Attempts

As of 31 March 2013, there were 229 submitted suicide attempt DoDSERs among active duty Air Force Service members for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one suicide attempt during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described suicide attempts for 219 individual Service members: 209 with one DoDSER and 10 with two DoDSERs. All DoDSERs were included in the tables, figures, and summary text.

Demographics

The distributions of demographic characteristics among the 229 suicide attempt DoDSERs are provided in (Table D6). The characteristics most often reported were: male ($n = 157$; 68.6%), Caucasian ($n = 159$; 69.4%), non-Hispanic ($n = 190$; 83.0%), between 17 and 24 years of age ($n = 133$; 58.1%), junior enlisted (E1–E4; $n = 154$; 67.2%), and Active component ($n = 221$; 96.5%). A total of 128 DoDSERs (55.9%) indicated educational attainment of some college or more, and 88 DoDSERs (38.4%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table D7). Drug overdose ($n = 138$; 60.3%), use of a sharp or blunt object (e.g., cutting; $n = 29$; 12.7%), and hanging/asphyxiation ($n = 19$; 8.3%) were the three most frequently reported suicide attempt methods. Figure 19 displays the annual proportionate morbidity (2010–2012) of these three attempt methods. Alcohol use was reported in 86 DoDSERs (37.6%), and substance use was reported in 148 DoDSERs (64.6%).

There were 57 suicide attempt DoDSERs (24.9%) in which the Service member was known to have communicated intent for self-harm prior to the event. Figure 20 displays the annual proportion of DoDSERs (2010–2012) in which communication of intent was reported. A total of 110 DoDSERs (48.0%) indicated that the Service member resided alone at the time of the event. In 31 DoDSERs (13.5%), it was reported that the Service member was known to have access to a firearm in his/her home/immediate

Figure 19. Distribution of top three event methods for Air Force suicide attempt reports, by calendar year.

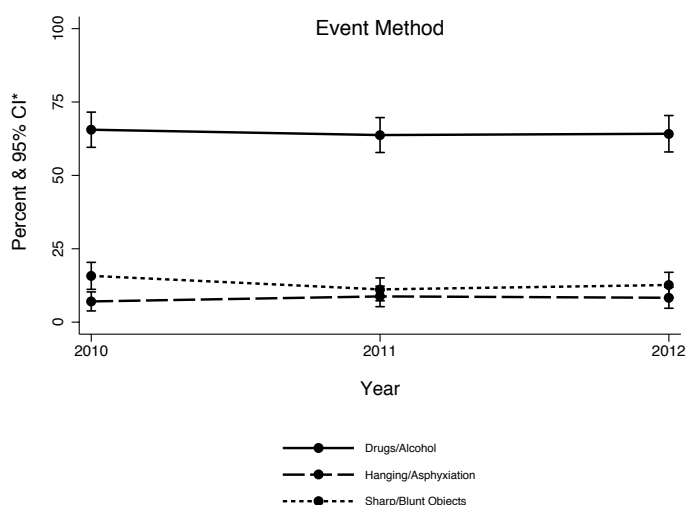


Figure 20. Percentage of reported Air Force suicide attempt reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

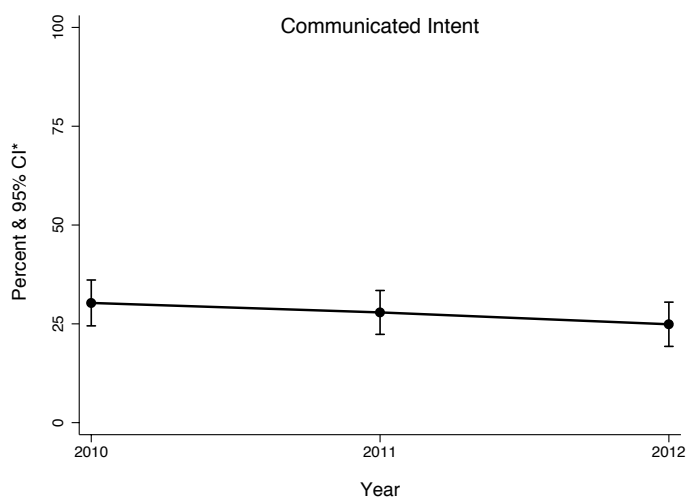


Figure 21. Percentage of reported Air Force suicide attempt reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

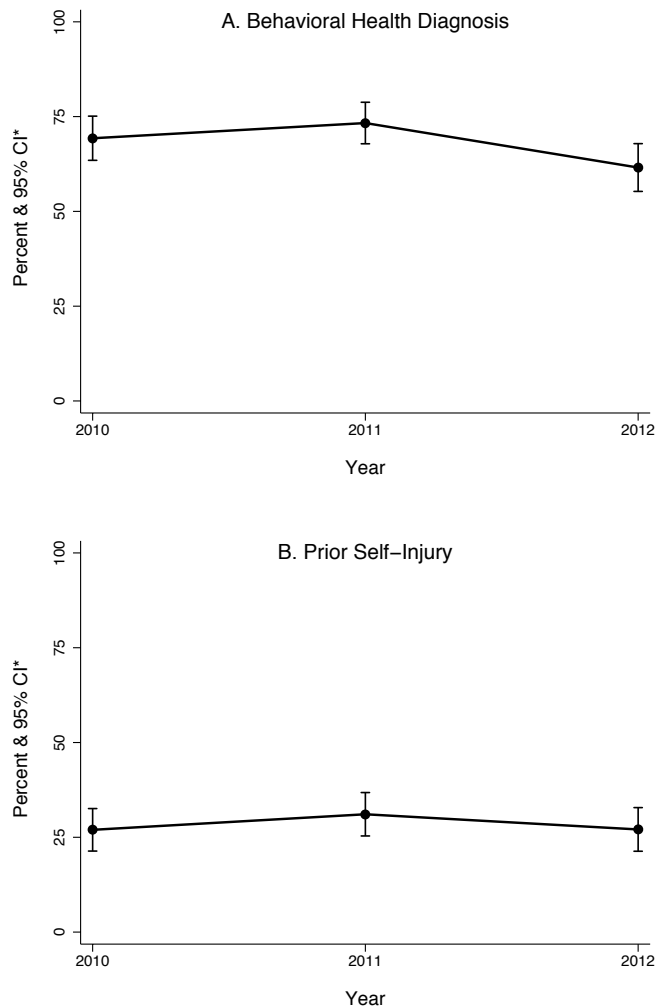
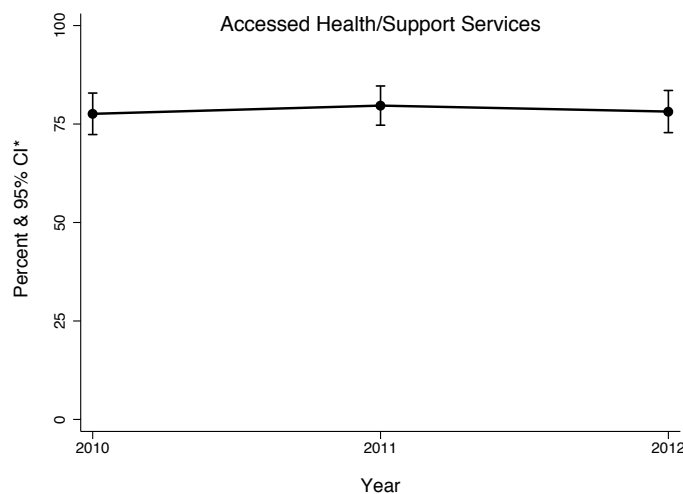


Figure 22. Percentage of Air Force suicide attempt reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



environment.

Health and Treatment

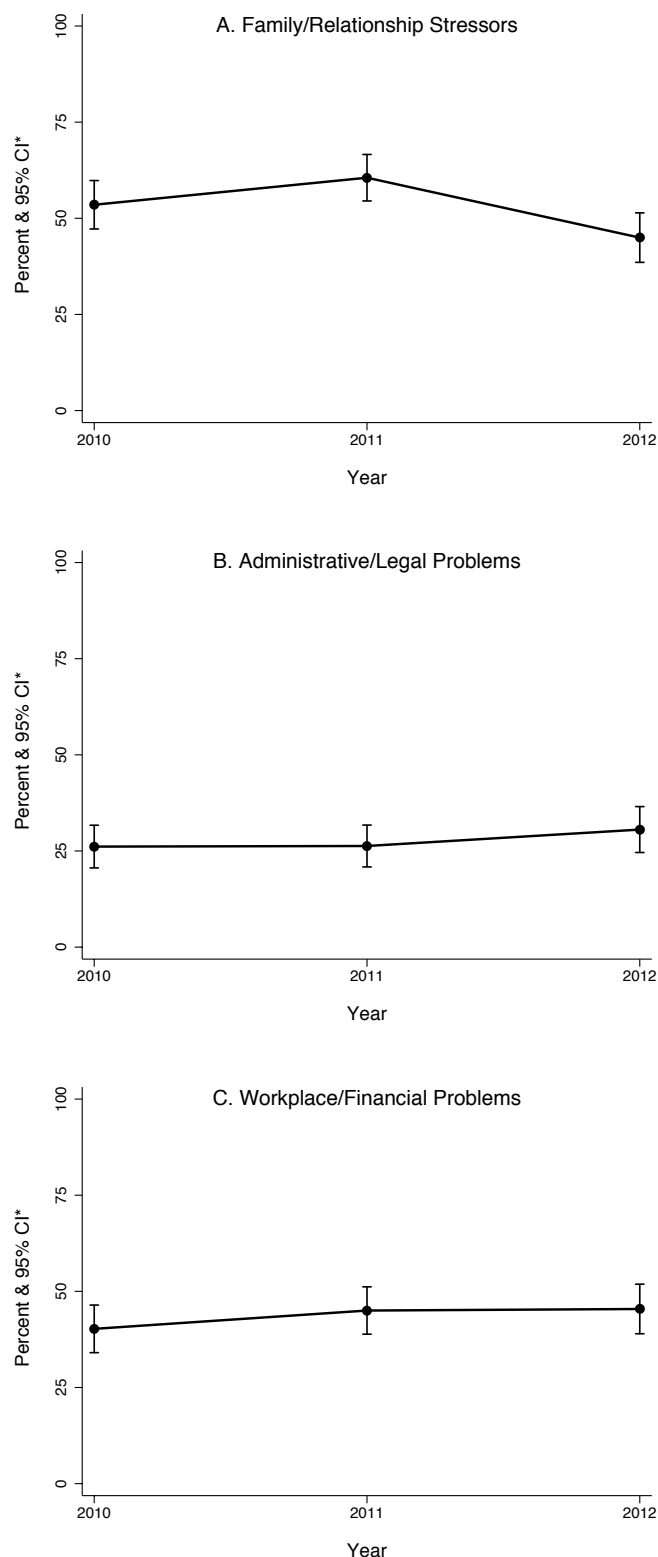
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table D8). A total of 128 DoDSERs (55.9%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 52 DoDSERs (22.7%) reported a history of substance abuse, and 62 DoDSERs (27.1%) specified a history of prior self-injury. Figure 21 presents the annual proportions of DoDSERs (2010-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 179 DoDSERs (78.2%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide attempt. Figure 22 displays the annual proportion of DoDSERs (2010-2012) that reported accession of services in the 90 days prior to the event. One hundred six DoDSERs (46.3%) reported that the Service member had ever used psychotropic medications. A total of 87 DoDSERs (38.0%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table D9). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 103$; 45.0%), administrative/legal ($n = 70$; 30.6%), and workplace/financial ($n = 104$; 45.4%). Figure 23 displays the annual proportions of DoDSERs (2010-2012) in which any of the three types of stressors was reported. Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 78 DoDSERs (34.1%) that reported histories of abuse victimization and 22 DoDSERs (9.6%) that reported

Figure 23. Percentage of Air Force suicide attempt reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

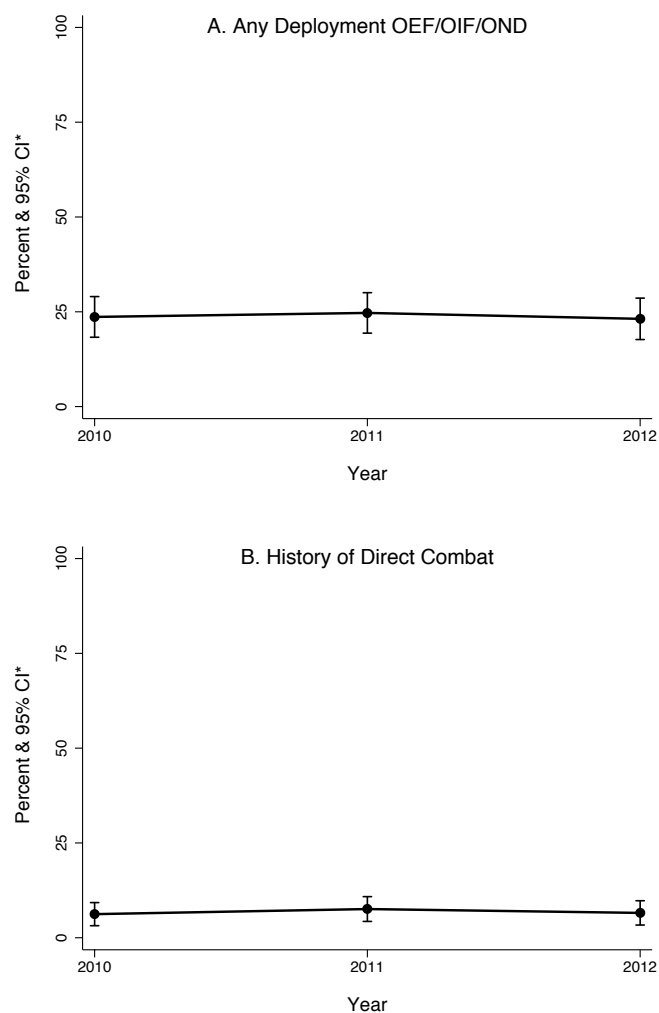


histories of abuse perpetration.

Deployment History

A total of 83 DoDSERs (36.2%) reported a history of any deployment ([Table D10](#)). In 53 DoDSERs (23.1%), the Service member had a history of deployment as part of OIF/OEF/OND. A total of five suicide attempts (2.2%) occurred in theater. In 15 DoDSERs (6.6%), the Service member had a known history of exposure to direct combat. Figure 24 displays the annual proportions of DoDSERs (2010-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 24. Percentage of Air Force suicide attempt reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



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ARMY DoDSER RESULTS



ARMY DoDSER RESULTS

2012 Reported Suicides

As of 31 March 2013, AFMES reported 161 confirmed Active duty suicides and 23 probable suicides pending final determination for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. To meet the timeline of this report, all suicide events that were confirmed on or before 31 January 2013 (n = 135) were used as the denominator in evaluating report submission compliance for all Services. Submission occurred when the form completer changed the status of the report from “in-progress” to “submitted,” indicating a final submission. Reports with incomplete data were able to be submitted. For calendar year 2012, the Army achieved 100% submission of a DoDSER for each confirmed suicide event. In addition, 21 events that were confirmed after 31 January 2013 or were identified as still pending a final determination as a suicide had a DoDSER submitted prior to 1 April; these DoDSERs were included in the subsequent text, yielding a total of 155 suicide event DoDSERs for this report.

Demographics

The distributions of demographic characteristics among the 155 suicide DoDSERs are provided in (Table E1). The characteristics most often reported were: male (n = 145; 93.5%), Caucasian (n = 104; 67.1%), non-Hispanic (n = 97; 62.6%), between 17 and 24 years of age (n = 51; 32.9%), junior enlisted (E1–E4; n = 78; 50.3%), and Active component (n = 143; 92.3%). A total of 44 DoDSERs (28.4%) indicated educational attainments of some college or more, and 85 DoDSERs (54.8%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in Appendix E, (Table E2). According to data received from AFMES, the predominant method for suicide events was a firearm (n = 94; 60.6%); non-military firearms were used in 61 suicides (64.9% of suicides involving a firearm). Asphyxiation, which included hanging, was the method used in 44 suicides (28.4%). Figure 25 displays the annual proportionate mortality (2008-2012) associated with these event methods in suicide DoDSERs. Toxicology identified alcohol use in 46 suicides (29.7%) and drug use in 50 suicides (32.3%).

Figure 25. Distribution of top three event methods for Army suicide event reports, by calendar year.

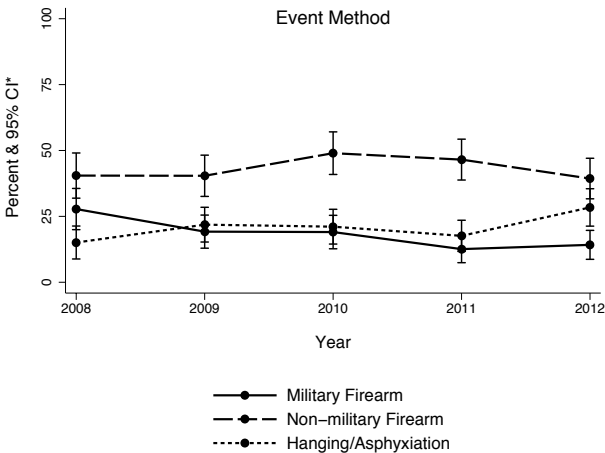


Figure 26. Percentage of reported Army suicide event reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

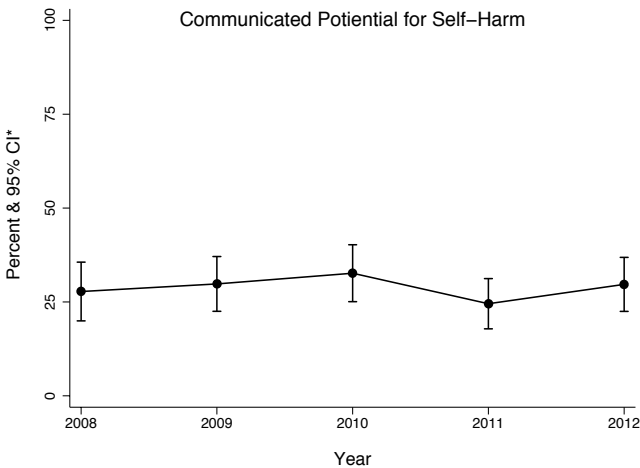


Figure 27. Percentage of reported Army suicide event reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

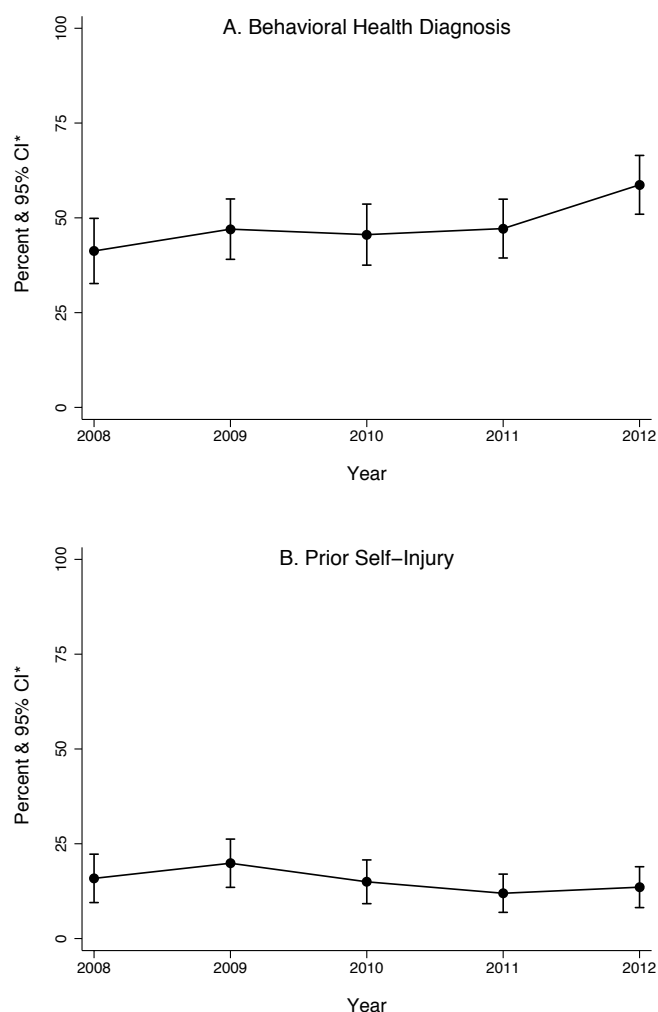
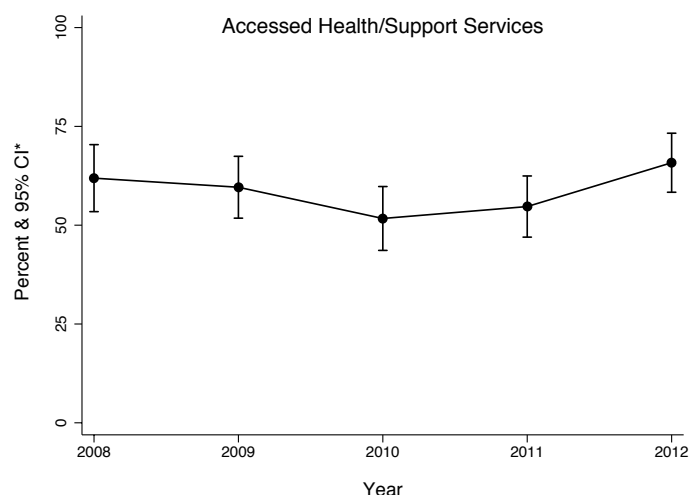


Figure 28. Percentage of Army suicide event reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Prior to suicide, 46 decedents (29.7%) were known to have communicated their intent for self-harm to at least one other person. Figure 26 displays the annual proportion of DoDSERs (2008-2012) where the Service member communicated intent for self-harm prior to suicide. A total of 36 decedents (23.2%) lived alone and 74 (47.7%) were known to have had a firearm in their home/immediate environment.

Health and Treatment

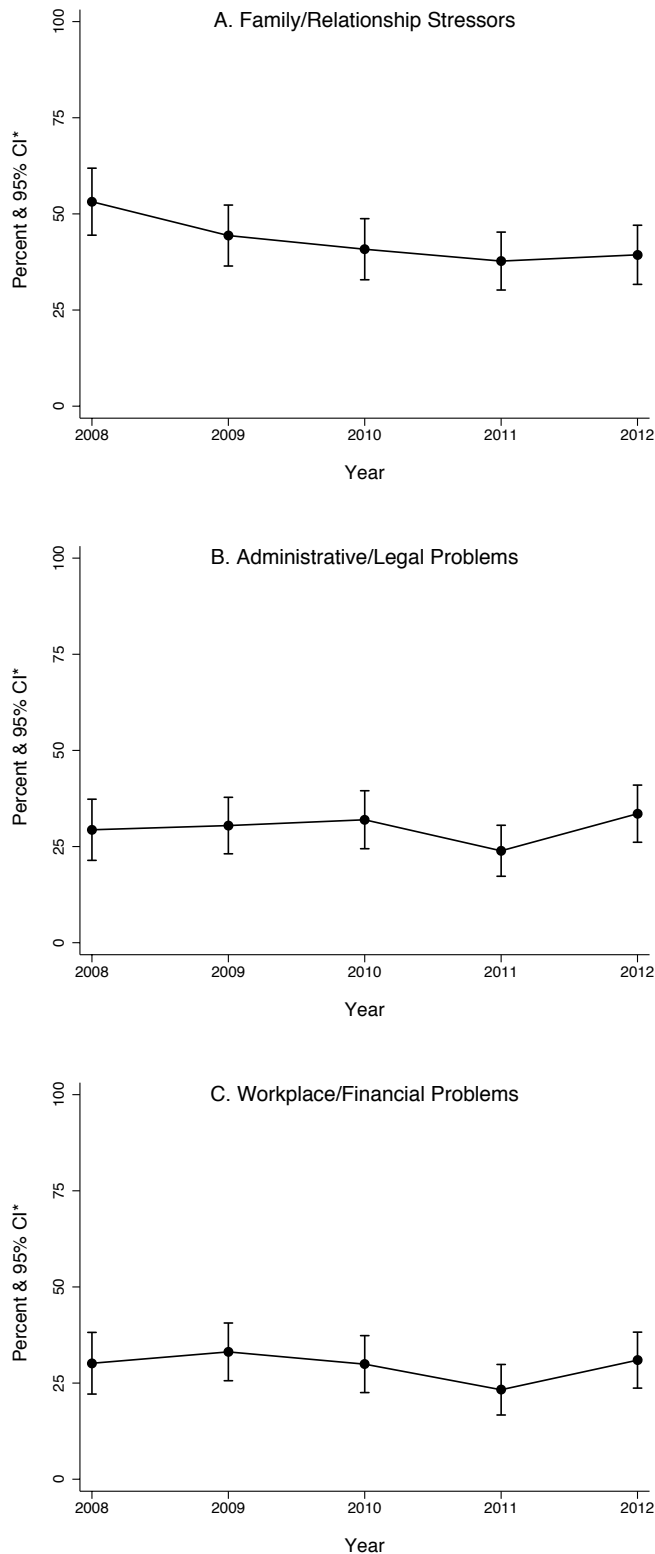
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table E3). In 83 DoDSERs (53.6%), the decedent was known to have had a behavioral health diagnosis. A total of 36 DoDSERs (23.2%) reported a history of substance abuse and 21 (13.5%) indicated a history of prior self-injury. Figure 27 presents the annual proportions of DoDSERs (2008-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 102 decedents (65.8%) accessed physical, mental, or other support services in the 90 days prior to the event. Figure 28 displays the annual proportion of DoDSERs (2008-2012) where accession of services was reported in the 90 days prior to the event. Fifty-one decedents (32.9%) were reported to have ever used psychotropic medications. A total of 34 decedents (21.9%) were known to have used psychotropic medications within 90 days prior to suicide.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table E4). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 61$; 39.4%), administrative/legal ($n = 52$; 33.5%), and workplace/financial ($n = 48$; 31.0%). Figure 29 displays the annual proportion of DoDSERs (2008-2012) in which any of the three types of stressor was reported. Data were

Figure 29. Percentage of Army suicide event reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

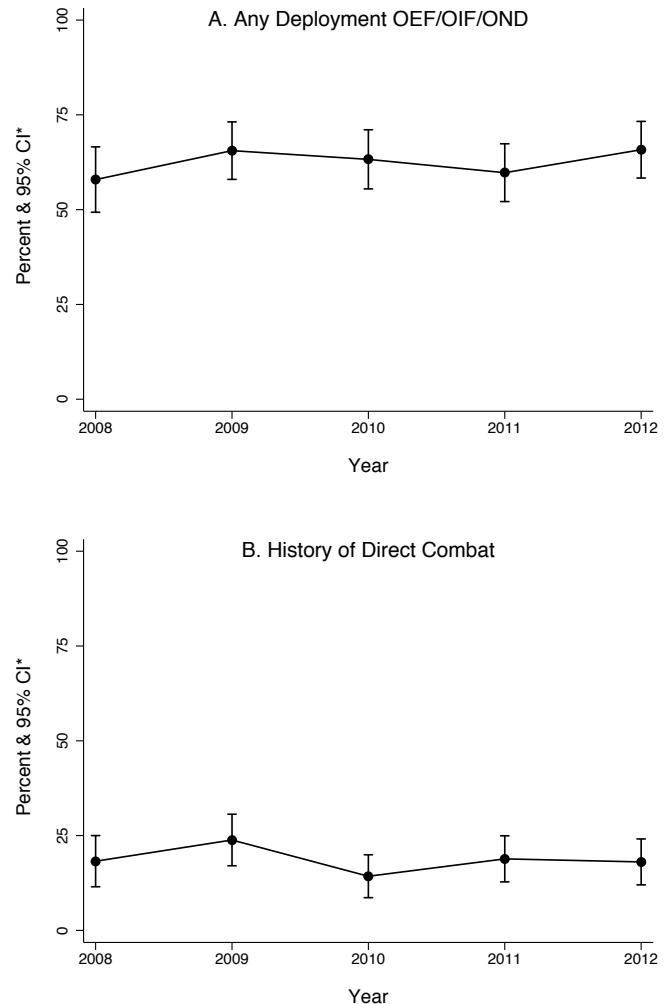


collected on known or suspected experiences of abuse victimization or perpetration. There were 18 decedents (11.6%) with histories of abuse victimization and 24 decedents (15.5%) with histories of abuse perpetration.

Deployment History

A total of 106 DoDSERs (68.4%) reported a history of any deployment ([Table E5](#)). In 102 DoDSERs (65.8%), the decedent had a history of deployment as part of OIF/OEF/OND. Nineteen suicides (12.3%) occurred in theater. In 28 DoDSERs (18.1%), the decedent had a known history of exposure to direct combat. Figure 30 displays the annual proportions of DoDSERs (2008-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 30. Percentage of Army suicide event reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Reported Suicide Attempts

As of 31 March 2013, there were 365 completed suicide attempt DoDSERs among Active duty Army Service members for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one suicide attempt during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described suicide attempts for 356 individual Service members: 347 Service member with one DoDSER and 9 Service members with two DoDSERs. All DoDSERs were included in the tables, figures, and summary text.

Demographics

The distributions of demographic characteristics among the 365 suicide attempt DoDSERs are provided in (Table E6). The characteristics most often reported were: male ($n = 283$; 77.5%), Caucasian ($n = 229$; 62.7%), non-Hispanic ($n = 247$; 67.7%), between 17 and 24 years of age ($n = 180$; 49.3%), junior enlisted (E1–E4; $n = 219$; 60.0%), and Active component ($n = 342$; 93.7%). A total of 128 DoDSERs (35.1%) indicated educational attainment of some college or more, and 160 DoDSERs (43.8%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table E7). Drug overdose ($n = 174$; 47.7%), hanging/asphyxiation ($n = 50$; 13.7%), and use of a sharp or blunt object (e.g., cutting; $n = 42$; 11.5%) were the three most frequently reported suicide attempt methods. Figure 31 displays the annual proportionate morbidity (2010–2012) of these three attempt methods. Alcohol use was reported in 104 DoDSERs (28.5%), and substance use was reported in 197 DoDSERs (54.0%).

There were 80 suicide attempt DoDSERs (21.9%) in which the Service member was known to have communicated intent for self-harm prior to the event. Figure 32 displays the annual proportion of DoDSERs (2010–2012) in which communication of intent was reported. A total of 121 DoDSERs (33.2%) indicated that the Service member resided alone at the time of the event. In 38 DoDSERs (10.4%), it was reported that the Service member was known to have access to a firearm in his/her home/immediate environment.

Figure 31. Distribution of top three event methods for Army suicide attempt reports, by calendar year.

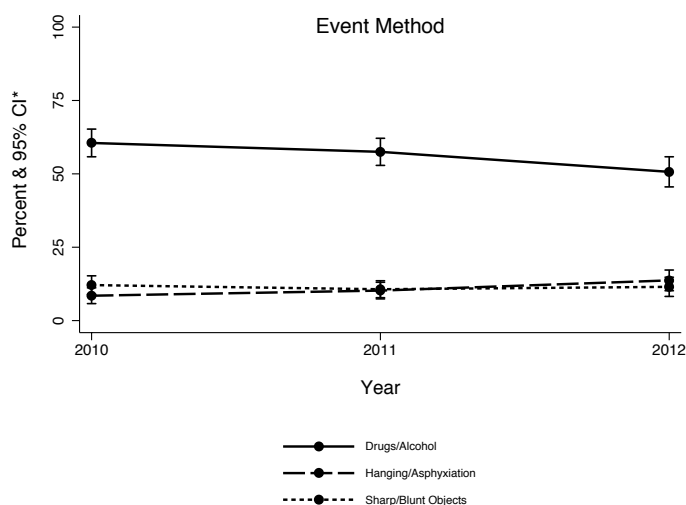


Figure 32. Percentage of reported Army suicide attempt reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

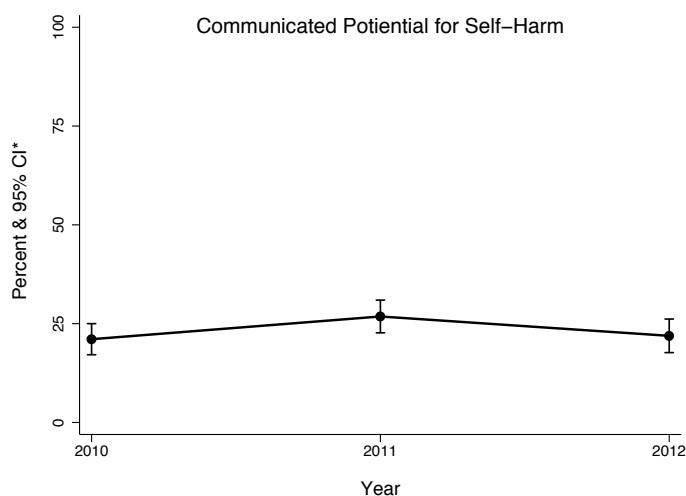


Figure 33. Percentage of reported Army suicide attempt reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

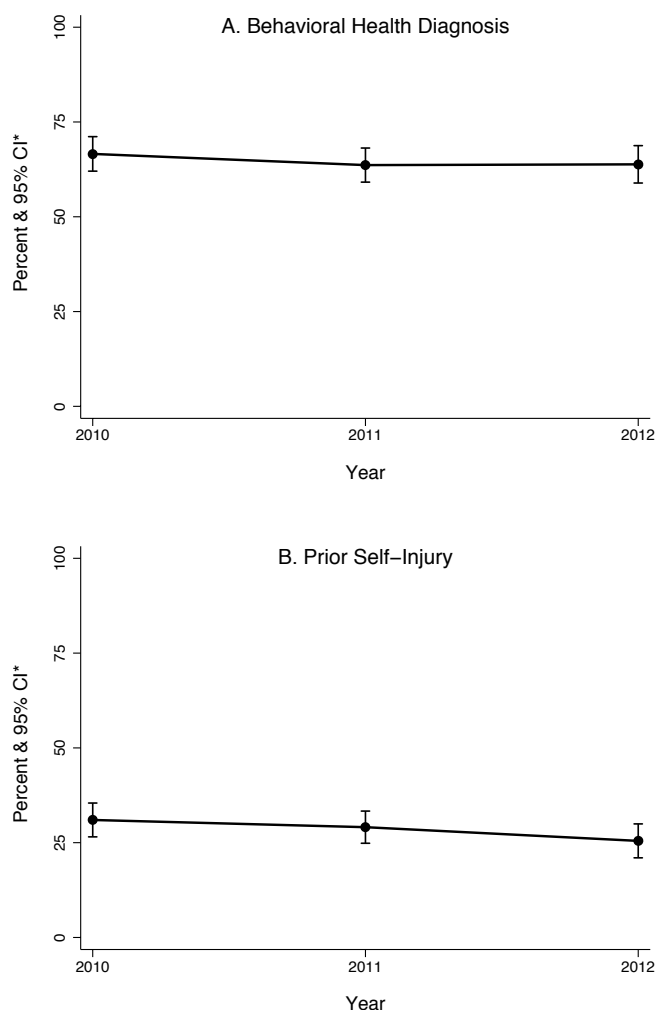
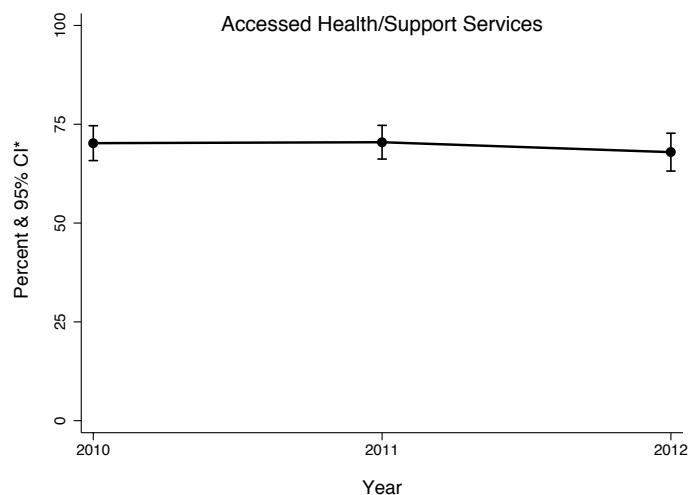


Figure 34. Percentage of Army suicide attempt reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Health and Treatment

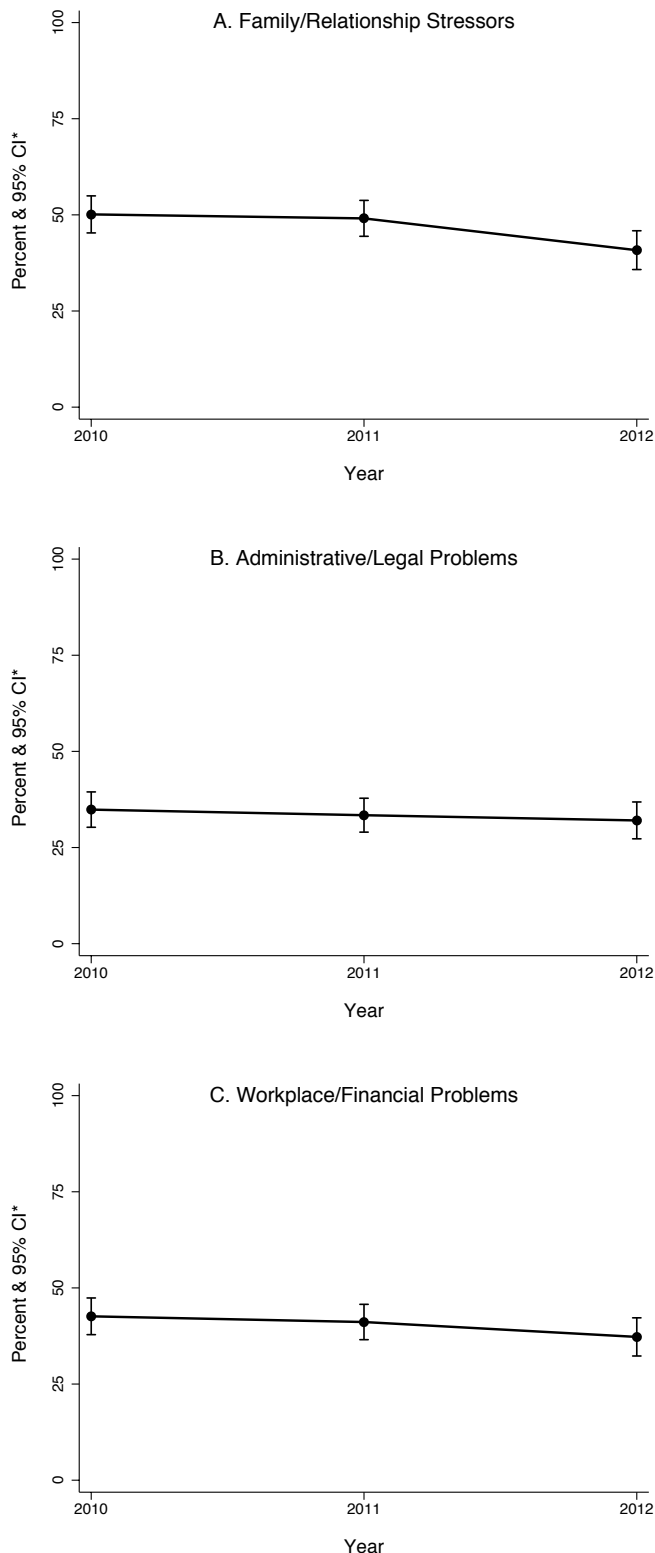
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table E8). A total of 194 DoDSERs (53.2%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 116 DoDSERs (31.8%) reported a history of substance abuse, and 93 DoDSERs (25.5%) specified a history of prior self-injury. Figure 33 presents the annual proportions of DoDSERs (2010-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 248 DoDSERs (67.9%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide attempt. Figure 34 displays the annual proportion of DoDSERs (2010-2012) that reported accession of services in the 90 days prior to the event. One hundred thirty-two DoDSERs (36.2%) reported that the Service member had ever used psychotropic medications. A total of 107 DoDSERs (29.3%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table E9). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 149$; 40.8%), administrative/legal ($n = 117$; 32.1%), and workplace/financial ($n = 136$; 37.3%). Figure 35 displays the annual proportions of DoDSERs (2010-2012) in which any of the three types of stressors was reported. Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 111 DoDSERs (30.4%) that reported histories of abuse victimization and 38 DoDSERs (10.4%) that reported histories of abuse perpetration.

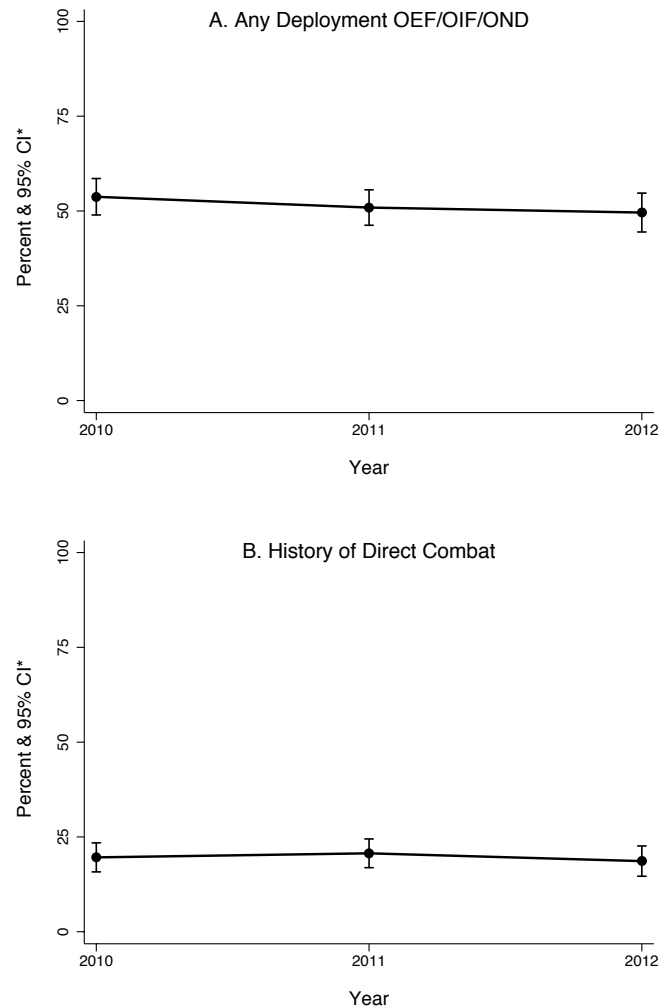
Figure 35. Percentage of Army suicide attempt reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.



Deployment History

A total of 190 DoDSERs (52.1%) reported a history of any deployment (Table E10). In 181 DoDSERs (49.6%), the Service member had a history of deployment as part of OIF/OEF/OND. A total of six suicide attempts (1.6%) occurred in theater. In 68 DoDSERs (18.6%), the Service member had a known history of exposure to direct combat. Figure 36 displays the annual proportions of DoDSERs (2010-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 36. Percentage of Army suicide attempt reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Other Nonfatal Events

As of 31 March 2013, there were 173 completed DoDSERs for non-suicidal self-harm and 836 for suicidal ideation among active duty Army Service members for calendar year 2012. The Army is currently the only Service to collect surveillance data in DoDSER for self-harm and suicidal ideation. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one nonfatal event during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described self-harm for 172 individual Service members: 171 Service members with one DoDSER and 1 Service member with two DoDSERs. There suicidal ideation DoDSERs described events for 809 individual Service members: 786 with one DoDSER, 20 with two DoDSERs, 2 with three DoDSERs, and 1 with four DoDSERs. All DoDSERs were included in the tables and summary text.

Demographics

The distributions of demographic characteristics for both self-harm and suicidal ideation are presented in (Table E6). The characteristics most often reported for both report types were: male (self-harm [n = 106; 61.3%], suicidal ideation [n = 660; 78.9%]), Caucasian (self-harm [n = 124; 71.7%, suicidal ideation [n = 537; 64.2%]), non-Hispanic (self-harm [n = 92; 53.2%], suicidal ideation [n = 469; 56.1%]), between 17 and 24 years of age (self-harm [n = 104; 60.1%], suicidal ideation [n = 450; 53.8%]), junior enlisted (E1–E4; self-harm [n = 117; 67.6%], suicidal ideation [n = 482; 57.7%]), and Active component (self-harm [n = 158; 91.3%], suicidal ideation [n = 759; 90.8%]). A total of 54 self-harm DoDSERs (31.2%) and 246 suicidal ideation DoDSERs (29.4%) indicated educational attainment of some college or more, and 73 self-harm DoDSERs (42.2%) and 303 suicidal ideation DoDSERs (36.2%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table E7). Drug overdose (n = 66; 38.2%) and use of a sharp or blunt object (e.g., cutting; n = 59; 34.1%) were the most frequently reported self-harm methods. Alcohol use was reported in 44 self-harm DoDSERs (25.4%), and substance use was reported in 75 DoDSERs (43.4%).

There were 31 self-harm DoDSERs (17.9%) in which the Service member was known to have communicated intent for self-harm prior to the event. A total of 45 self-harm DoDSERs (26.0%) and 203 suicidal ideation DoDSERs (24.3%) indicated that the Service member resided alone at the time of the event. In 12 self-harm DoDSERs (6.9%) and 84 suicidal ideation DoDSERs (10.0%), it was reported that the Service member was known to have access to a firearm in his/her home/immediate environment.

Health and Treatment

DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table E8). A total of 108 self-harm DoDSERs (62.4%) and 482 suicidal ideation DoDSERs (57.6%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 47 self-harm DoDSERs (27.2%) and 195 suicidal ideation DoDSERs (23.3%) reported a history of substance abuse, and 60 self-harm DoDSERs (34.7%) and 169 suicidal ideation DoDSERs (20.2%) specified a history of prior self-injury.

A total of 113 self-harm DoDSERs (65.3%) and 586 suicidal ideation DoDSERs (70.1%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide

attempt. Fifty-seven self-harm DoDSERs (32.9%) and two hundred twenty-seven suicidal ideation DoDSERs (27.2%) reported that the Service member had ever used psychotropic medications. A total of 46 self-harm DoDSERs (26.6%) and 162 suicidal ideation DoDSERs (19.4%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

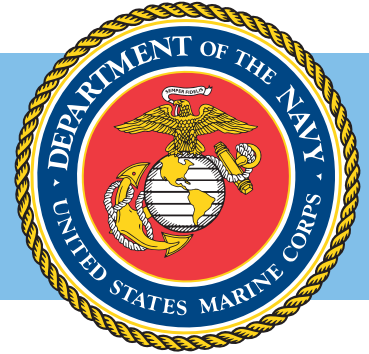
Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties ([Table E9](#)). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship (self-harm [n = 70; 40.5%], suicidal ideation [n = 238, 28.5%]), administrative/legal (self-harm [n = 68; 39.3%], suicidal ideation [n = 284, 34.0%]), and workplace/financial (self-harm [n = 76; 43.9%], suicidal ideation [n = 289, 34.6%]). Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 46 self-harm DoDSERs (26.6%) and 201 suicidal ideation DoDSERs (24.0%) that reported histories of abuse victimization and 8 self-harm DoDSERs (4.6%) and 47 suicidal ideation DoDSERs (5.6%) that reported histories of abuse perpetration.

Deployment History

A total of 78 self-harm DoDSERs (45.1%) and 362 suicidal ideation DoDSERs (43.3%) reported a history of any deployment ([Table E10](#)). All 78 self-harm DoDSERs that reported a deployment history specified that the deployment was in support of OEF/OIF/OND; for suicidal ideation, 348 DoDSERs (96.1% of deployments; 41.6% of total) indicated that the Service member deployed in support of OEF/OIF/OND. A total of five self-harm events (2.9%) and eight suicidal ideation events (1.0%) occurred in theater. In 28 self-harm DoDSERs (16.2%) and 131 suicidal ideation DoDSERs (15.7%), the Service member had a known history of exposure to direct combat.

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MARINE CORPS DoDSER RESULTS



MARINE CORPS DoDSER RESULTS

2012 Reported Suicides

As of 31 March 2013, the AFMES reported 42 confirmed Active duty suicides and 6 probable suicides pending final determination for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. To meet the timeline of this report, all suicide events that were confirmed on or before 31 January (n = 39) were used as the denominator in evaluating report submission compliance for all services. Submission occurred when the form completer changed the status of the report from “in-progress” to “submitted,” indicating a final submission. Reports with incomplete data were able to be submitted. For calendar year 2012, the Marine Corps achieved 100% submission of a DoDSER for each confirmed suicide event. In addition, eight events that were confirmed after 31 January 2013 or were identified as still pending a final determination as a suicide had a DoDSER submitted prior to 1 April; these DoDSERs were included in the subsequent text, yielding a total of 47 suicide event DoDSERs for this report.

Demographics

The distributions of demographic characteristics among the 47 suicide DoDSERs are provided in (Table F1). The characteristics most often reported were: male (n = 44; 93.6%), Caucasian (n = 38; 80.9%), non-Hispanic (n = 33; 70.2%), between 17 and 24 years of age (n = 28; 59.6%), junior enlisted (E1–E4; n = 35; 74.5%), and Active component (n = 47; 100.0%). A total of seven DoDSERs (14.9%) indicated educational attainments of some college or more, and twenty-three DoDSERs (48.9%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in Appendix F, (Table F2). According to data received from AFMES, the predominant method for suicide events was a firearm (n = 34; 72.3%); non-military firearms were used in 26 suicides (76.5% of suicides involving a firearm). Asphyxiation, which included hanging, was the method used in 12 suicides (25.5%). Figure 37 displays the annual proportionate mortality (2008–2012) associated with these event methods in suicide DoDSERs. Toxicology identified alcohol use in 18 suicides (38.3%) and drug use in 7 suicides (14.9%).

Figure 37. Distribution of top three event methods for Marine Corps suicide event reports, by calendar year.

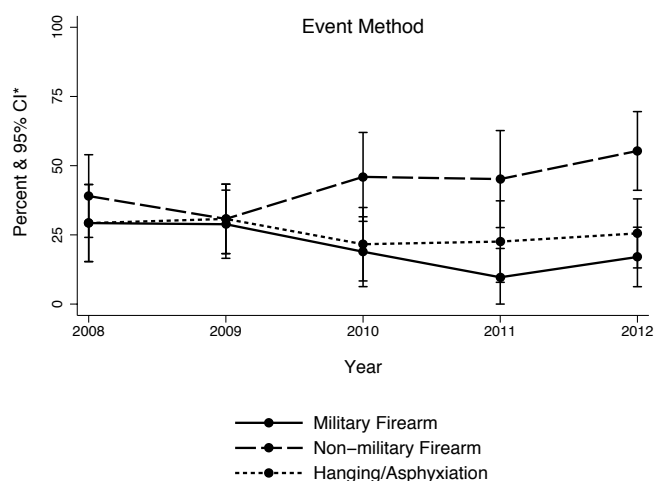


Figure 38. Percentage of reported Marine Corps suicide event reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

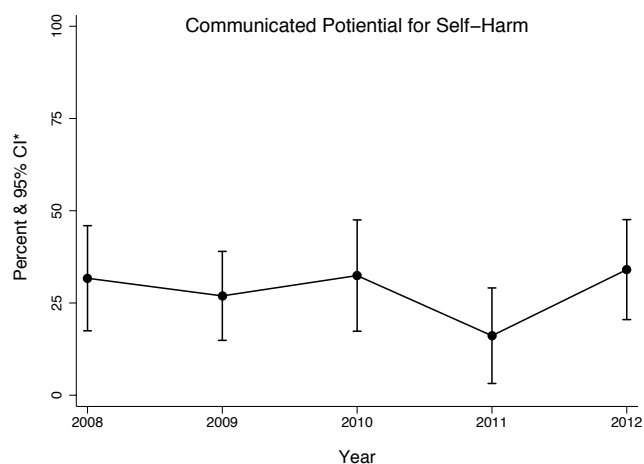


Figure 39. Percentage of reported Marine Corps suicide event reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

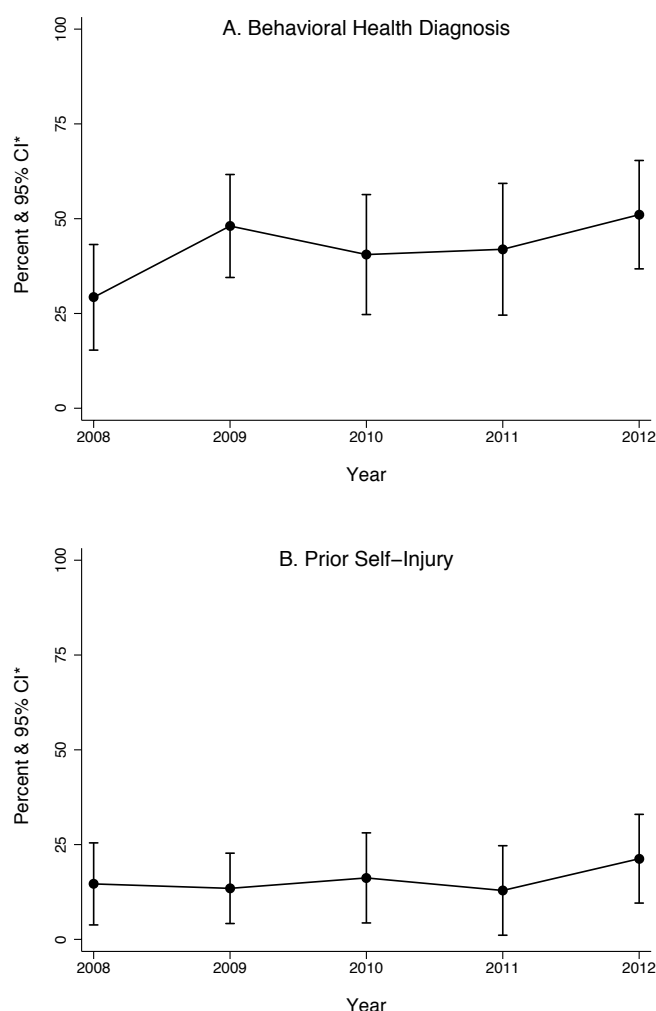
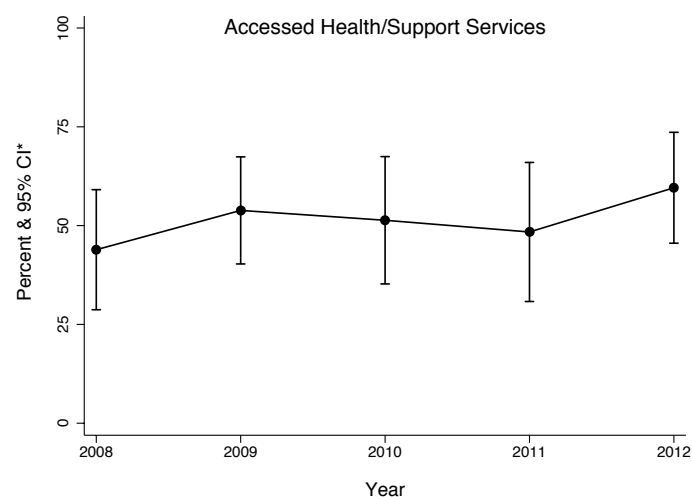


Figure 40. Percentage of Marine Corps suicide event reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Prior to suicide, 16 decedents (34.0%) were known to have communicated their intent for self-harm to at least one other person. Figure 38 displays the annual proportion of DoDSERs (2008-2012) where the Service member communicated intent for self-harm prior to suicide. A total of 16 decedents (34.0%) lived alone and 33 (70.2%) were known to have had a firearm in their home/immediate environment.

Health and Treatment

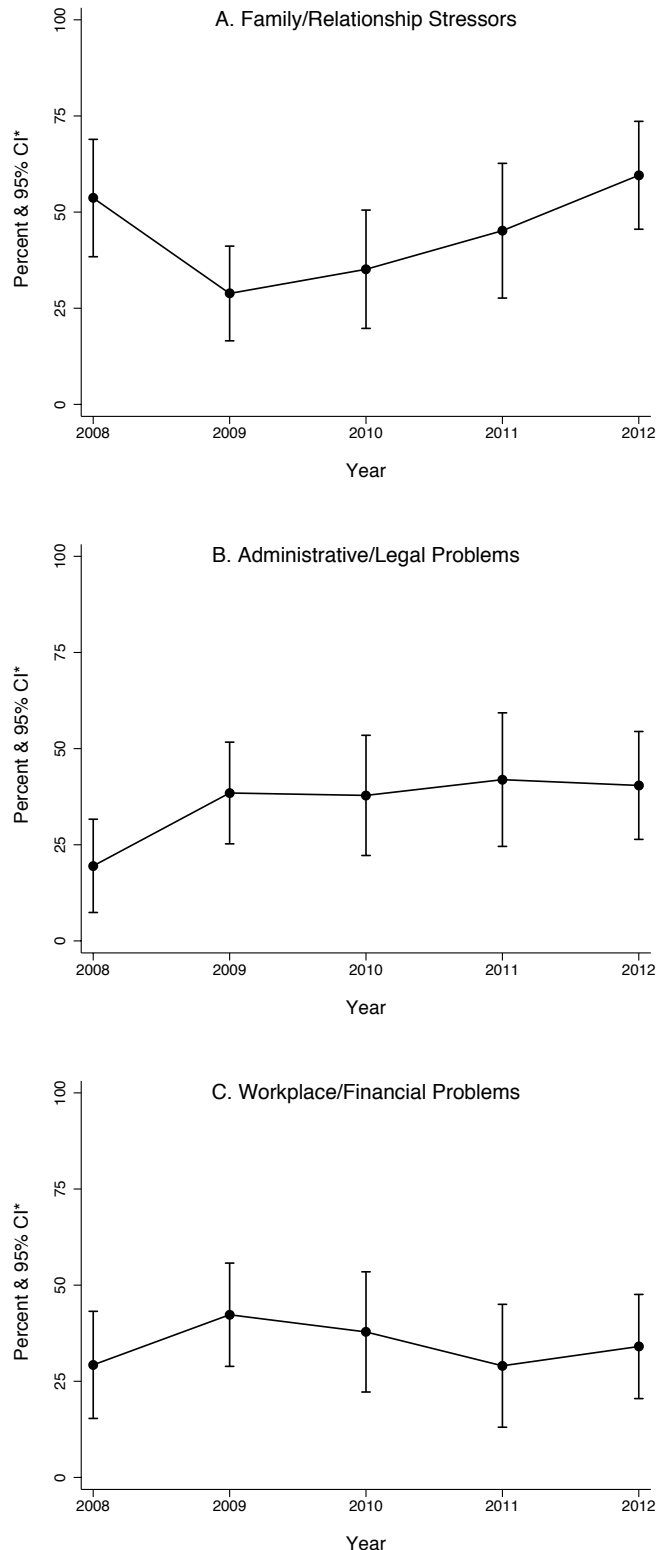
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table F3). In 19 DoDSERs (40.5%), the decedent was known to have had a behavioral health diagnosis. A total of 15 DoDSERs (31.9%) reported a history of substance abuse and 10 (21.3%) indicated a history of prior self-injury. Figure 39 presents the annual proportions of DoDSERs (2008-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 28 decedents (59.6%) accessed physical, mental, or other support services in the 90 days prior to the event. Figure 40 displays the annual proportion of DoDSERs (2008-2012) where accession of services was reported in the 90 days prior to the event. Fourteen decedents (29.8%) were reported to have ever used psychotropic medications. A total of 12 decedents (25.5%) were known to have used psychotropic medications within 90 day prior to suicide.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table F4). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship (n = 28; 59.6%), administrative/legal (n = 19; 40.4%), and workplace/financial (n = 16; 34.0%). Figure 41 displays the annual proportion of DoDSERs (2008-2012) in which any of the three types of stressor was reported. Data were collected on known or suspected

Figure 41. Percentage of Marine Corps suicide event reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

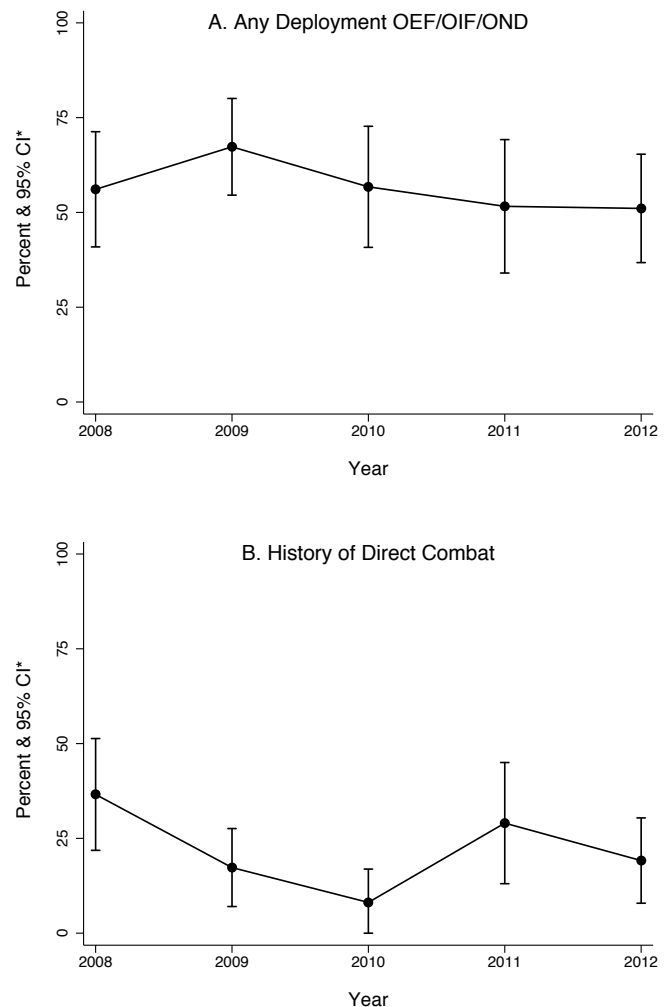


experiences of abuse victimization or perpetration. There were three decedents (6.4%) with histories of abuse victimization and seven decedents (14.9%) with histories of abuse perpetration.

Deployment History

A total of 25 DoDSERs (53.2%) reported a history of deployment (Table F5). In 24 DoDSERs (51.1%), the decedent had a history of deployment as part of OIF/OEF/OND. Three suicides (6.4%) occurred in theater. In nine DoDSERs (19.1%), the decedent had a known history of exposure to direct combat. Figure 42 displays the annual proportions of DoDSERs (2008-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 42. Percentage of Marine Corps suicide event reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Reported Suicide Attempts

As of 31 March, 2013, there were 169 completed suicide attempt DoDSERs for Active duty Marine Corps Service members for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one suicide attempt during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described suicide attempts for 164 individual Service members: 160 Service members with one suicide attempt, 3 with two suicide attempts, and 1 with three suicide attempts. All DoDSERs were included in the tables, figures, and summary text.

Demographics

The distributions of demographic characteristics among the 169 suicide attempt DoDSERs are provided in (Table F6). The characteristics most often reported were: male (n = 150; 88.8%), Caucasian (n = 134; 79.3%), non-Hispanic (n = 126; 74.6%), between 17 and 24 years of age (n = 131; 77.5%), junior enlisted (E1–E4; n = 137; 81.1%), and Active component (n = 166; 98.2%). A total of 23 DoDSERs (13.6%) indicated educational attainment of some college or more, and 78 DoDSERs (46.2%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table F7). Drug overdose (n = 105; 62.1%), use of a sharp or blunt object (e.g., cutting; n = 20; 11.8%), and hanging/asphyxiation (n = 18; 10.7%) were the three most frequently reported suicide attempt methods. Figure 43 displays the annual proportionate morbidity (2010-2012) of these three attempt methods. Alcohol use was reported in 45 DoDSERs (26.6%), and substance use was reported in 110 DoDSERs (65.1%).

There were 25 suicide attempt DoDSERs (14.8%) in which the Service member was known to have communicated intent for self-harm prior to the event. Figure 44 displays the annual proportion of DoDSERs (2010-2012) in which communication of intent was reported. A total of 28 DoDSERs (16.6%) indicated that the Service member resided alone at the time of the event. In 10 DoDSERs (5.9%), it was reported that the Service member was known to have access to a firearm in his/her home/immediate environment.

Figure 43. Distribution of top three event methods for Marine Corps suicide attempt reports, by calendar year.

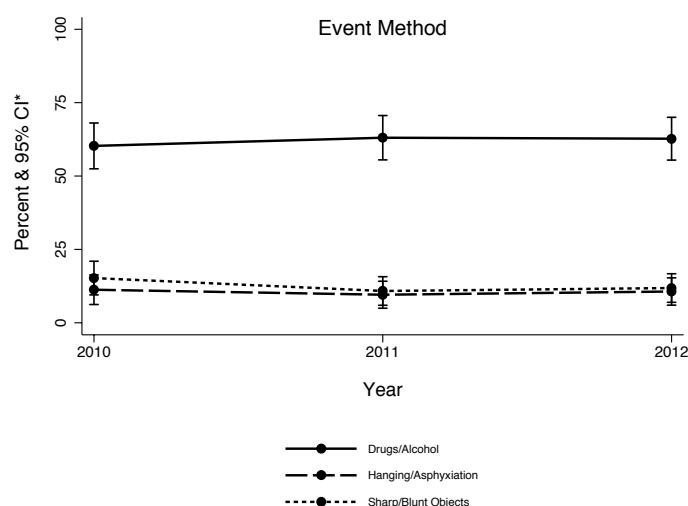


Figure 44. Percentage of reported Marine Corps suicide attempt reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

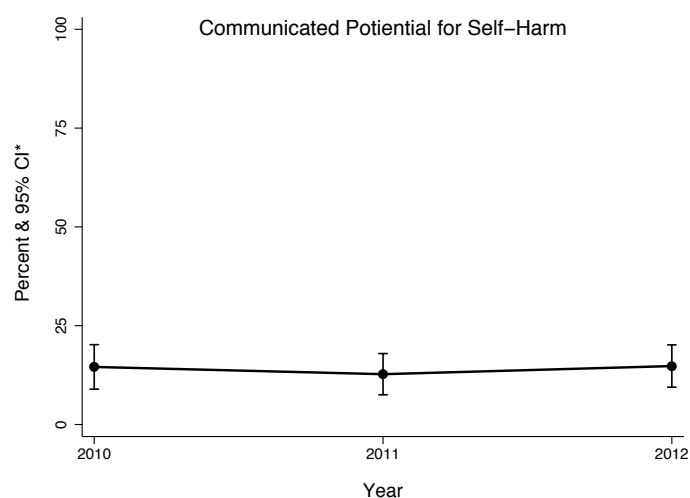


Figure 45. Percentage of reported Marine Corps suicide attempt reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

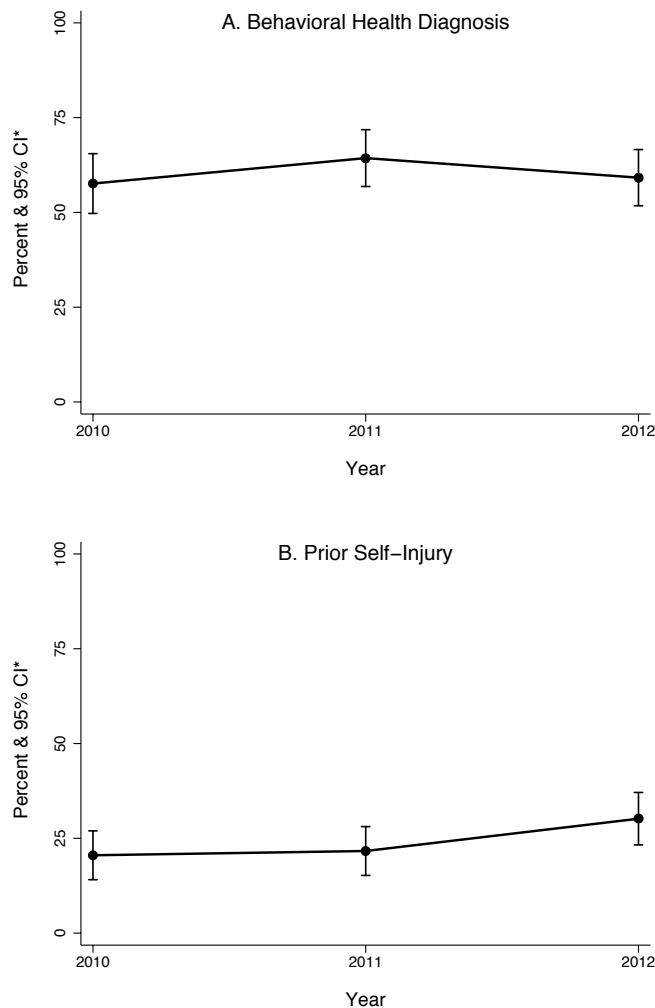
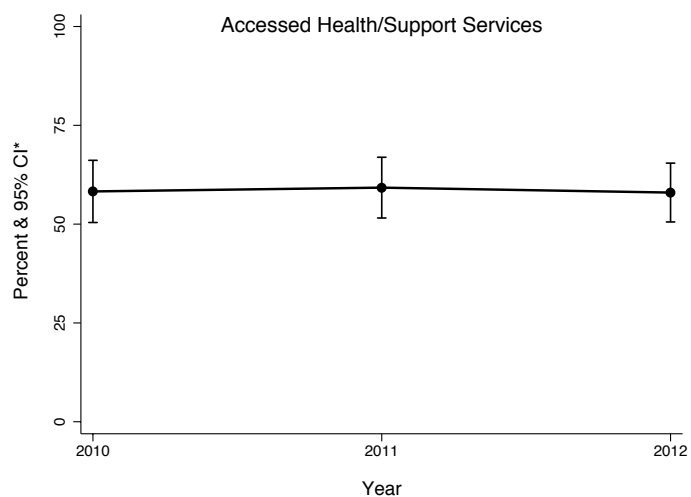


Figure 46. Percentage of Marine Corps suicide attempt reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Health and Treatment

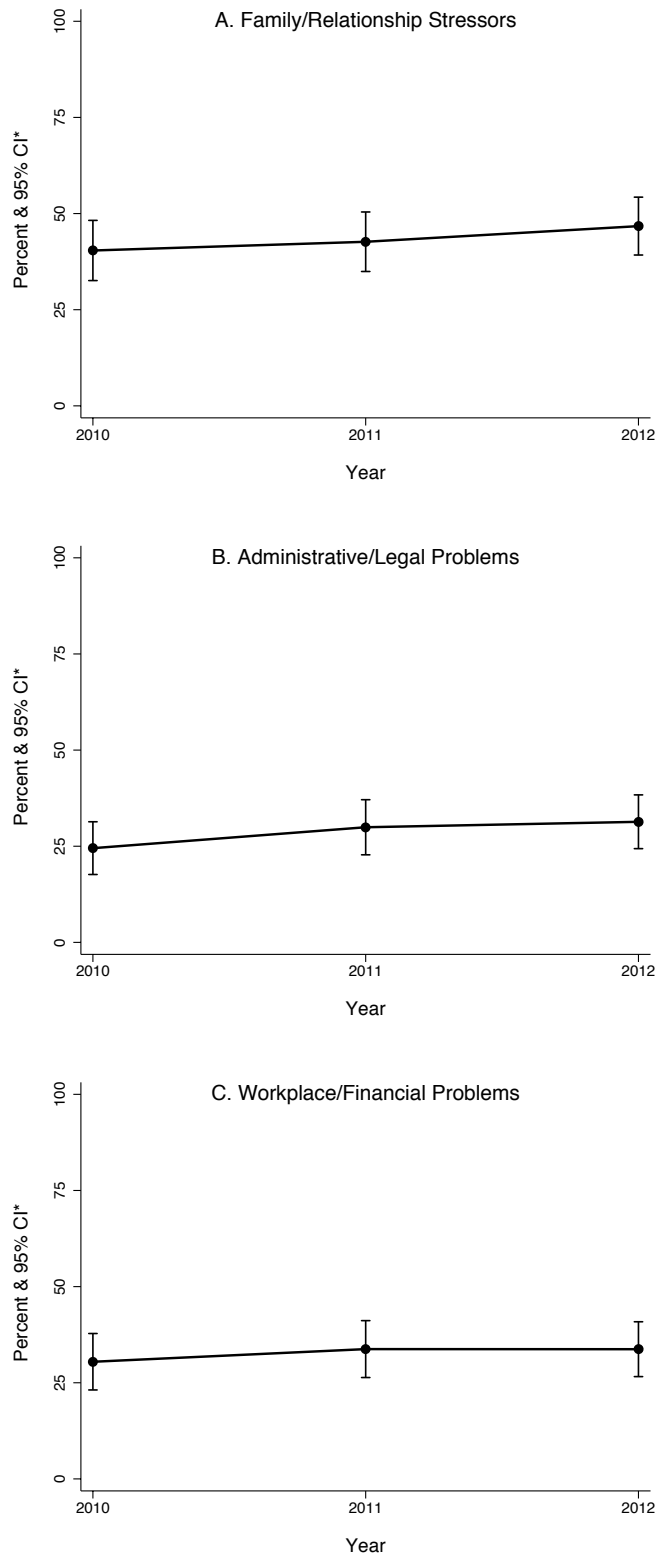
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table F8). A total of 77 DoDSERs (45.6%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 53 DoDSERs (31.4%) reported a history of substance abuse, and 51 DoDSERs (30.2%) specified a history of prior self-injury. Figure 45 presents the annual proportions of DoDSERs (2010-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 98 DoDSERs (58.0%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide attempt. Figure 46 displays the annual proportion of DoDSERs (2010-2012) that reported accession of services in the 90 days prior to the event. Sixty-two DoDSERs (36.7%) reported that the Service member had ever used psychotropic medications. A total of 48 DoDSERs (28.4%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table F9). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 79$; 46.7%), administrative/legal ($n = 53$; 31.4%), and workplace/financial ($n = 57$; 33.7%). Figure 47 displays the annual proportions of DoDSERs (2010-2012) in which any of the three types of stressors was reported. Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 40 DoDSERs (23.7%) that reported histories of abuse victimization and 11 DoDSERs (6.5%) that reported histories of abuse perpetration.

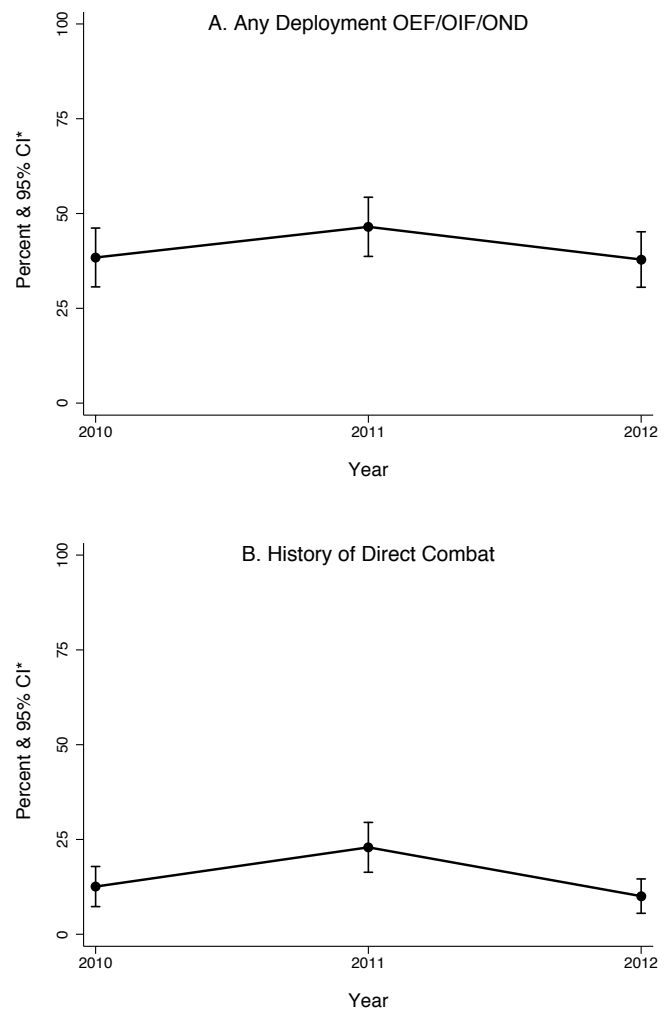
Figure 47. Percentage of Marine Corps suicide attempt reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.



Deployment History

A total of 67 DoDSERs (39.6%) reported a history of any deployment (Table F10). In 64 DoDSERs (37.9%), the Service member had a history of deployment as part of OIF/OEF/OND. A total of three suicide attempts (1.8%) occurred in theater. In 17 DoDSERs (10.1%), the Service member had a known history of exposure to direct combat. Figure 48 displays the annual proportions of DoDSERs (2010-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 48. Percentage of Marine Corps suicide attempt reports that indicated (a) a history of deployment to OEF/OIF/OND and (b) any experience of direct combat.



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NAVY

DoDSER RESULTS



NAVY DoDSER RESULTS

2012 Reported Suicides

As of 31 March 2013, AFMES reported 51 confirmed Active duty suicides and 8 probable suicides pending final determination for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. To meet the timeline of this report, all suicide events that were confirmed on or before 31 January 2013 ($n = 48$) were used as the denominator in evaluating report submission compliance for all services. Submission occurred when the form completer changed the status of the report from “in-progress” to “submitted,” indicating a final submission. Reports with incomplete data were able to be submitted. For calendar year 2012, the Navy achieved 100% submission of a DoDSER for each confirmed suicide event. In addition, 11 events that were confirmed after 31 January 2013 or were identified as still pending a final determination as a suicide had a DoDSER submitted prior to 1 April; these DoDSERs were included in the subsequent text, yielding a total of 59 suicide event DoDSERs for this report.

Demographics

The distributions of demographic characteristics among the 59 suicide DoDSERs are provided in (Table G1). The characteristics most often reported were: male ($n = 55$; 93.2%), Caucasian ($n = 47$; 79.7%), non-Hispanic ($n = 46$; 78.0%), between 17 and 24 years of age ($n = 21$; 35.6%), non-commissioned officers (E5 – E9; $n = 29$; 49.2%), and Active component ($n = 57$; 96.6%). A total of 28 DoDSERs (47.5%) indicated educational attainments of some college or more, and 24 DoDSERs (40.7%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in Appendix G, (Table G2). According to data received from AFMES, the predominant method for suicide events was a firearm ($n = 38$; 64.4%); non-military firearms were used in 34 suicides (89.5% of suicides involving a firearm). Asphyxiation, which included hanging, was the method used in 12 suicides (20.3%). Figure 49 displays the annual proportionate mortality (2008-2012) associated with these event methods in suicide DoDSERs. Toxicology identified alcohol use in 24 suicides (40.7%) and drug use in 9 suicides (15.3%).

Figure 49. Distribution of top three event methods for Navy suicide event reports, by calendar year.

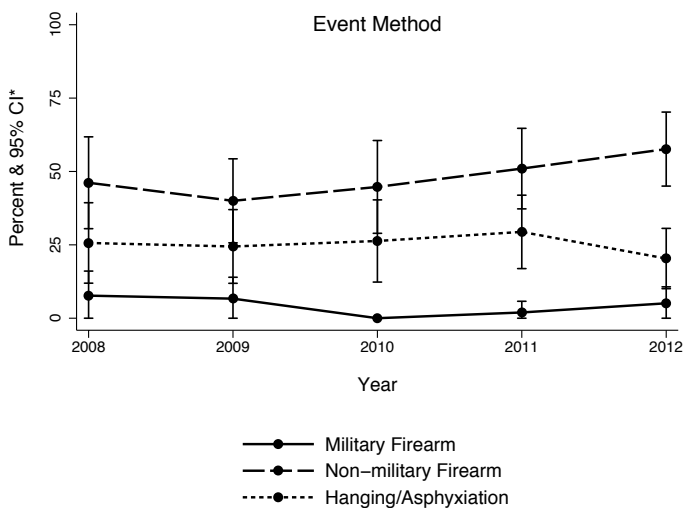


Figure 50. Percentage of reported Navy suicide event reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

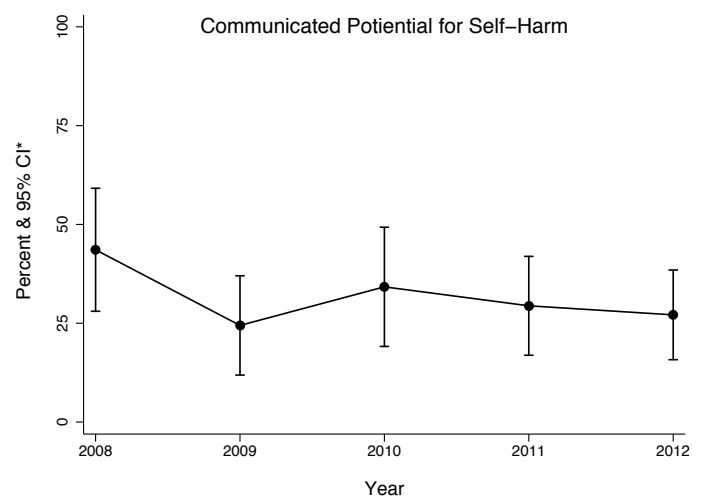


Figure 51. Percentage of reported Navy suicide event reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

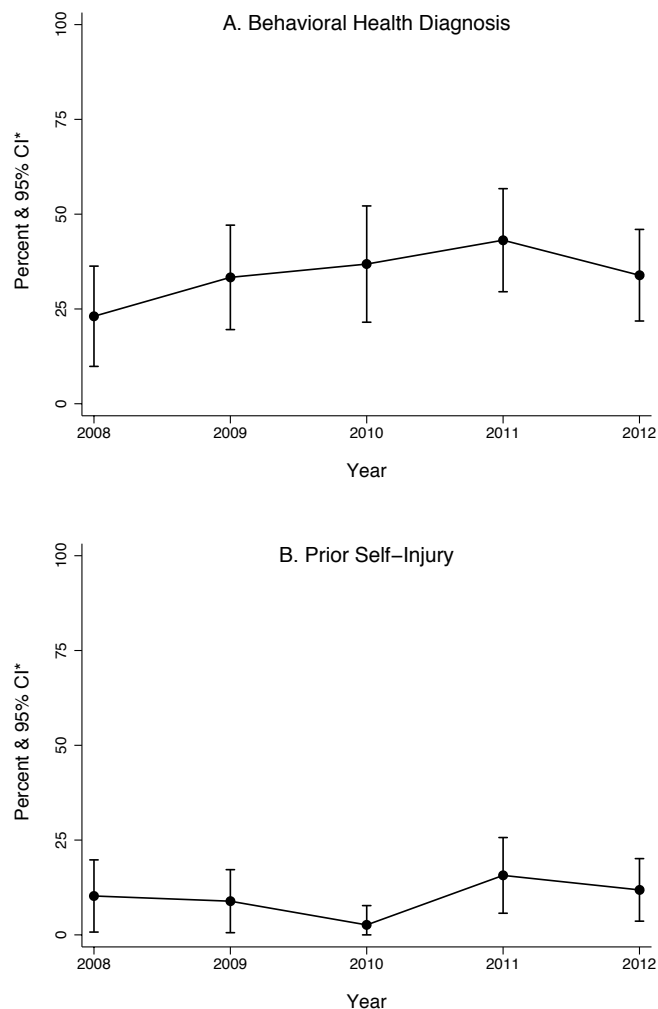
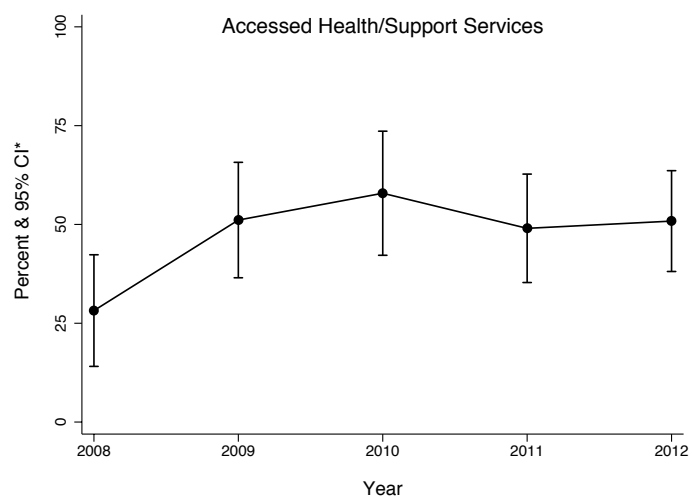


Figure 52. Percentage of Navy suicide event reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



Prior to suicide, 16 decedents (27.1%) were known to have communicated their intent for self-harm to at least one other person. Figure 50 displays the annual proportion of DoDSERs (2008-2012) where the Service member communicated intent for self-harm prior to suicide. A total of 17 decedents (28.8%) lived alone and 35 (59.3%) were known to have had a firearm in their home/immediate environment.

Health and Treatment

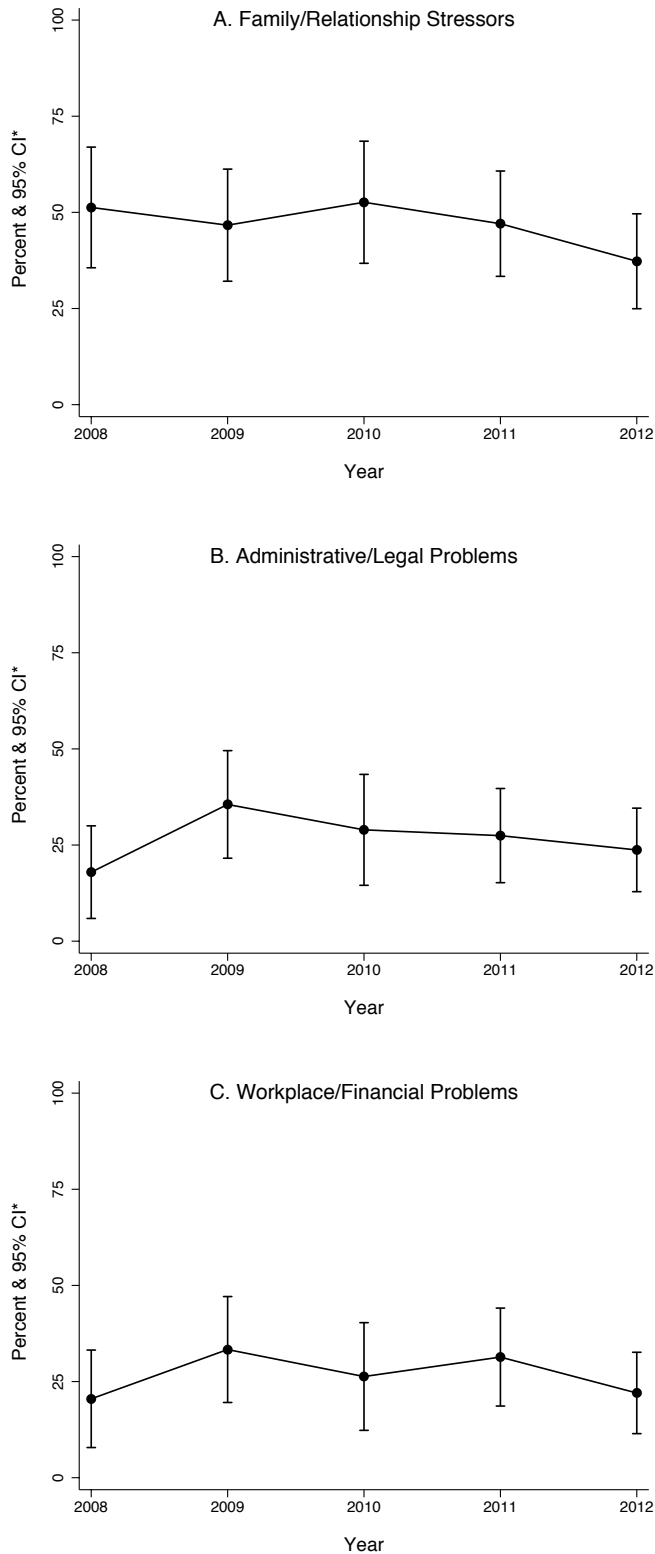
DoDSER data were collected on psychological and physical health and accession of services prior to the event (Table G3). In 15 DoDSERs (25.5%), the decedent was known to have had a behavioral health diagnosis. A total of 10 DoDSERs (16.9%) reported a history of substance abuse and 7 (11.9%) indicated a history of prior self-injury. Figure 51 presents the annual proportions of DoDSERs (2008-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 30 decedents (50.8%) accessed physical, mental, or other support services in the 90 days prior to the event. Figure 52 displays the annual proportion of DoDSERs (2008-2012) where accession of services was reported in the 90 days prior to the event. Fifteen decedents (25.4%) were reported to have ever used psychotropic medications. A total of 11 decedents (18.6%) were known to have used psychotropic medications within 90 day prior to suicide.

Psychosocial Stressors

Psychosocial stressors included in the DoDSER related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table G4). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSERs reported the following frequencies for each of the three types of stressors: family/relationship (n = 22; 37.3%), administrative/legal (n = 14; 23.7%), and workplace/financial (n = 13; 22.0%). Figure 53 displays the annual proportion of DoDSERs (2008-2012) in which any of the three types of stressor was reported. Data were collected on known or suspected experiences of abuse victimization or perpetration.

Figure 53. Percentage of Navy suicide event reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

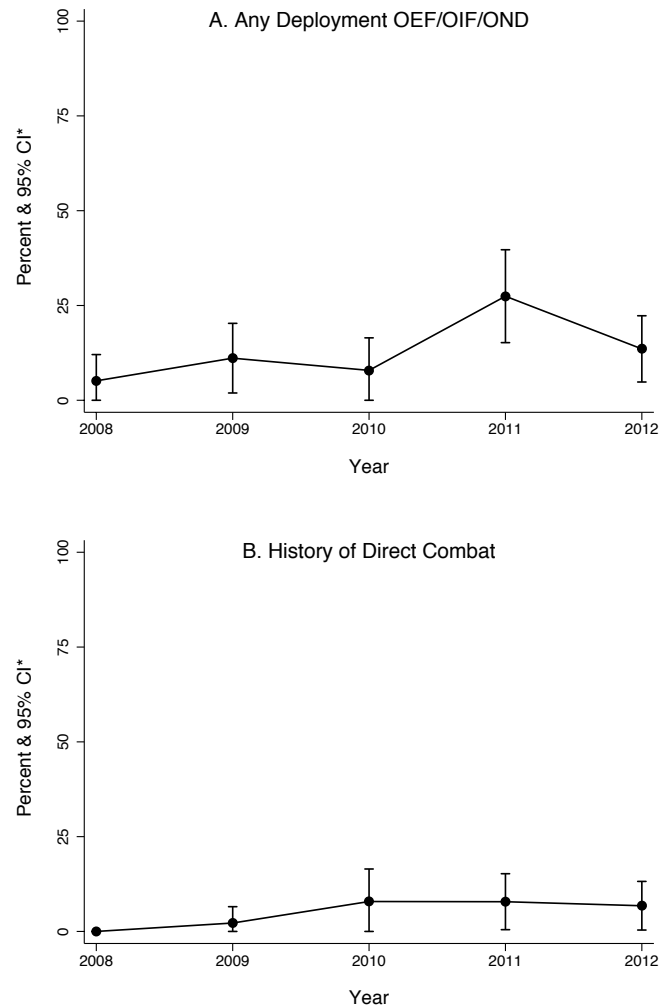


There were two decedents (3.4%) with histories of abuse victimization and six decedents (10.2%) with histories of abuse perpetration.

Deployment History

A total of 24 DoDSERs (40.7%) reported a history of any deployment ([Table G5](#)). In eight DoDSERs (13.6%), the decedent had a history of deployment as part of OIF/OEF/OND. Two suicides (3.4%) occurred in theater. In four DoDSERs (6.8%), the decedent had a known history of exposure to direct combat. Figure 54 displays the annual proportions of DoDSERs (2008-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 54. Percentage of Navy suicide event reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



2012 Reported Suicide Attempts

As of 31 March 2013, there were 106 completed suicide attempt DoDSERs for Active duty Navy Service members for calendar year 2012. Active duty includes members of the Active component and members of the Reserve components who were in a Title 10 status at the time of the event. Since Service members could have had more than one suicide attempt during the year, the number of unique Service members and the number of DoDSERs differ. The DoDSERs described suicide attempts for 102 individual Service members: 99 Service members with one suicide attempt, 2 with two suicide attempts, and 1 with three suicide attempts. All DoDSERs were included in the tables, figures, and summary text.

Demographics

The distributions of demographic characteristics among the 106 suicide attempt DoDSERs are provided in (Table G6). The characteristics most often reported were: male (n = 73; 68.9%), Caucasian (n = 67; 63.2%), non-Hispanic (n = 78; 73.6%), between 17 and 24 years of age (n = 62; 58.5%), junior enlisted (E1–E4; n = 65; 61.3%), and Active component (n = 100; 94.3%). A total of 36 DoDSERs (34.0%) indicated educational attainment of some college or more, and 38 DoDSERs (35.8%) reported that the Service member was married at the time of the event.

Event Information

Detailed descriptive statistics on the variables describing the events and their immediate context can be found in (Table G7). Drug overdose (n = 59; 55.7%), use of a sharp or blunt object (e.g., cutting; n = 16; 15.1%), and hanging/asphyxiation (n = 8; 7.5%) were the three most frequently reported suicide attempt methods. Figure 55 displays the annual proportionate morbidity (2010–2012) of these three attempt methods. Alcohol use was reported in 27 DoDSERs (25.5%), and substance use was reported in 64 DoDSERs (60.4%).

There were 29 suicide attempt DoDSERs (27.4%) in which the Service member was known to have communicated intent for self-harm prior to the event. Figure 56 displays the annual proportion of DoDSERs (2010–2012) in which communication of intent was reported. A total of 24 DoDSERs (22.6%) indicated that the Service member resided alone at the time of the event. In eight DoDSERs (7.5%), it was reported that

Figure 55. Distribution of top three event methods for Navy suicide attempt reports, by calendar year.

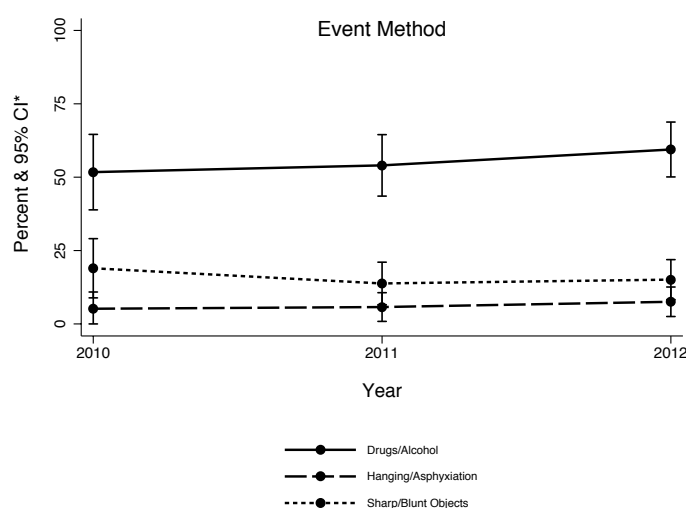


Figure 56. Percentage of reported Navy suicide attempt reports where potential for self-harm was known to be communicated prior to the event, by calendar year.

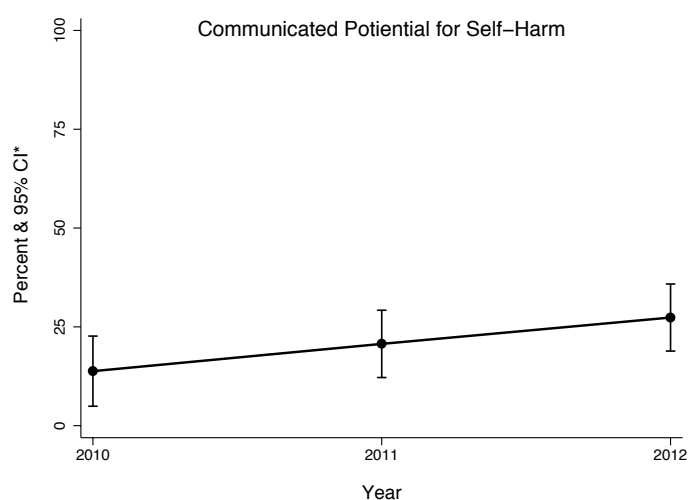


Figure 57. Percentage of reported Navy suicide attempt reports that indicated (a) a behavioral health diagnosis, (b) a history of prior self-injury, by calendar year.

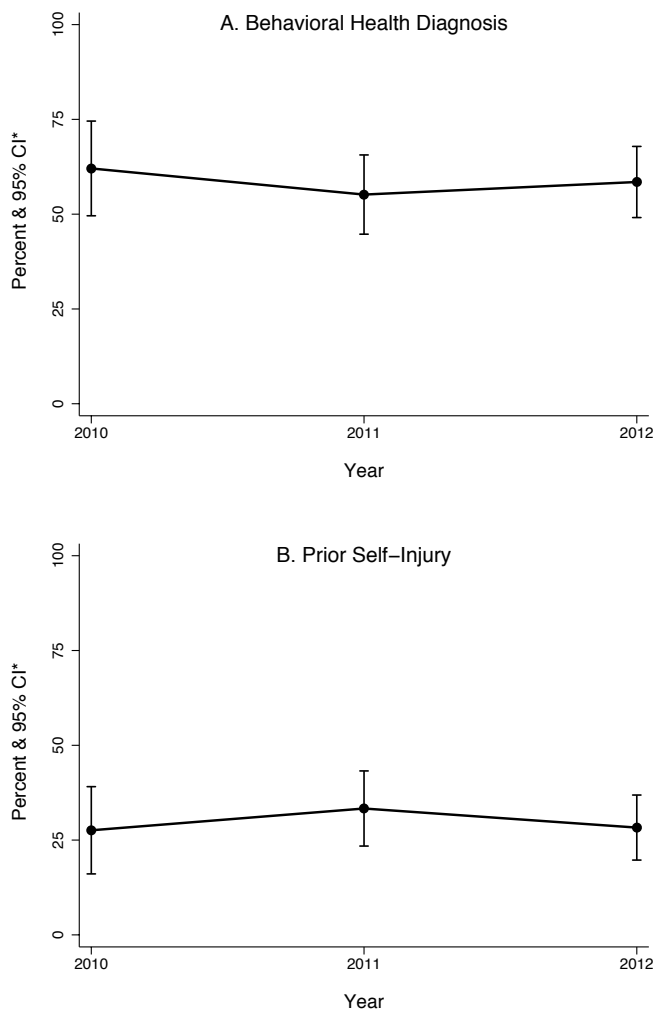
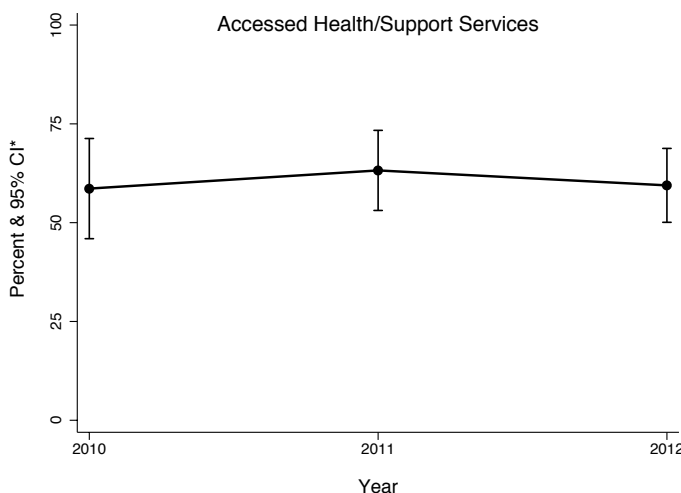


Figure 58. Percentage of Navy suicide attempt reports that indicated accession of any health or social services during the 90 day period preceding the event, by calendar year.



the Service member was known to have access to a firearm in his/her home/immediate environment.

Health and Treatment

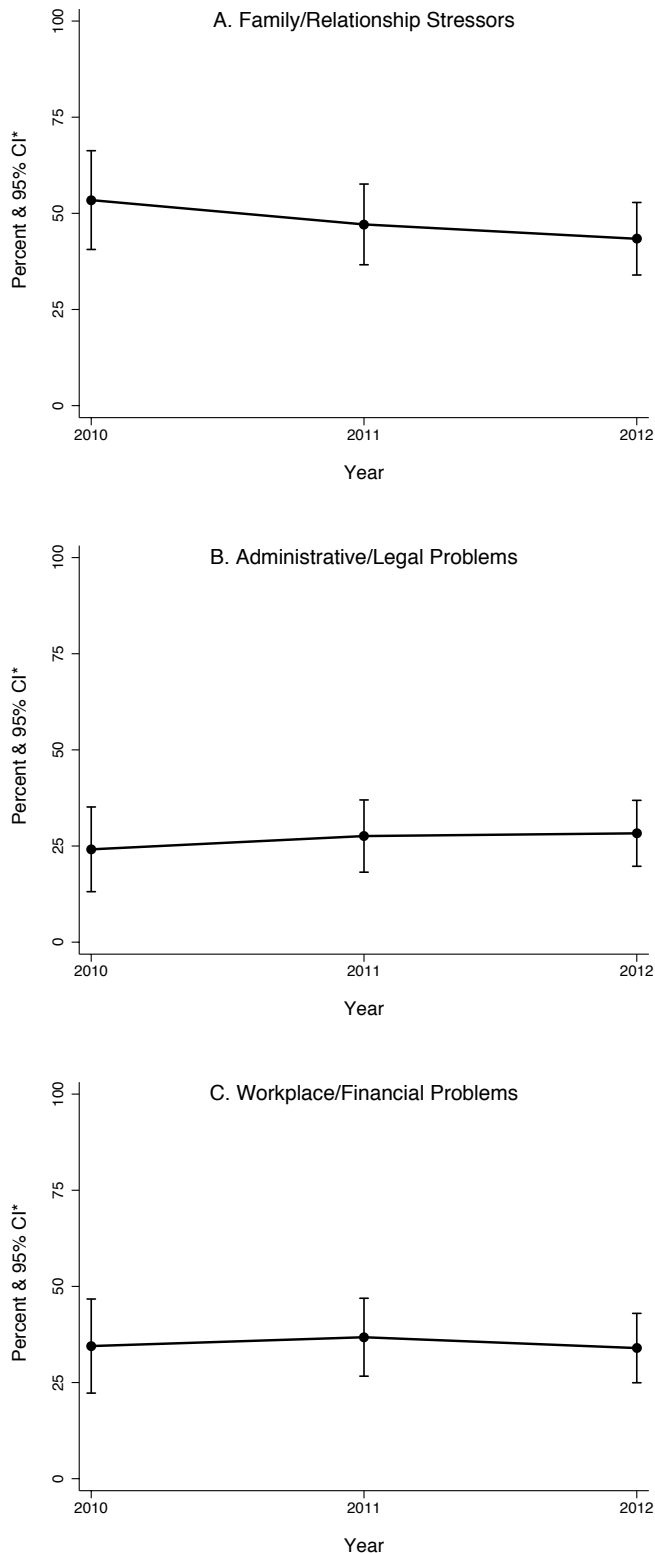
DoDSEr data were collected on psychological and physical health and accession of services prior to the event (Table G8). A total of 53 DoDSErs (50.0%) specified that the Service member had at least one known diagnosis of a behavioral health condition. A total of 27 DoDSErs (25.5%) reported a history of substance abuse, and 30 DoDSErs (28.3%) specified a history of prior self-injury. Figure 57 presents the annual proportions of DoDSErs (2010-2012) where a behavioral health diagnosis, a history of substance abuse, or a history of prior self-injury was reported.

A total of 63 DoDSErs (59.4%) reported that the Service member had accessed medical or support services during the 90 days prior to the suicide attempt. Figure 58 displays the annual proportion of DoDSErs (2010-2012) that reported accession of services in the 90 days prior to the event. Thirty-five DoDSErs (33.0%) reported that the Service member had ever used psychotropic medications. A total of 27 DoDSErs (25.5%) indicated that the Service member was known to have used psychotropic medications within 90 days of the suicide event.

Psychosocial Stressors

Psychosocial stressors included in the DoDSEr related to family/relationship problems, problems associated with administrative/legal issues, and workplace/financial difficulties (Table G9). For this report, we focused explicitly on those stressors occurring in the 90 day period prior to the event. DoDSErs reported the following frequencies for each of the three types of stressors: family/relationship ($n = 46$; 43.4%), administrative/legal ($n = 30$; 28.3%), and workplace/financial ($n = 36$; 34.0%). Figure 59 displays the annual proportions of DoDSErs (2010-2012) in which any of the three types of stressors was reported. Data were also collected on known or suspected experiences of abuse victimization or perpetration. There were 38 DoDSErs (35.8%) that reported histories of

Figure 59. Percentage of Navy suicide attempt reports that detailed (a) any family or relationship problems, (b) any administrative or legal problems, and/or (c) any workplace or financial problems in the 90 days prior to the event, by calendar year.

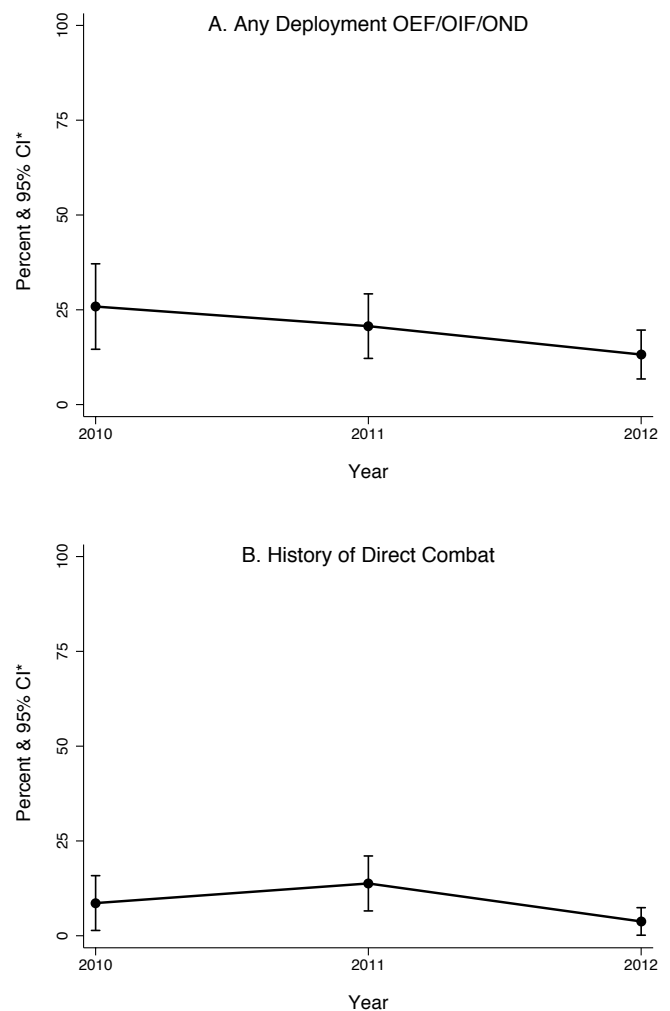


abuse victimization and 13 DoDSERs (12.3%) that reported histories of abuse perpetration.

Deployment History

A total of 38 DoDSERs (35.8%) reported a history of any deployment (Table G10). In 14 DoDSERs (13.2%), the Service member had a history of deployment as part of OIF/OEF/OND. One suicide attempt (0.9%) occurred in theater. In four DoDSERs (3.8%), the Service member had a known history of exposure to direct combat. Figure 60 displays the annual proportions of DoDSERs (2010-2012) that reported either a history of deployment as part of OEF/OIF/OND or direct combat exposure.

Figure 60. Percentage of Navy suicide attempt reports that indicated (a) a history of deployment to OEF/OIF/OND and/or (b) any experience of direct combat.



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Appendix A

METHODS

DoDSER Items

DoDSER items were developed to provide a comprehensive set of information from a variety of sources to facilitate suicide prevention efforts and to enable surveillance across 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 Suicide Prevention Program Managers [SPPMs]), and a systematic review of the suicide literature. 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. Furthermore, a workgroup that includes representatives from all the Services meets each year to refine the items based on evolving needs. Variables were 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 was selected. Categories were 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)
- Clinical health factors (e.g., behavioral and physical health diagnoses)

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

Data Collection Process

The DoDSER was completed using a web form that is available via the Internet and submitted via a secure website. The DoDSER system is hosted at a DoD Information Assurance Certification and Accreditation Process (DIACAP) approved facility. Basic data entry users do not have access to any DoDSER data that others submit. All other DoDSER users submit HIPPA training certificates to the program office to ensure privacy training. The descriptive DoDSER data presented here were compiled as they were completed and submitted by DoDSER respondents across the DoD. The processes for identifying suicides and obtaining DoDSERs were similar across all Services. SPPMs coordinated closely with AFMES to maintain an official list of suicides. In the Army, a DoDSER point of contact (POC) and Command POC at each medical treatment facility were notified when a Service member's death was confirmed as a suicide. At that point, they were requested to complete a DoDSER within 60 days. In the Air Force, the Office of Special Investigations (OSI) was the primary data collection agency. In the Navy and Marine Corps, the SPPMs' office contacted the local Command and requested an appropriate POC to meet the requirement.

DoDSER data included in this report were for suicide and self-harm events that occurred in CY 2012 as reported and submitted by 31 March 2013. The data were extracted 1 April 2013. We selected the 1 April date for data extraction in light of two considerations. First, to maintain consistency with guidance provided by the Under Secretary of Defense (Personnel and Readiness) [1], there must be a minimum of 90 days between the end of the calendar year and the calculation of calendar-year suicide data. Second, to increase the number of available DoDSERs for suicides that occurred toward the end of CY 2012, we delayed the maximum Service notification date from AFMES to 1 February. The 1 April data extraction date allows Services to comply with the 60 day time frame for submission of a DoDSER for events

confirmed by 31 January and is outside the aforementioned 90 day period from the end of the calendar year.

DoDSERs were required for all suicides that occurred within the Active component, the Active Guard Reserves, and the Activated Guard and Reserve in the DoD. Since 2008, all Services were required to submit DoDSERs for fatal suicide events. Since 2010, all Services were also required to submit DoDSERs for suicide attempts. Only the Army requires DoDSERs for other nonfatal events (self-harm and suicidal ideation). DoDSERs were submitted by behavioral health providers, health care providers, or command-appointed representatives. Technicians were permitted to submit DoDSERs under the supervision of one of these professionals.

DoDSER responses were derived from a review of all relevant records. Following a suicide, respondents reviewed medical and behavioral health records, personnel records, investigative agency records, and records related to the manner of death. Information was also collected from co-workers, the responsible investigative agency officer, and other professionals or family members. For nonfatal suicide behaviors, DoDSER respondents frequently conducted interviews with Service members to collect some of the required information.

Data Quality Control Procedures

The DoDSER program enlisted several types of data quality control. First, the data submission website minimized the possibility of data entry errors. The software used form field validation to request user clarification when data were not logically possible (e.g., date inconsistency). Second, data submission required a DoDSER account in which the user's identity was confirmed with 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, erroneous reports were not submitted by individuals not authorized to interface with the system. Third, suicide event reports were corroborated against data from AFMES to validate that a suicide DoDSER was valid. Corroboration involved the matching of the DoDSER record with the AFMES list of suicides for CY 2012 to validate a suicide record in the DoDSER. Any DoDSER suicide reports that did not match the AFMES list were not included in the analysis for the report. Fourth, all DoDSERs were reviewed to ensure that multiple DoDSERs were not submitted for the same event. Potential duplicates were automatically flagged so the Service's DoDSER Program Manager could determine which submission represented the most complete data. Fifth, open-ended fields and "other" response categories were reviewed to identify text responses that should have been coded using the existing item coding structure or to generate new response categories based on multiple "other" responses indicating the same response that did not have a preexisting code. Sixth, we used data from AFMES on the suicide event method and on toxicology variables from autopsy to improve the accuracy of these variables in the report.

Rate Calculation

Suicide mortality data from 2010 to 2012 for active duty military Service members (Air Force, Army, Marine Corps, and Navy) were obtained from the Armed Forces Medical Examiner System (AFMES). Active duty military Service members included Cadets and Midshipmen at the designated military academies (i.e., West Point in West Point, NY; U.S. Naval Academy in Annapolis, MD; and U.S. Air Force Academy in Colorado Springs, CO). Suicide mortality data from 2010 to 2012 for non-activated duty Selected Reserve military members were obtained from the Service specific Suicide Prevention Program Manager (SPPM) for the Air Force, Army, Marine Corps, and Navy. The Selected Reserve consists of a subset of the Ready Reserve that includes Selected Reserve Units, Individual Mobilization Augmentees,

and Active Guard/Reserves who have Selected Reserve agreements.¹ The suicide count data presented here are current through March 31, 2013.

Force strength and demographic data were obtained from the Defense Manpower Data Center (DMDC) and the Defense Casualty Information Processing System (DCIPS). For active duty suicide events, demographic data for suicide events were compiled by AFMES from data received from DMDC (sex, race, ethnicity, and education) and DCIPS (marital status, age, rank, and Service). For non-activated Guard and Reserve suicide events, demographic data for suicide events were compiled by AFMES from data received from DMDC (sex, race, ethnicity, education, marital status, age, rank, and Service).

Data Sources

AFMES. The Armed Forces Medical Examiner System (AFMES) Mortality Surveillance Division (MSD) maintains a real-time active duty mortality registry and provides epidemiologic and biostatistical support for Department of Defense preventive medicine efforts based on comprehensive medicolegal investigations. AFMES conducts medicolegal examinations of Service members and American citizens who die in a combat zone and certain individuals who are killed or die within the United States or abroad. All active duty Service member deaths are recorded in the Armed Forces Medical Examiner Tracking System (AFMETS), an electronic database maintained by AFMES.

DMDC. The Defense Manpower Data Center (DMDC) is the Department of Defense's human resource information source, serving as the authoritative source of information on over 42 million people currently and previously connected to the Department of Defense.

DCIPS. The Defense Casualty Information Processing System (DCIPS) is the official casualty reporting, tracking, and processing application for the Department of Defense and contains reportable casualties for the Army, Navy, Air Force, and Marine Corps.

Crude Suicide Rate Calculation

The rate calculation method used in the DoDSER CY 2012 Annual Report differs from that used in previous DoDSER reports and conforms to an updated methodology. This methodology was developed through a consensus among the Services and other Office of the Secretary of Defense components facilitate by DSPO. The current method calculates crude suicide rates for the Active component and the Reserve and National Guard components of the Selected Reserve. The Active Component comprises Service members in the Army, Navy, Air Force, and Marine Corps as well as and Cadets/Midshipmen at the designated U.S. military academies. The rates for the Selected Reserve Services included members regardless of duty status at the time of death.² In addition, rates were calculated by each Service, overall and within demographic strata, when there were 20 or more events given statistical imprecision with a lower numbers of events [1].

¹ The Selected Reserve comprises Service members with an Reserve component category Designator code of S, T, or U in the Air National Guard, Army National Guard, Air Force Reserve, Army Reserve, Marine Corps Reserve, or Navy Reserve.

² That is, Selected Reserve members are included regardless of whether they died while on active duty, while actively drilling, or while in a civilian status.

Formulae

To calculate the crude suicide rate for Active component, the following formula was used:

Active component crude suicide rate =

$$\frac{\text{Number of Active component suicides that occurred during CY}}{\text{Average Active component population for CY}} \times 100,000$$

where “Average Active component population for CY” was the sum of the average of the 12 monthly end strengths for each of the following Services:

- Air Force
- Army
- Marine Corps
- Navy

To calculate the crude suicide rate for National Guard (Air National Guard and Army National Guard), the following formula was used:

National Guard crude suicide rate =

$$\frac{\text{Number of National Guard suicides that occurred during CY}}{\text{Average National Guard population for CY}} \times 100,000$$

where “Average National Guard population for CY” was the sum of the average of the 12 monthly end strengths for the Air National Guard and the Army National Guard.

To calculate the crude suicide rate for the Reserve components, the following formula was used

Reserve crude suicide rate =

$$\frac{\text{Number of Reserve suicides that occurred during CY}}{\text{Average Reserve population for CY}} \times 100,000$$

where “Average Reserve Population for CY” was the sum of the average of the 12 monthly end strengths for the Air Force Reserve, Army Reserve, Marine Corps Reserve, and Navy Reserve.

Interpretive Considerations

This report provides a broad presentation of DoDSER items to support a wide variety of needs. Given that the surveillance system is designed to collect descriptive data and that we do not have a priori hypotheses related to potential risk factors, we did not engage in statistical comparisons of DoDSER variables between event types, Services, or years. Additional factors such as multiple comparisons, nonindependence for events (e.g., one person have more than one suicide attempt during the calendar year), and the difficulty in doing precise adjustment for all known (and unknown) differences between populations further precluded the use of formal statistical testing.

The data presented in this report are useful to characterize the nature of reported suicide events. It is not possible to determine statistically whether a given DoDSER variable is a risk or protective factor for suicide by relying solely on the data presented in this report. The variables included in the data collection process relate to risk and protective factors discussed in the suicide literature. To make a statistical inference about the contribution of any of these factors to the risk of suicide using the descriptive data in this report, data on the distribution of these variables in the population that gave rise to the suicide cases are needed. It is also important to consider how the “data unavailable” option that is provided for most DoDSER items may influence the interpretation of the results. The information required to answer some DoDSER items may have been available only for some respondents who benefited from detailed medical records or interviews with Service members who were familiar with the decedent’s history. Therefore, “data unavailable” responses were expected for some items. Percentages for many items were calculated using the total number of reports for a given outcome as the denominator. If one group had a higher “Data unavailable” response rate than comparison groups, comparisons of proportions of “Yes” responses can be misleading. The content area of an item of interest should be taken in to account when results are interpreted. Some DoDSER items were objective and very reliable, whereas others were subjective and this report reflected the best data available. Standardized coding guidance was available to DoDSER form completers.

Graphics

In this report, graphics were included to display the prevalence of certain risk factors over the years of data collection using the DoDSER system. To provide a visual gauge of precision, we included 95% confidence intervals for each of the prevalence estimates shown in the figures. The observed prevalence estimates (•) for each year represent the number of “Yes” responses to a particular item relative to the total number of events with a DoDSER report for that year. The confidence intervals (†) were calculated using standard methods for variance estimation under the Binomial distribution [2]. These intervals reflect 95% of the range in which the true prevalence associated with each risk factor exists. The narrower an interval is, the more stable a prevalence estimate is considered to be. As a final note, without more rigorous analysis that incorporates adjustment for temporal and demographic differences and addresses the “data unavailable” category using appropriate missing data analysis techniques, it would be inappropriate to draw any inference as to differences between individual years or overall trends for any of the risk factors depicted.

References

- [1] Under Secretary of Defense for Personnel and Readiness Memorandum, “Standardized DoD Suicide Data and Reporting.” Draft.
- [2] Rosner, B. *Fundamentals of Biostatistics*. 6th Ed. 2006, Belmont, CA: Duxbury.

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Appendix B

Suicide Rate Tables



Table B1. Demographic characteristics and rates of suicide among Service members in the Active component in the four Services, CY 2010 - CY 2012

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
All	319	22.7	301	18.0	295	17.5
Sex						
Male	295	24.6	285	20.1	281	19.6
Female	24	11.7	16	*	14	*
Race						
American Indian/Alaskan Native	5	*	6	*	6	*
Asian/Pacific Islander	12	*	17	*	16	*
Black/African American	44	18.7	37	13.4	36	12.9
White/Caucasian	244	25.1	231	19.7	235	19.8
Other/Unknown	14	*	10	*	2	*
Ethnicity						
Hispanic	27	17.2	18	*	—	—
Non-Hispanic	286	23.7	283	19.6	—	—
Unknown	6	*	0	*	—	—
Age						
17 - 24	130	24.8	114	19.3	140	23.0
25 - 29	87	25.0	91	22.8	76	19.3
30 - 34	50	22.6	32	12.5	30	12.1
35 - 39	33	20.9	36	18.8	33	16.5
40 - 44	11	*	22	16.2	14	*
45 - 74	8	*	6	*	2	*
Rank						
Cadet/Midshipmen	2	*	0	*	1	*
E1-E4	162	26.6	148	21.1	161	22.9
E5-E9	124	22.9	128	19.0	118	17.2
Officer	25	11.5	25	9.7	15	*
Warrant Officer	6	*	0	*	0	*

Continued >>

Table B1. Demographic characteristics and rates of suicide among Service members in the Active component in the four Services, CY 2010 - CY 2012 (cont.)

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
Education						
Some high school, did not graduate	3	*	5	*	2	*
Alternative high school certification	27	50.0	32	42.5	26	29.9
High school graduate	215	24.3	194	18.8	206	19.8
Some college, no degree	15	*	16	*	15	*
Degree, <4 years	19	*	18	*	18	*
4-year degree	23	14.2	22	12.5	18	*
Masters degree or greater	9	*	6	*	3	*
Unknown	8	*	8	*	7	*
Marital status						
Never Married	127	22.9	107	16.5	125	19.0
Married	165	21.1	167	17.9	147	15.6
Legally Separated	0	*	0	*	1	*
Divorced	21	33.7	23	27.7	20	24.2
Widowed	1	*	4	*	0	*
Unknown	5	*	0	*	2	*

† Rates per 100,000 Service members

* Rate not calculated because event was less than 20

— — Data were not collected

^f Numbers and rates based on calculations done prior to the method developed for the 2012 data. Case numbers include Service members in the Active Component and Service members in the Reserve Component in an Active status at the time of death

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Table B2. Demographic characteristics and rates of suicide for CY 2012^s among Service members in the Selected Reserve† component in the four Services

	2012	
	Count	Rate†
All	203	24.2
Sex		
Male	189	27.5
Female	14	*
Race		
American Indian/Alaskan Native	1	*
Asian/Pacific Islander	6	*
Black/African American	13	*
White/Caucasian	175	27.6
Other/Unknown	8	*
Ethnicity		
Hispanic	14	*
Non-Hispanic	189	25.3
Unknown	0	*
Age		
17 - 24	76	30.7
25 - 29	40	23.9
30 - 34	28	23.0
35 - 39	13	*
40 - 44	25	27.4
45 - 74	21	17.2
Rank		
Cadet/Midshipmen	0	*
E1-E4	109	30.1
E5-E9	77	21.9
Officer	17	14.9
Warrant Officer	0	*

Continued >>

Table B2. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Selected Reserve† component in the four Services (cont.)

	2012	
	Count	Rate†
Education		
Some high school, did not graduate	7	*
Alternative high school certification	19	*
High school graduate	102	25.0
Some college, no degree	32	25.0
Degree, <4 years	6	*
4-year degree	25	20.4
Masters degree or greater	6	*
Unknown	6	*
Marital status		
Never Married	103	26.9
Married	80	20.3
Legally Separated	0	*
Divorced	20	32.9
Widowed	0	*
Unknown	0	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

‡ Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

§ Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B3. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Reserve component of the Selected Reserve[‡] in all four Services

	2012	
	Count	Rate†
All	73	19.3
Sex		
Male	66	22.1
Female	7	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	3	*
Black/African American	6	*
White/Caucasian	59	22.5
Other/Unknown	5	*
Ethnicity		
Hispanic	10	*
Non-Hispanic	63	19.6
Unknown	0	*
Age		
17 - 24	31	30.3
25 - 29	16	*
30 - 34	9	*
35 - 39	4	*
40 - 44	5	*
45 - 74	8	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	42	26.5
E5-E9	21	13.8
Officer	10	*
Warrant Officer	0	*

Continued >>

Table B3. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Reserve component of the Selected Reserve[‡] in all four Services (cont.)

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	3	*
Alternative high school certification	5	*
High school graduate	44	20.1
Some college, no degree	5	*
Degree, <4 years	1	*
4-year degree	12	*
Masters degree or greater	3	*
Unknown	0	*
Marital status		
Never Married	41	24.5
Married	25	13.9
Legally Separated	0	*
Divorced	7	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B4. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the National Guard component of the Selected Reserve†, Air Force and Army only

	2012	
	Count	Rate†
All	130	28.1
Sex		
Male	123	31.6
Female	7	*
Race		
American Indian/Alaskan Native	1	*
Asian/Pacific Islander	3	*
Black/African American	7	*
White/Caucasian	116	31.1
Other/Unknown	3	*
Ethnicity		
Hispanic	4	*
Non-Hispanic	126	29.6
Unknown	0	*
Age		
17 - 24	45	30.9
25 - 29	24	26.5
30 - 34	19	*
35 - 39	9	*
40 - 44	20	41.4
45 - 74	13	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	67	32.9
E5-E9	56	28.0
Officer	7	*
Warrant Officer	0	*

Continued >>

Table B4. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the National Guard component of the Selected Reserve†, Air Force and Army only (cont.)

	2012	
	Count	Rate†
Education		
Some high school, did not graduate	4	*
Alternative high school certification	14	*
High school graduate	58	30.7
Some college, no degree	27	24.4
Degree, <4 years	5	*
4-year degree	13	*
Masters degree or greater	3	*
Unknown	6	*
Marital status		
Never Married	62	28.8
Married	55	25.6
Legally Separated	0	*
Divorced	13	*
Widowed	0	*
Unknown	0	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

‡ Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

§ Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B5. Demographic characteristics and rates of suicide among Service members in the Active component of the Air Force, CY 2010 - CY 2012

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
All	50	15.0	50	13.3	59	15.5
Sex						
Male	45	16.7	46	15.1	57	18.6
Female	5	*	4	*	2	*
Race						
American Indian/Alaskan Native	1	*	2	*	1	*
Asian/Pacific Islander	3	*	1	*	1	*
Black/African American	1	*	8	*	8	*
White/Caucasian	43	17.8	34	12.3	48	17.2
Other/Unknown	2	*	5	*	1	*
Ethnicity						
Hispanic	0	*	1	*	—	—
Non-Hispanic	48	15.4	49	13.9	—	—
Unknown	2	*	0	*	—	—
Age						
17 - 24	26	23.7	21	18.3	20	23.0
25 - 29	11	*	12	*	16	*
30 - 34	6	*	2	*	5	*
35 - 39	5	*	9	*	14	*
40 - 44	2	*	4	*	3	*
45 - 74	0	*	2	*	1	*
Rank						
Cadet/Midshipmen	2	*	0	*	1	*
E1-E4	26	21.7	22	17.6	24	19.4
E5-E9	20	13.8	22	12.7	31	17.5
Officer	2	*	6	*	3	*
Warrant Officer	0	*	0	*	0	*

Continued >>

Table B5. Demographic characteristics and rates of suicide among Service members in the Active component of the Air Force, CY 2010 - CY 2012 (cont.)

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
Education						
Some high school, did not graduate	0	*	0	*	0	*
Alternative high school certification	0	*	0	*	0	*
High school graduate	35	18.5	32	16.1	42	20.6
Some college, no degree	0	*	2	*	6	*
Degree, <4 years	8	*	7	*	5	*
4-year degree	3	*	6	*	5	*
Masters degree or greater	2	*	3	*	0	*
Unknown	2	*	0	*	1	*
Marital status						
Never Married	29	24.5	17	*	18	*
Married	16	*	30	13.6	34	15.2
Legally Separated	0	*	0	*	0	*
Divorced	5	*	3	*	6	*
Widowed	0	*	0	*	0	*
Unknown	0	*	0	*	1	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

— — Data were not collected

^f Numbers and rates based on calculations done prior to the method developed for the 2012 data. Case numbers include Service members in the Active Component and Service members in the Reserve Component in an Active status at the time of death

Table B6. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Air Force Reserve component of the Selected Reserve†

	2012	
	Count	Rate†
All	4	*
Sex		
Male	4	*
Female	0	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	0	*
Black/African American	0	*
White/Caucasian	3	*
Other/Unknown	1	*
Ethnicity		
Hispanic	0	*
Non-Hispanic	4	*
Unknown	0	*
Age		
17 - 24	1	*
25 - 29	1	*
30 - 34	0	*
35 - 39	0	*
40 - 44	0	*
45 - 74	2	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	2	*
E5-E9	1	*
Officer	1	*
Warrant Officer	0	*

Continued >>

Table B6. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Air Force Reserve component of the Selected Reserve[‡] (cont.)

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	0	*
Alternative high school certification	0	*
High school graduate	3	*
Some college, no degree	0	*
Degree, <4 years	0	*
4-year degree	0	*
Masters degree or greater	1	*
Unknown	0	*
Marital status		
Never Married	1	*
Married	3	*
Legally Separated	0	*
Divorced	0	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B7. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Air National Guard component of the Selected Reserve†

	2012	
	Count	Rate†
All	20	19.1
Sex		
Male	19	*
Female	1	*
Race		
American Indian/Alaskan Native	1	*
Asian/Pacific Islander	0	*
Black/African American	1	*
White/Caucasian	18	*
Other/Unknown	0	*
Ethnicity		
Hispanic	0	*
Non-Hispanic	20	20.1
Unknown	0	*
Age		
17 - 24	3	*
25 - 29	5	*
30 - 34	2	*
35 - 39	1	*
40 - 44	2	*
45 - 74	7	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	5	*
E5-E9	13	*
Officer	2	*
Warrant Officer	0	*

Continued >>

Table B7. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Air National Guard component of the Selected Reserve†

	2012	
	Count	Rate†
Education		
Some high school, did not graduate	1	*
Alternative high school certification	0	*
High school graduate	2	*
Some college, no degree	13	*
Degree, <4 years	2	*
4-year degree	1	*
Masters degree or greater	1	*
Unknown	0	*
Marital status		
Never Married	5	*
Married	11	*
Legally Separated	0	*
Divorced	4	*
Widowed	0	*
Unknown	0	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

‡ Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

§ Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B8. Demographic characteristics and rates of suicide among Service members in the Active component of the Army, CY 2010 - CY 2012

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
All	164	29.7	167	22.9	160	21.7
Sex						
Male	152	31.8	156	24.9	151	23.8
Female	12	*	11	*	9	*
Race						
American Indian/Alaskan Native	3	*	1	*	4	*
Asian/Pacific Islander	7	*	12	*	11	*
Black/African American	31	27.4	17	*	20	14.1
White/Caucasian	121	31.7	135	26.1	125	23.9
Other/Unknown	2	*	2	*	0	*
Ethnicity						
Hispanic	10	*	10	*	—	—
Non-Hispanic	153	31.9	157	24.5	—	—
Unknown	1	*	0	*	—	—
Age						
17 - 24	55	29.4	56	24.1	76	31.6
25 - 29	48	34.6	56	32.3	46	26.3
30 - 34	28	30.3	20	17.3	17	*
35 - 39	22	33.9	19	*	11	*
40 - 44	5	*	15	*	10	*
45 - 74	6	*	1	*	0	*
Rank						
Cadet/Midshipmen	0	*	0	*	0	*
E1-E4	81	32.9	86	27.5	93	29.4
E5-E9	64	31.4	69	24.2	61	20.9
Officer	13	*	12	*	6	*
Warrant Officer	6	*	0	*	0	*

Continued >>

Table B8. Demographic characteristics and rates of suicide among Service members in the Active component of the Army, CY 2010 - CY 2012 (cont.)

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
Education						
Some high school, did not graduate	1	*	4	*	2	*
Alternative high school certification	23	57.0	24	40.8	21	30.7
High school graduate	101	31.8	101	23.9	104	24.6
Some college, no degree	13	*	11	*	7	*
Degree, <4 years	7	*	9	*	11	*
4-year degree	13	*	12	*	11	*
Masters degree or greater	6	*	1	*	0	*
Unknown	0	*	5	*	4	*
Marital status						
Never Married	46	24.0	57	22.2	67	25.1
Married	104	31.8	92	21.7	81	19.2
Legally Separated	0	*	0	*	0	*
Divorced	13	*	15	*	11	*
Widowed	1	*	3	*	0	*
Unknown	0	*	0	*	1	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

— — Data were not collected

^f Numbers and rates based on calculations done prior to the method developed for the 2012 data. Case numbers include Service members in the Active Component and Service members in the Reserve Component in an Active status at the time of death

Table B9. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Army Reserve component of the Selected Reserve†

	2012	
	Count	Rate†
All	50	24.7
Sex		
Male	45	28.8
Female	5	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	2	*
Black/African American	6	*
White/Caucasian	40	29.2
Other/Unknown	2	*
Ethnicity		
Hispanic	8	*
Non-Hispanic	42	24.1
Unknown	0	*
Age		
17 - 24	20	34.1
25 - 29	10	*
30 - 34	7	*
35 - 39	4	*
40 - 44	5	*
45 - 74	4	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	29	30.5
E5-E9	13	*
Officer	8	*
Warrant Officer	0	*

Continued >>

Table B9. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Army Reserve component of the Selected Reserve[‡] (cont.)

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	3	*
Alternative high school certification	5	*
High school graduate	24	22.2
Some college, no degree	4	*
Degree, <4 years	1	*
4-year degree	11	*
Masters degree or greater	2	*
Unknown	0	*
Marital status		
Never Married	29	31.0
Married	16	*
Legally Separated	0	*
Divorced	5	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B10. Demographic characteristics and rates of suicide for CY 2012^s among Service members in the Army National Guard component of the Selected Reserve[‡]

	2012	
	Count	Rate†
All	110	30.8
Sex		
Male	104	34.2
Female	6	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	3	*
Black/African American	6	*
White/Caucasian	98	34.2
Other/Unknown	3	*
Ethnicity		
Hispanic	4	*
Non-Hispanic	106	32.5
Unknown	0	*
Age		
17 - 24	42	32.8
25 - 29	19	*
30 - 34	17	*
35 - 39	8	*
40 - 44	18	*
45 - 74	6	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	62	35.1
E5-E9	43	31.4
Officer	5	*
Warrant Officer	0	*

Continued >>

Table B10. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Army National Guard component of the Selected Reserve[‡]

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	3	*
Alternative high school certification	14	*
High school graduate	56	30.6
Some college, no degree	14	*
Degree, <4 years	3	*
4-year degree	12	*
Masters degree or greater	2	*
Unknown	6	*
Marital status		
Never Married	57	31.7
Married	44	28.5
Legally Separated	0	*
Divorced	9	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B11. Demographic characteristics and rates of suicide among Service members in the Active component of the Marine Corps, CY 2010 - CY 2012

		2012		2011 ^f		2010 ^f	
		Count	Rate†	Count	Rate†	Count	Rate†
All		48	24.3	32	14.9	37	17.2
Sex							
	Male	45	24.5	32	15.9	36	17.9
	Female	3	*	0	*	1	*
Race							
	American Indian/Alaskan Native	1	*	1	*	0	*
	Asian/Pacific Islander	1	*	2	*	2	*
	Black/African American	8	*	3	*	3	*
	White/Caucasian	35	22.5	26	15.3	32	19.0
	Other/Unknown	3	*	0	*	0	*
Ethnicity							
	Hispanic	5	*	1	*	—	—
	Non-Hispanic	43	25.5	31	16.7	—	—
	Unknown	0	*	0	*	—	—
Age							
	17 - 24	29	26.3	23	19.3	22	17.9
	25 - 29	13	*	6	*	8	*
	30 - 34	4	*	2	*	5	*
	35 - 39	1	*	0	*	1	*
	40 - 44	1	*	0	*	0	*
	45 - 74	0	*	1	*	1	*
Rank							
	Cadet/Midshipmen	0	*	0	*	0	*
	E1-E4	35	30.6	21	16.9	22	17.4
	E5-E9	13	*	9	*	12	*
	Officer	0	*	2	*	3	*
	Warrant Officer	0	*	0	*	0	*

Continued >>

Table B11. Demographic characteristics and rates of suicide among Service members in the Active component of the Marine Corps, CY 2010 - CY 2012 (cont.)

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
Education						
Some high school, did not graduate	2	*	0	*	0	*
Alternative high school certification	1	*	4	*	1	*
High school graduate	40	24.7	25	14.1	30	17.0
Some college, no degree	1	*	0	*	1	*
Degree, <4 years	1	*	1	*	1	*
4-year degree	0	*	2	*	2	*
Masters degree or greater	0	*	0	*	2	*
Unknown	3	*	0	*	0	*
Marital status						
Never Married	26	27.8	18	*	18	*
Married	22	23.0	12	*	17	*
Legally Separated	0	*	0	*	1	*
Divorced	0	*	2	*	1	*
Widowed	0	*	0	*	0	*
Unknown	0	*	0	*	0	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

— — Data were not collected

^f Numbers and rates based on calculations done prior to the method developed for the 2012 data. Case numbers include Service members in the Active Component and Service members in the Reserve Component in an Active status at the time of death

Table B12. Demographic characteristics and rates of suicide for CY 2012^s among Service members in the Marine Corps Reserve component of the Selected Reserve†

	2012	
	Count	Rate†
All	11	*
Sex		
Male	10	*
Female	1	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	1	*
Black/African American	0	*
White/Caucasian	10	*
Other/Unknown	0	*
Ethnicity		
Hispanic	1	*
Non-Hispanic	10	*
Unknown	0	*
Age		
17 - 24	7	*
25 - 29	3	*
30 - 34	0	*
35 - 39	0	*
40 - 44	0	*
45 - 74	1	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	7	*
E5-E9	3	*
Officer	1	*
Warrant Officer	0	*

Continued >>

Table B12. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Marine Corps Reserve component of the Selected Reserve[‡] (cont.)

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	0	*
Alternative high school certification	0	*
High school graduate	9	*
Some college, no degree	1	*
Degree, <4 years	0	*
4-year degree	1	*
Masters degree or greater	0	*
Unknown	0	*
Marital status		
Never Married	8	*
Married	3	*
Legally Separated	0	*
Divorced	0	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

Table B13. Demographic characteristics and rates of suicide among Service members in the Active component of the Navy, CY 2010 - CY 2012

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
All	57	17.8	52	15.0	39	11.1
Sex						
Male	53	19.9	51	17.6	37	12.6
Female	4	*	1	*	2	*
Race						
American Indian/Alaskan Native	0	*	2	*	1	*
Asian/Pacific Islander	1	*	2	*	2	*
Black/African American	4	*	9	*	5	*
White/Caucasian	45	23.3	36	17.0	30	13.9
Other/Unknown	7	*	3	*	1	*
Ethnicity						
Hispanic	12	*	6	*	—	—
Non-Hispanic	42	17.2	46	17.5	—	—
Unknown	3	*	0	*	—	—
Age						
17 - 24	20	17.0	14	*	22	17.2
25 - 29	15	*	17	*	6	*
30 - 34	12	*	8	*	3	*
35 - 39	5	*	8	*	7	*
40 - 44	3	*	3	*	1	*
45 - 74	2	*	2	*	0	*
Rank						
Cadet/Midshipmen	0	*	0	*	0	*
E1-E4	20	15.5	19	*	22	16.2
E5-E9	27	20.2	28	19.0	14	*
Officer	10	*	5	*	3	*
Warrant Officer	0	*	0	*	0	*

Continued >>

Table B13. Demographic characteristics and rates of suicide among Service members in the Active component of the Navy, CY 2010 - CY 2012

	2012		2011 ^f		2010 ^f	
	Count	Rate†	Count	Rate†	Count	Rate†
Education						
Some high school, did not graduate	0	*	1	*	0	*
Alternative high school certification	3	*	4	*	4	*
High school graduate	39	18.0	36	15.4	30	12.6
Some college, no degree	1	*	3	*	1	*
Degree, <4 years	3	*	1	*	1	*
4-year degree	7	*	2	*	0	*
Masters degree or greater	1	*	2	*	1	*
Unknown	3	*	3	*	2	*
Marital status						
Never Married	26	17.2	15	*	22	13.6
Married	23	13.7	33	17.7	15	*
Legally Separated	0	*	0	*	0	*
Divorced	3	*	3	*	2	*
Widowed	0	*	1	*	0	*
Unknown	5	*	0	*	0	*

† Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

— — Data were not collected

^f Numbers and rates based on calculations done prior to the method developed for the 2012 data. Case numbers include Service members in the Active Component and Service members in the Reserve Component in an Active status at the time of death

Table B14. Demographic characteristics and rates of suicide for CY 2012^S among Service members in the Navy Reserve component of the Selected Reserve†

	2012	
	Count	Rate†
All	8	*
Sex		
Male	7	*
Female	1	*
Race		
American Indian/Alaskan Native	0	*
Asian/Pacific Islander	0	*
Black/African American	0	*
White/Caucasian	6	*
Other/Unknown	2	*
Ethnicity		
Hispanic	1	*
Non-Hispanic	7	*
Unknown	0	*
Age		
17 - 24	3	*
25 - 29	2	*
30 - 34	2	*
35 - 39	0	*
40 - 44	0	*
45 - 74	1	*
Rank		
Cadet/Midshipmen	0	*
E1-E4	4	*
E5-E9	4	*
Officer	0	*
Warrant Officer	0	*

Continued >>

Table B14. Demographic characteristics and rates of suicide for CY 2012[§] among Service members in the Navy Reserve component of the Selected Reserve[‡] (cont.)

	2012	
	Count	Rate [†]
Education		
Some high school, did not graduate	0	*
Alternative high school certification	0	*
High school graduate	8	*
Some college, no degree	0	*
Degree, <4 years	0	*
4-year degree	0	*
Masters degree or greater	0	*
Unknown	0	*
Marital status		
Never Married	3	*
Married	3	*
Legally Separated	0	*
Divorced	2	*
Widowed	0	*
Unknown	0	*

[†] Rates per 100,000 Service members

* Rate not calculated because there were fewer than 20 events in the category

[‡] Includes Service members in any duty status. Service members in the Inactive Ready Reserve (IRR) were not included.

[§] Rate data prior to 2012 were not calculated separately for the Selected Reserve component.

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Appendix C

Tables for all Services Combined



Table C1. Demographic characteristics of suicide DoDSERs from all four Services submitted for CY 2012

		Count	%
All		318 [¶]	100.0
Sex	Male	295	92.8
	Female	23	7.2
Race	American Indian/Alaskan Native	5	1.6
	Asian/Pacific Islander	8	2.5
	Black/African American	35	11.0
	White/Caucasian	236	74.2
	Other/Unknown	34	10.7
Ethnicity	Hispanic	24	7.5
	Non-Hispanic	218	68.6
	Unknown	76	23.9
Age Range	17 - 24	126	39.6
	25 - 29	86	27.0
	30 - 34	48	15.1
	35 - 39	33	10.4
	40 - 44	16	5.0
	45 - 74	9	2.8
	<i>Data unavailable</i>	0	0.0
Rank	Cadet/Midshipman	2	0.6
	E1-E4	158	49.7
	E5-E9	124	39.0
	Officer	28	8.8
	Warrant Officer	4	1.3
	<i>Data unavailable</i>	2	0.6
Component	Active	296	93.1
	Reserve	22	6.9
	Other	0	0.0

Continued >>

Table C1. Demographic characteristics of all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Education	Some high school, did not graduate	1	0.3
	Alternative high school certification	13	4.1
	High school graduate	123	38.7
	Some college, no degree	71	22.3
	Degree, <4 years	12	3.8
	4-year degree	26	8.2
	Masters degree or greater	4	1.3
	Unknown	68	21.4
Marital Status	Never married	119	37.4
	Married	154	48.4
	Legally separated	5	1.6
	Divorced	24	7.5
	Widowed	3	0.9
	Other	13	4.1
	<i>Data unavailable</i>	0	0.0

¶ This number includes DoDSERs submitted for Service members who were part of the Active component and the Reserve component in an Active status at the time of the event. Only suicides confirmed by AFMES by 31 January 2013 were required to be submitted by 31 March 2013 for inclusion in this report.

[Referenced page 4](#)

Table C2. Event location, event method, and event context for all CY 2012 suicide DoDSERs submitted from all Services combined

		Count	%
All		318	100.0
Geographic location	United States	275	86.5
	Afghanistan	21	6.6
	Kuwait	2	0.6
	Korea	2	0.6
	Other Europe	1	0.3
	Japan	4	1.3
	Germany	4	1.3
	Shipboard	1	0.3
	Other	1	0.3
	<i>Data unavailable</i>	7	2.2
Event setting	Residence (own) or barracks	198	62.3
	Residence of friend or family	19	6
	Work/jobsite	25	7.9
	Automobile (away from residence)	20	6.3
	Inpatient medical/behavioral health	1	0.3
	Hotel	12	3.8
	Jail/Military control	2	0.6
	Other	35	11
	<i>Data unavailable</i>	6	1.9
Event method (AFMES)	Asphyxiation	81	25.5
	Cutting/Piercing	3	0.9
	Drowning	3	0.9
	Drugs/Alcohol	11	3.5
	Fall/Jump	5	1.6
	Gunshot	207	65.1
	Military issued firearm§	36	17.4
	Non-military issued firearm§	157	75.8
	Firearm of unknown source§	14	6.8
	Poisoning	5	1.6
	Motor vehicle	3	0.9
	<i>Data unavailable</i>	0	0.0
Alcohol used during event (AFMES)	Yes	107	33.6
	No	166	52.2
	<i>Data unavailable</i>	45	14.1

Continued >>

Table C2. Event location, event method, and event context for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Drugs used during event (AFMES)	Yes	78	24.5
	Illicit drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	6	7.7
	Inhalants		
	Used, cause of death§	2	2.6
	Used, not cause of death§	0	0.0
	Prescription drugs		
	Used, cause of death§	7	9.0
	Used, not cause of death§	51	65.4
OTC drugs	Used, cause of death§	5	6.4
	Used, not cause of death§	24	30.8
	No	90	28.3
Data unavailable		150	47.2
Alcohol and drugs used during event (AFMES)	Yes	33	10.4
	No	197	61.9
	Data unavailable	88	27.7
Communicated potential for self-harm	Yes	91	28.6
	Mode		
	Written§	4	4.4
	Verbal§	66	72.5
	Electronic§	34	37.4
	Other§	1	1.1
	Number of types of recipients		
	1§	68	74.7
	2§	18	19.8
	3§	2	2.2
	4 or more§	1	1.1
	Recipients		
	Supervisor§	15	16.5
	Chaplain§	2	2.2
	Mental Health Staff§	13	14.3
	Friend§	26	28.6
	Spouse/significant other§	45	49.5
	Family§	4	4.4
	Social Media§	2	2.2
	Colleague§	0	0.0
	Emergency Personnel§	3	3.3
	Helpline§	1	1.1
	Other§	3	3.3
	No	155	48.7
	Data unavailable	72	22.6

Continued >>

Table C2. Event location, event method, and event context for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Death risk gambling	Yes	3	0.9
	No	248	78.0
	<i>Data unavailable</i>	67	21.1
Event planned	Yes	105	33.0
	No	76	23.9
	<i>Data unavailable</i>	137	43.1
Event observable	Yes	68	21.4
	No	195	61.3
	<i>Data unavailable</i>	55	17.3
Left suicide note	Yes	76	23.9
	No	144	45.3
	<i>Data unavailable</i>	98	30.8
Residence	Shared military living environment	84	26.4
	Bachelor quarters	11	3.5
	On-base family housing	21	6.6
	Private residence	156	49.1
	Ship	2	0.6
	Other	24	7.5
	<i>Data unavailable</i>	20	6.3
Married Service member residence	Not married	151	47.5
	Married, resides with spouse	80	25.2
	Married, not living together, relationship issues	45	14.2
	Married, not living together, other reasons	20	6.3
	<i>Data unavailable</i>	22	6.9
Service member resided alone	Yes	95	29.9
	No	181	56.9
	<i>Data unavailable</i>	42	13.2
Had minor children	Yes, lived with SM	52	16.4
	Yes, did not live with SM	59	18.6
	No children	159	50.0
	<i>Data unavailable</i>	48	15.1

Continued >>

Table C2. Event location, event method, and event context for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Firearm in immediate environment	Yes	174	54.7
	No	62	19.5
	<i>Data unavailable</i>	82	25.8
Duty environment at time of event‡	Permanent duty station	208	65.4
	Leave	18	5.7
	TDY	4	1.3
	AWOL	11	3.5
	Deployed	25	7.9
	Training	11	3.5
	Psychiatric Hospitalization	1	0.3
	Medical Hold	12	3.8
	Other	43	13.5
	Unknown	17	5.3

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 4](#)

Table C3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide DoDSERs submitted from all Services combined

		Count	%
All		318	100.0
Behavioral health diagnosis	Yes	134	42.1
	No	184	57.9
Number of diagnoses	1§	81	60.4
	2§	27	20.1
Specific diagnoses	3§	14	10.4
	4 or more§	12	9.0
Mood disorder§	Mood disorder§	60	44.8
	Bipolar¶	6	10.0
Major depression¶	Major depression¶	35	58.3
	Dysthymic¶	10	16.7
Other mood disorder¶	Other mood disorder¶	22	36.7
	Unspecified mood disorder¶	4	6.7
Anxiety disorder§	Anxiety disorder§	55	34.8
	Posttraumatic stress¶	17	30.9
Panic¶	Panic¶	7	12.7
	Generalized anxiety¶	13	23.6
Acute stress¶	Acute stress¶	2	3.6
	Other anxiety disorder¶	22	40.0
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	3	5.5
	Personality disorder§	12	9.0
Psychotic disorder§	Psychotic disorder§	0	0.0
	Adjustment disorder§	82	61.2
Traumatic brain injury§	Traumatic brain injury§	11	8.2
	No	154	48.4
Data unavailable	Data unavailable	30	9.4
Sleep disorder	Yes	48	15.1
	No	224	70.4
Data unavailable	Data unavailable	46	14.5
History of Substance Abuse	Yes	73	23.0
	No	176	55.3
Data unavailable	Data unavailable	69	21.7
Family history of behavioral health conditions	Yes	31	9.7
	No	104	32.7
Data unavailable	Data unavailable	183	57.5

Continued >>

Table C3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
History of prior self-injury	Yes	43	13.5
	Number of prior self injuries		
	One prior event§	25	58.1
	More than one prior event§	18	41.9
	Event similar to prior self injury		
	Yes§	18	41.9
	No	189	59.4
	Data unavailable	86	27.0
Physical health problem, last 90 days	Yes	43	13.5
	No	197	61.9
	Data unavailable	78	24.5
Accession of medical/support services, last 90 days	Yes	194	61.0
	Military Treatment Facility§	177	91.2
	Substance Abuse Services§	26	13.4
	Family Advocacy Program§	25	12.9
	Chaplain Services§	16	8.2
	Outpatient behavioral health§	91	46.9
	Inpatient behavioral health§	21	10.8
	No	114	35.8
	Data unavailable	10	3.1
Ever taken psychotropic medications	Yes	93	29.2
	No	159	50.0
	Data unavailable	66	20.8
Use of psychotropic medications, last 90 days	Yes	63	19.8
	Antidepressants§	48	76.2
	Anxiolytics§	26	41.3
	Antimanic§	1	1.6
	Anticonvulsants§	6	9.5
	Antipsychotics§	6	9.5
	Sleep medications§	25	39.7
	No	189	59.4
	Data unavailable	66	20.8
Pain medication at time of the event	Yes	46	14.5
	No	174	54.7
	Data unavailable	98	30.8

Continued >>

Table C3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Polypharmacy at time of the event	Yes	19	6.0
	No	210	66.0
	<i>Data unavailable</i>	89	28.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category

[Referenced page 5](#)

Table C4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 suicide DoDSERs submitted from all Services combined

		Count	%
All		318	100.0
Any family or relationship stressors, last 90 days	Yes	129	40.6
	Failed intimate relationship§	108	83.7
	Failed non-intimate relationship§	34	26.4
	Death of spouse or family member§	4	3.1
	Death of friend§	4	3.1
	Family/spouse illness§	16	12.4
	No	129	40.6
	Data unavailable	60	18.9
History of suicide of friend or family members	Yes	19	6.0
	Spouse suicide§	0	0.0
	Family suicide§	12	63.2
	Friend suicide§	7	36.8
	No	235	73.9
	Data unavailable	64	20.1
History of administrative/legal issues, last 90 days	Yes	103	32.4
	Courts martial proceedings§	7	6.8
	Article 15/Non-judicial punishment§	33	32.0
	Administrative separation§	29	28.2
	AWOL§	19	18.4
	Medical evaluation board§	14	13.6
	Civil legal problems§	34	33.0
	Non-selection for promotion§	12	11.7
	No	184	57.9
	Data unavailable	31	9.7
Any financial or workplace difficulties, last 90 days	Yes	102	32.1
	Excessive debt or bankruptcy§	30	29.4
	Job problems§	63	61.8
	Supervisor/coworker issues§	33	32.4
	Poor performance review§	35	34.3
	Unit/workplace hazing§	4	3.9
	No	148	46.5
	Data unavailable	68	21.4

Continued >>

Table C4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 suicide DoDSERs submitted from all Services combined (cont.)

		Count	%
Abuse victimization history	Yes	33	10.4
	Physical abuse§	22	66.7
	Sexual abuse§	10	30.3
	Emotional abuse§	22	66.7
	Sexual harassment§	3	9.1
	No	188	59.1
	<i>Data unavailable</i>	97	30.5
Abuse perpetration history	Yes	42	13.2
	Physical abuse§	30	71.4
	Sexual abuse§	10	23.8
	Emotional abuse§	16	38.1
	Sexual harassment§	1	2.4
	No	195	61.3
	<i>Data unavailable</i>	81	25.5

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set

[Referenced page 5](#)

Table C5. Deployment and direct combat history for all CY 2012 suicide DoDSERs submitted from all Services combined

		Count	%
All		318	100.0
History of deployment	Yes	182	57.2
Number of deployment	1§	98	53.8
	2§	43	23.6
	3 or more§	41	22.5
	No	135	42.5
	Data unavailable	1	0.3
Ever deployed OEF/OIF/OND	Yes	151	47.5
	Iraq§	85	56.3
	Afghanistan§	87	57.6
	Kuwait§	9	6.0
	No	166	52.2
	Data unavailable	1	0.3
Events in theater	Afghanistan	21	6.6
	Kuwait	2	0.6
	Other location	1	0.3
	Not OEF/OIF/OND deployed at time of event	294	92.5
History of direct combat	Yes	43	13.5
	Wounded others combat§	22	51.2
	Service member wounded in combat§	5	11.6
	Witnessed killing§	16	37.2
	Saw bodies of other soldiers§	19	44.2
	Killed others in combat§	7	16.3
	No	52	16.4
	Not applicable	135	42.5
	Data unavailable	88	27.7

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set

[Referenced page 6](#)

Table C6. Demographic characteristics of all CY 2012 suicide attempt DoDSERs submitted from all Services combined

		Count	%
All		869	100.0
Sex	Male	663	76.3
	Female	206	23.7
Race	American Indian/Alaskan Native	11	1.3
	Asian/Pacific Islander	28	3.2
	Black/African American	165	19.0
	White/Caucasian	589	67.8
	Other/Unknown	76	8.7
Ethnicity	Hispanic	102	11.7
	Non-Hispanic	641	73.8
	Unknown	126	14.5
Age Range	17 - 24	506	58.2
	25 - 29	201	23.1
	30 - 34	74	8.5
	35 - 39	47	5.4
	40 - 44	30	3.5
	45 - 74	10	1.2
	<i>Data unavailable</i>	1	0.1
Rank	Cadet/Midshipman	2	0.2
	E1-E4	575	66.2
	E5-E9	188	21.6
	Officer	24	2.8
	Warrant Officer	4	0.5
	<i>Data unavailable</i>	76	8.7
Component	Active	829	95.4
	Reserve	32	3.7
	Other	8	0.9

Continued >>

Table C6. Demographic characteristics of all CY 2012 suicide attempt DoDSERs submitted from all Services combined (cont.)

		Count	%
Education	Some high school, did not graduate	5	0.6
	Alternative high school certification	35	4.0
	High school graduate	411	47.3
	Some college, no degree	238	27.4
	Degree, <4 years	33	3.8
	4-year degree	35	4.0
	Masters degree or greater	9	1.0
	Unknown	103	11.9
Marital Status	Never married	385	44.3
	Married	364	41.9
	Legally separated	21	2.4
	Divorced	59	6.8
	Widowed	2	0.2
	Other	6	0.7
	<i>Data unavailable</i>	32	3.7

[Referenced page 7](#)

Table C7. Location of event, event method, and event context for all CY 2012 suicide attempt reports from all Services combined

		Count	%
All		869	100.0
Geographic location	United States	741	85.3
	Afghanistan	8	0.9
	Kuwait	2	0.2
	Korea	7	0.8
	Other Europe	33	3.8
	Japan	26	3.0
	Germany	10	1.2
	At sea	7	0.8
	Other	7	0.8
	<i>Data unavailable</i>	28	3.2
Event setting	Residence (own) or barracks	683	78.6
	Residence of friend or family	32	3.7
	Work/jobsite	33	3.8
	Automobile (away from residence)	45	5.2
	Inpatient medical/behavioral health	6	0.7
	Outpatient medical/behavioral health	4	0.5
	Emergency room	5	0.6
	Hotel	15	1.7
	Jail/Military control	2	0.2
	Other	35	4
	<i>Data unavailable</i>	9	1
Event method	Drugs	476	54.8
	Alcohol	25	2.9
	Gas, vehicle exhaust	12	1.4
	Gas, utility (or other)	1	0.1
	Chemicals	18	2.1
	Hanging	95	10.9
	Drowning	1	0.1
	Firearm, military issued	9	1.0
	Firearm, not military issued	35	4.0
	Fire/steam	1	0.1
	Sharp/blunt object	107	12.3
	Jumping from high place	10	1.2
	Lying in front of a moving object	5	0.6
	Crashing a motor vehicle	21	2.4
	Other	7	0.8
	<i>Data unavailable</i>	46	5.3

Continued >>

Table C7. Location of event, event method, and event context for all CY 2012 suicide attempt reports from all Services combined (cont.)

		Count	%
Alcohol used during event	Yes	262	30.1
	No	491	56.5
	<i>Data unavailable</i>	116	13.3
Drugs used during event	Yes	519	59.7
	Illicit drugs		
	Used, overdose§	25	4.8
	Used, no overdose§	17	3.3
	Prescription drugs		
	Used, overdose§	286	55.1
	Used, no overdose§	53	10.2
	OTC drugs		
	Used, overdose§	142	27.4
	Used, no overdose§	24	4.6
	No	282	32.5
	<i>Data unavailable</i>	68	7.8
Both alcohol and drugs used	Yes	163	18.8
	No	585	67.3
	<i>Data unavailable</i>	121	13.9
Communicated potential for self-harm	Yes	191	22.0
	Mode		
	Written§	13	6.8
	Verbal§	142	74.3
	Electronic§	47	24.6
	Other§	2	1.0
	Number of types of recipients		
	1§	139	72.8
	2§	34	17.8
	3§	8	4.2
	4 or more§	2	1.0
	Recipient		
	Supervisor§	32	16.8
	Chaplain§	3	1.6
	Mental Health Staff§	41	21.5
	Friend§	53	27.7
	Spouse/significant other§	72	37.7
	Family§	22	11.5
	Social Media§	6	3.1
	Colleague§	0	0.0
	Emergency Personnel§	3	1.6
	Helpline§	4	2.1
	Other§	3	1.6
	No	544	62.6
	<i>Data unavailable</i>	134	15.4

Continued >>

Table C7. Location of event, event method, and event context for all CY 2012 suicide attempt reports from all Services combined (cont.)

		Count	%
Self-inflicted injuries	Yes	409	47.1
	No	362	41.7
	<i>Data unavailable</i>	98	11.3
Death risk gambling	Yes	19	2.2
	No	777	89.4
	<i>Data unavailable</i>	73	8.4
Event planned	Yes	241	27.7
	No	436	50.2
	<i>Data unavailable</i>	192	22.1
Event observable	Yes	331	38.1
	No	416	47.9
	<i>Data unavailable</i>	122	14.0
Left suicide note	Yes	88	10.1
	No	688	79.2
	<i>Data unavailable</i>	93	10.7
Residence	Shared military living environment	359	41.3
	Bachelor quarters	21	2.4
	On-base family housing	47	5.4
	Private residence	309	35.6
	Ship	15	1.7
	Other	40	4.6
	<i>Data unavailable</i>	78	9.0
Married Service member residence	Not married	473	54.4
	Married, resides with spouse	196	22.6
	Married, not living together, relationship issues	82	9.4
	Married, not living together, other reasons	62	7.1
	<i>Data unavailable</i>	56	6.4
Service member resided alone	Yes	283	32.6
	No	480	55.2
	<i>Data unavailable</i>	106	12.2

Continued >>

Table C7. Location of event, event method, and event context for all CY 2012 suicide attempt reports from all Services combined (cont.)

		Count	%
Had minor children	Yes, live with Service member	147	16.9
	Yes, do not live with Service member	122	14.0
	No children	516	59.4
	<i>Data unavailable</i>	84	9.7
Firearm in immediate environment	Yes	87	10.0
	No	600	69.0
	<i>Data unavailable</i>	182	20.9
Duty environment at time of event‡	Permanent duty station	598	68.8
	Leave	20	2.3
	TDY	11	1.3
	AWOL	8	0.9
	Deployed	23	2.6
	Training	68	7.8
	Psychiatric Hospitalization	8	0.9
	Medical Hold	24	2.8
	Other	59	6.8
	Unknown	76	8.7

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 7](#)

Table C8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide attempt DoDSERs submitted from all Services combined

		Count	%
All		869	100.0
Behavioral health diagnosis	Yes	452	52.0
	No	357	41.1
Number of diagnoses	1§	227	50.2
	2§	130	28.8
Specific diagnoses	3§	53	11.7
	4 or more§	42	9.3
Mood disorder§	Mood disorder§	293	64.8
	Bipolar¶	25	8.5
Major depression¶	Major depression¶	176	60.1
	Dysthymic¶	29	9.9
Other mood disorder¶	Other mood disorder¶	94	32.1
	Unspecified mood disorder¶	23	7.8
Anxiety disorder§	Anxiety disorder§	195	43.1
	Posttraumatic stress¶	88	45.1
Panic¶	Panic¶	22	11.3
	Generalized anxiety¶	36	18.5
Acute stress¶	Acute stress¶	10	5.1
	Other anxiety disorder¶	65	33.3
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	25	12.8
	Personality disorder§	60	13.3
Psychotic disorder§	Psychotic disorder§	8	1.8
	Adjustment disorder§	204	45.1
Traumatic brain injury§	Traumatic brain injury§	42	9.3
	No	357	41.1
Data unavailable	Data unavailable	60	6.9
Sleep disorder	Yes	87	10.0
	No	691	79.5
Data unavailable	Data unavailable	91	10.5
History of substance abuse	Yes	248	28.5
	No	518	59.6
Data unavailable	Data unavailable	103	11.9
Family history of behavioral health conditions	Yes	240	27.6
	No	477	54.9
Data unavailable	Data unavailable	152	17.5

Continued >>

Table C8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide attempt DoDSERs submitted from all Services combined (cont.)

		Count	%
History of prior self-injury	Yes	236	27.2
	Number of prior self injuries		
	One prior event§	104	44.1
	More than one prior event§	130	55.1
	Event similar to prior self injury		
	Yes§	133	56.4
	No	535	61.6
	Data unavailable	98	11.3
Physical health problem, last 90 days	Yes	114	13.1
	No	671	77.2
	Data unavailable	84	9.7
Accession of medical/support services, last 90 days	Yes	588	67.7
	Military Treatment Facility§	446	75.9
	Substance Abuse Services§	118	20.1
	Family Advocacy Program§	47	8.0
	Chaplain Services§	72	12.2
	Outpatient behavioral health§	399	67.9
	Inpatient behavioral health§	116	19.7
	No	236	27.2
	Data unavailable	45	5.2
Ever taken psychotropic medications	Yes	335	38.6
	No	454	52.2
	Data unavailable	80	9.2
Use of psychotropic medications, last 90 days	Yes	269	31.0
	Antidepressants§	233	86.6
	Anxiolytics§	118	43.9
	Antimanics§	11	4.1
	Anticonvulsants§	16	5.9
	Antipsychotics§	29	10.8
	Sleep medications§	149	55.4
	No	519	59.7
	Data unavailable	81	9.3
Pain medication at time of the event	Yes	161	18.5
	No	575	66.2
	Data unavailable	133	15.3

Continued >>

Table C8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 suicide attempt DoDSERs submitted from all Services combined (cont.)

		Count	%
Polypharmacy at time of the event	Yes	76	8.7
	No	649	74.7
	<i>Data unavailable</i>	144	16.6

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 8](#)

Table C9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 suicide attempt DoDSERs submitted from all Services combined

		Count	%
All		869	100.0
Any family or relationship stressors, last 90 days	Yes	377	43.4
	Failed intimate relationship§	305	80.9
	Failed non-intimate relationship§	81	21.5
	Death of spouse or family member§	20	5.3
	Death of friend§	23	6.1
	Family/spouse illness§	47	12.5
	No	431	49.6
	Data unavailable	61	7.0
History of suicide of friend or family members	Yes	106	12.2
	Spouse suicide§	0	0.0
	Family suicide§	52	49.1
	Friend suicide§	64	60.4
	No	695	80.0
	Data unavailable	68	7.8
History of administrative/legal issues, last 90 days	Yes	270	31.1
	Courts martial proceedings§	28	10.4
	Article 15/Non-judicial punishment§	118	43.7
	Administrative separation§	71	26.3
	AWOL§	35	13.0
	Medical evaluation board§	70	25.9
	Civil legal problems§	58	21.5
	Non-selection for promotion§	17	6.3
	No	542	62.4
	Data unavailable	57	6.6
Any financial or workplace difficulties, last 90 days	Yes	333	38.3
	Excessive debt or bankruptcy§	66	19.8
	Job problems§	251	75.4
	Supervisor/coworker issues§	184	55.3
	Poor performance review§	92	27.6
	Unit/workplace hazing§	25	7.5
	No	435	50.1
	Data unavailable	101	11.6

Continued >>

Table C9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 suicide attempt DoDSERs submitted from all Services combined (cont.)

		Count	%
Abuse victimization history	Yes	267	30.7
	Physical abuse§	156	58.4
	Sexual abuse§	127	47.6
	Emotional abuse§	186	69.7
	Sexual harassment§	34	12.7
	No	514	59.1
	Data unavailable	88	10.1
Abuse perpetration history	Yes	84	9.7
	Physical abuse§	62	73.8
	Sexual abuse§	14	16.7
	Emotional abuse§	23	27.4
	Sexual harassment§	6	7.1
	No	686	78.9
	Data unavailable	99	11.4

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

Referenced page 8

Table C10. Deployment and direct combat history for all CY 2012 suicide attempt DoDSERs submitted from all Services combined

		Count	%
All		869	100.0
History of deployment	Yes	378	43.5
Number of deployments	1§	208	55.0
	2§	97	25.7
	3 or more§	73	19.3
	No	491	56.5
Ever deployed OEF/OIF/OND	Yes	312	35.9
	Iraq§	182	58.3
	Afghanistan§	174	55.8
	Kuwait§	22	7.1
	No	557	64.1
Events in theater	Afghanistan	8	0.9
	Kuwait	2	0.2
	Shipboard	2	0.2
	Other location	3	0.3
	Not OEF/OIF/OND deployed at time of event	854	98.3
History of direct combat	Yes	104	12.0
	Wounded others combat§	75	72.1
	Service member wounded in combat§	26	25.0
	Witnessed killing§	75	72.1
	Saw bodies of other soldiers§	73	70.2
	Killed others in combat§	42	40.4
	No	163	18.8
	Not applicable	491	56.5
	<i>Data unavailable</i>	111	12.8

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

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Appendix D

AIR FORCE TABLES



Table D1. Demographic characteristics of Air Force suicide DoDSERs submitted for CY 2012

		Count	%
All		57 [¶]	100.0
Sex	Male	51	89.5
	Female	6	10.5
Race	American Indian/Alaskan Native	2	3.5
	Asian/Pacific Islander	3	5.3
	Black/African American	1	1.8
	White/Caucasian	47	82.5
	Other/Unknown	4	7.0
Ethnicity	Hispanic	2	3.5
	Non-Hispanic	42	73.7
	Unknown	13	22.8
Age Range	17 - 24	26	45.6
	25 - 29	13	22.8
	30 - 34	6	10.5
	35 - 39	6	10.5
	40 - 44	3	5.3
	45 - 74	3	5.3
	<i>Data unavailable</i>	0	0.0
Rank	Cadet/Midshipmen	2	3.5
	E1-E4	25	43.9
	E5-E9	25	43.9
	Officer	4	7.0
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	1	1.8

Continued >>

Table D1. Demographic characteristics of Air Force suicide DoDSERs submitted for CY 2012 (cont.)

		Count	%
Component	Active	49	86.0
	Reserve	8	14.0
	Other	0	0.0
Education	Some high school, did not graduate	1	1.8
	Alternative high school certification	0	0.0
	High school graduate	10	17.5
	Some college, no degree	22	38.6
	Degree, <4 years	5	8.8
	4-year degree	7	12.3
	Masters degree or greater	0	0.0
	Unknown	12	21.1
Marital Status	Never married	29	50.9
	Married	22	38.6
	Legally separated	0	0.0
	Divorced	5	8.8
	Widowed	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	1	1.8

¶ This number includes DoDSERs submitted for Service members who were part of the Active component and the Reserve component in an Active status at the time of the event. Only suicides confirmed by AFMES by 31 January 2013 were required to be submitted by 31 March 2013 for inclusion in this report.

[Referenced page 12](#)

Table D2. Location of event, event method, and event context for all CY 2012 Air Force suicide DoDSERs

		Count	%
All		57	100.0
Geographic location	United States	53	93.0
	Afghanistan	0	0.0
	Kuwait	0	0.0
	Korea	1	1.8
	Other Europe	0	0.0
	Japan	2	3.5
	Germany	1	1.8
	At sea	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	0	0.0
Event setting	Residence (own) or barracks	40	70.2
	Residence of friend or family	0	0.0
	Work/jobsite	3	5.3
	Automobile (away from residence)	3	5.3
	Inpatient medical/behavioral health	0	0.0
	Hotel	3	5.3
	Jail/Military control	0	0.0
	Other	8	14.0
	<i>Data unavailable</i>	0	0.0
Event method (AFMES)	Asphyxiation	13	22.8
	Cutting/Piercing	0	0.0
	Drowning	0	0.0
	Drugs/Alcohol	0	0.0
	Fall/Jump	1	1.8
	Gunshot	41	71.9
	Military issued firearm§	3	7.3
	Non-military issued firearm§	36	87.8
	Firearm of unknown source§	2	4.9
	Poisoning	2	3.5
	Motor vehicle	0	0.0
	<i>Data unavailable</i>	0	0.0
Alcohol used during event (AFMES)	Yes	19	33.3
	No	24	42.1
	<i>Data unavailable</i>	14	24.6

Continued >>

Table D2. Location of event, event method, and event context for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
Drugs used during event (AFMES)	Yes	12	21.1
	Illicit drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	0	0.0
	Inhalants		
	Used, cause of death§	0	0.0
	Used, not cause of death§	0	0.0
	Prescription drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	7	58.3
OTC drugs	Used, cause of death§	1	8.3
	Used, not cause of death§	6	50.0
	No	8	14.0
	Data unavailable	37	64.9
Alcohol and drugs used during event (AFMES)	Yes	7	12.3
	No	29	50.9
	Data unavailable	21	36.8
Communicated potential for self-harm	Yes	13	22.8
	Mode		
	Written§	1	7.7
	Verbal§	11	84.6
	Electronic§	4	30.8
	Other§	0	0.0
	Number of types of recipients		
	1§	10	76.9
	2§	3	23.1
	3§	0	0.0
	4 or more§	0	0.0
	Recipients		
	Supervisor§	1	7.7
	Chaplain§	0	0.0
	Mental Health Staff§	3	23.1
	Friend§	4	30.8
	Spouse/significant other§	6	46.2
	Family§	2	15.4
	Social Media§	0	0.0
	Colleague§	0	0.0
	Emergency Personnel§	0	0.0
	Helpline§	0	0.0
	Other§	0	0.0
	No	36	63.2
	Data unavailable	8	14.0

Continued >>

Table D2. Location of event, event method, and event context for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
Death risk gambling	Yes	1	1.8
	No	51	89.5
	<i>Data unavailable</i>	5	8.8
Event planned	Yes	26	45.6
	No	13	22.8
	<i>Data unavailable</i>	18	31.6
Event observable	Yes	13	22.8
	No	40	70.2
	<i>Data unavailable</i>	4	7.0
Left suicide note	Yes	19	33.3
	No	26	45.6
	<i>Data unavailable</i>	12	21.1
Residence	Shared military living environment	12	21.1
	Bachelor quarters	0	0.0
	On-base family housing	3	5.3
	Private residence	38	66.7
	Ship	0	0.0
	Other	3	5.3
	<i>Data unavailable</i>	1	1.8
Married Service member residence	Not married	34	59.6
	Married, resides with spouse	12	21.1
	Married, not living together, relationship issues	8	14.0
	Married, not living together, other reasons	2	3.5
	<i>Data unavailable</i>	1	1.8
Service member resided alone	Yes	26	45.6
	No	28	49.1
	<i>Data unavailable</i>	3	5.3
Had minor children	Yes, lived with SM	11	19.3
	Yes, did not live with SM	7	12.3
	No children	37	64.9
	<i>Data unavailable</i>	2	3.5

Continued >>

Table D2. Location of event, event method, and event context for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
Firearm in immediate environment	Yes	32	56.1
	No	19	33.3
	<i>Data unavailable</i>	6	10.5
Duty environment at time of event*	Permanent duty station	41	71.9
	Leave	7	12.3
	TDY	0	0.0
	AWOL	2	3.5
	Deployed	0	0.0
	Training	2	3.5
	Psychiatric Hospitalization	0	0.0
	Medical Hold	0	0.0
	Other	3	5.3
	Unknown	4	7.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 12](#)

Table D3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide DoDSERs

		Count	%
All		57	100.0
Behavioral health diagnosis	Yes	17	29.9
	No	39	68.4
Number of diagnoses	1§	12	70.6
	2§	4	23.5
Specific diagnoses	3§	0	0.0
	4 or more§	1	5.9
Mood disorder§	Mood disorder§	6	35.3
	Bipolar¶	0	0.0
Major depression¶	Major depression¶	4	66.7
	Dysthymic¶	0	0.0
Other mood disorder¶	Other mood disorder¶	1	16.7
	Unspecified mood disorder¶	1	16.7
Anxiety disorder§	Anxiety disorder§	8	47.1
	Posttraumatic stress¶	0	0.0
Panic¶	Panic¶	0	0.0
	Generalized anxiety¶	3	37.5
Acute stress¶	Acute stress¶	1	12.5
	Other anxiety disorder¶	4	50.0
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	1	12.5
	Personality disorder§	1	5.9
Psychotic disorder§	Psychotic disorder§	0	0.0
	Adjustment disorder§	10	58.8
Traumatic brain injury§	Traumatic brain injury§	0	0.0
	No	39	68.4
Data unavailable		1	1.8
Sleep disorder	Yes	4	7.0
	No	52	91.2
Data unavailable		1	1.8
History of substance abuse	Yes	12	21.1
	No	38	66.7
Data unavailable		7	12.3
Family history of behavioral health conditions	Yes	6	10.5
	No	22	38.6
Data unavailable		29	50.9

Continued >>

Table D3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	5	8.8
	Number of prior self injuries		
	One prior event§	4	80.0
	More than one prior event§	1	20.0
	Event similar to prior self injury		
	Yes§	3	60.0
	No	41	71.9
	Data unavailable	11	19.3
Physical health problem, last 90 days	Yes	8	14.0
	No	39	68.4
	Data unavailable	10	17.5
Accession of medical/support services, last 90 days	Yes	34	59.6
	Military Treatment Facility§	33	97.1
	Substance Abuse Services§	5	14.7
	Family Advocacy Program§	6	17.6
	Chaplain Services§	1	2.9
	Outpatient behavioral health§	12	35.3
	Inpatient behavioral health§	1	2.9
	No	22	38.6
	Data unavailable	1	1.8
Ever taken psychotropic medications	Yes	13	22.8
	No	36	63.2
	Data unavailable	8	14.0
Use of psychotropic medications, last 90 days	Yes	6	10.5
	Antidepressants§	4	66.7
	Anxiolytics§	4	66.7
	Antimanics§	0	0.0
	Anticonvulsants§	1	16.7
	Antipsychotics§	0	0.0
	Sleep medications§	2	33.3
	No	43	75.4
	Data unavailable	8	14.0
Pain medication at time of the event	Yes	3	5.3
	No	39	68.4
	Data unavailable	15	26.3

Continued >>

Table D3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	0	0.0
	No	45	78.9
	<i>Data unavailable</i>	12	21.1

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 13](#)

Table D4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Air Force suicide DoDSERs

		Count	%
All		57	100.0
Any family or relationship stressors, last 90 days	Yes	18	31.6
	Failed intimate relationship§	15	83.3
	Failed non-intimate relationship§	6	33.3
	Death of spouse or family member§	0	0.0
	Death of friend§	0	0.0
	Family/spouse illness§	4	22.2
	No	31	54.4
	Data unavailable	8	14.0
History of suicide of friend or family members	Yes	11	19.3
	Spouse suicide§	0	0.0
	Family suicide§	6	54.5
	Friend suicide§	5	45.5
	No	40	70.2
	Data unavailable	6	10.5
History of administrative/legal issues, last 90 days	Yes	18	31.6
	Courts martial proceedings§	1	5.6
	Article 15/Non-judicial punishment§	4	22.2
	Administrative separation§	5	27.8
	AWOL§	4	22.2
	Medical evaluation board§	1	5.6
	Civil legal problems§	5	27.8
	Non-selection for promotion§	3	16.7
	No	35	61.4
	Data unavailable	4	7.0
Any financial or workplace difficulties, last 90 days	Yes	25	43.9
	Excessive debt or bankruptcy§	5	20.0
	Job problems§	11	44.0
	Supervisor/coworker issues§	9	36.0
	Poor performance review§	7	28.0
	Unit/workplace hazing§	1	4.0
	No	26	45.6
	Data unavailable	6	10.5

Continued >>

Table D4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Air Force suicide DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	10	17.5
	Physical abuse§	8	80.0
	Sexual abuse§	2	20.0
	Emotional abuse§	6	60.0
	Sexual harassment§	0	0.0
	No	36	63.2
	<i>Data unavailable</i>	11	19.3
Abuse perpetration history	Yes	5	8.8
	Physical abuse§	5	100.0
	Sexual abuse§	0	0.0
	Emotional abuse§	2	40.0
	Sexual harassment§	0	0.0
	No	41	71.9
	<i>Data unavailable</i>	11	19.3

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

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Table D5. Deployment and direct combat history for all CY 2012 Air Force suicide DoDSERs

		Count	%
All		57	100.0
History of deployments	Yes	27	47.4
Number of deployments	1§	15	55.6
	2§	6	22.2
	3 or more§	6	22.2
	No	29	50.9
	Data unavailable	1	1.8
Ever deployed OEF/OIF/OND	Yes	17	29.8
	Iraq§	11	64.7
	Afghanistan§	8	47.1
	Kuwait§	2	11.8
	No	39	68.4
	Data unavailable	1	1.8
Events in theater	Afghanistan	0	0.0
	Kuwait	0	0.0
	Other location	0	0.0
	Not OEF/OIF/OND deployed at time of event	57	100.0
History of direct combat	Yes	2	3.5
	Wounded others combat§	0	0.0
	Service member wounded in combat§	0	0.0
	Witnessed killing§	0	0.0
	Saw bodies of other soldiers§	0	0.0
	Killed others in combat§	0	0.0
	No	14	24.6
	Not applicable	29	50.9
	Data unavailable	12	21.1

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 14](#)

Table D6. Demographic characteristics of all CY 2012 Air Force suicide attempt DoDSERs

		Count	%
All		229	100.0
Sex	Male	157	68.6
	Female	72	31.4
Race	American Indian/Alaskan Native	1	0.4
	Asian/Pacific Islander	10	4.4
	Black/African American	49	21.4
	White/Caucasian	159	69.4
	Other/Unknown	10	4.4
Ethnicity	Hispanic	20	8.7
	Non-Hispanic	190	83.0
	Unknown	19	8.3
Age Range	17 - 24	133	58.1
	25 - 29	51	22.3
	30 - 34	21	9.2
	35 - 39	10	4.4
	40 - 44	11	4.8
	45 - 74	2	0.9
	<i>Data unavailable</i>	1	0.4
Rank	Cadet/Midshipmen	2	0.9
	E1-E4	154	67.2
	E5-E9	63	27.5
	Officer	9	3.9
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	1	0.4

Continued >>

Table D6. Demographic characteristics of all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Component	Active	221	96.5
	Reserve	5	2.2
	Other	3	1.3
Education	Some high school, did not graduate	2	0.9
	Alternative high school certification	0	0.0
	High school graduate	88	38.4
	Some college, no degree	99	43.2
	Degree, <4 years	16	7.0
	4-year degree	10	4.4
	Masters degree or greater	3	1.3
	Unknown	11	4.8
Marital Status	Never married	111	48.5
	Married	88	38.4
	Legally separated	3	1.3
	Divorced	24	10.5
	Widowed	1	0.4
	Other	1	0.4
	<i>Data unavailable</i>	<i>1</i>	<i>0.4</i>

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Table D7. Location of event, event method, and event context for all CY 2012 Air Force suicide attempt DoDSERs

		Count	%
All		229	100.0
Geographic location	United States	179	78.2
	Afghanistan	3	1.3
	Kuwait	0	0.0
	Korea	5	2.2
	Other Europe	9	3.9
	Japan	13	5.7
	Germany	10	4.4
	At sea	0	0.0
	Other	6	2.6
	<i>Data unavailable</i>	4	1.7
Event setting	Residence (own) or barracks	190	83.0
	Residence of friend or family	6	2.6
	Work/jobsite	3	1.3
	Automobile (away from residence)	12	5.2
	Inpatient medical/behavioral health	2	0.9
	Outpatient medical/behavioral health	0	0.0
	Emergency room	0	0.0
	Hotel	4	1.7
	Jail/Military control	0	0.0
	Other	10	4.4
	<i>Data unavailable</i>	2	0.9
Event method	Drugs	138	60.3
	Alcohol	9	3.9
	Gas, vehicle exhaust	4	1.7
	Gas, utility (or other)	0	0.0
	Chemicals	5	2.2
	Hanging	19	8.3
	Drowning	0	0.0
	Firearm, military issued	3	1.3
	Firearm, not military issued	9	3.9
	Fire/steam	0	0.0
	Sharp/blunt object	29	12.7
	Jumping from high place	2	0.9
	Lying in front of a moving object	2	0.9
	Crashing a motor vehicle	3	1.3
	Other	2	0.9
	<i>Data unavailable</i>	4	1.7

Continued >>

Table D7. Location of event, event method, and event context for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Alcohol used during event	Yes	86	37.6
	No	132	57.6
	<i>Data unavailable</i>	11	4.8
Drugs used during event	Yes	148	64.6
	Illicit drugs		
	Used, overdose§	7	4.7
	Used, no overdose§	1	0.7
	Prescription drugs		
	Used, overdose§	89	60.1
	Used, no overdose§	11	7.4
	OTC drugs		
	Used, overdose§	41	27.7
	Used, no overdose§	12	8.1
	No	74	32.3
	<i>Data unavailable</i>	7	3.1
Both alcohol and drugs used	Yes	60	26.2
	No	157	68.6
	<i>Data unavailable</i>	12	5.2
Communicated potential for self-harm	Yes	57	24.9
	Mode		
	Written§	1	1.8
	Verbal§	40	70.2
	Electronic§	20	35.1
	Other§	1	1.8
	Number of types of recipients		
	1§	40	70.2
	2§	13	22.8
	3§	1	1.8
	4 or more§	1	1.8
	Recipient		
	Supervisor§	7	12.3
	Chaplain§	0	0.0
	Mental Health Staff§	8	14.0
	Friend§	22	38.6
	Spouse/significant other§	25	43.9
	Family§	5	8.8
	Social Media§	3	5.3
	Colleague§	0	0.0
	Emergency Personnel§	1	1.8
	Helpline§	2	3.5
	Other§	0	0.0
	No	154	67.2
	<i>Data unavailable</i>	18	7.9

Continued >>

Table D7. Location of event, event method, and event context for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Self-inflicted injuries	Yes	112	48.9
	No	106	46.3
	<i>Data unavailable</i>	11	4.8
Death risk gambling	Yes	5	2.2
	No	212	92.6
	<i>Data unavailable</i>	12	5.2
Event planned	Yes	67	29.3
	No	128	55.9
	<i>Data unavailable</i>	34	14.8
Event observable	Yes	81	35.4
	No	133	58.1
	<i>Data unavailable</i>	15	6.6
Left suicide note	Yes	33	14.4
	No	181	79.0
	<i>Data unavailable</i>	15	6.6
Residence	Shared military living environment	73	31.9
	Bachelor quarters	10	4.4
	On-base family housing	9	3.9
	Private residence	114	49.8
	Ship	0	0.0
	Other	14	6.1
	<i>Data unavailable</i>	9	3.9
Married Service member residence	Not married	140	61.1
	Married, resides with spouse	50	21.8
	Married, not living together, relationship issues	17	7.4
	Married, not living together, other reasons	18	7.9
	<i>Data unavailable</i>	4	1.7
Service member resided alone	Yes	110	48.0
	No	103	45.0
	<i>Data unavailable</i>	16	7.0

Continued >>

Table D7. Location of event, event method, and event context for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Had minor children	Yes, live with Service member	38	16.6
	Yes, do not live with Service member	28	12.2
	No children	155	67.7
	<i>Data unavailable</i>	8	3.5
Firearm in immediate environment	Yes	31	13.5
	No	178	77.7
	<i>Data unavailable</i>	20	8.7
Duty environment at time of event*	Permanent duty station	186	81.2
	Leave	6	2.6
	TDY	3	1.3
	AWOL	2	0.9
	Deployed	7	3.1
	Training	10	4.4
	Psychiatric Hospitalization	3	1.3
	Medical Hold	4	1.7
	Other	12	5.2
	Unknown	8	3.5

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

*Some DoDSERs reported more than one environment.

[Referenced page 15](#)

Table D8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide attempt DoDSERs

		Count	%
All		229	100.0
Behavioral health diagnosis	Yes	128	55.9
	No	98	42.8
Number of diagnoses	1§	58	45.3
	2§	41	32.0
Specific diagnoses	3§	17	13.3
	4 or more§	12	9.4
Mood disorder§	Mood disorder§	90	70.3
	Bipolar¶	11	12.2
Major depression¶	Major depression¶	50	55.6
	Dysthymic¶	8	8.9
Other mood disorder¶	Other mood disorder¶	31	34.4
	Unspecified mood disorder¶	7	7.8
Anxiety disorder§	Anxiety disorder§	57	40.4
	Posttraumatic stress¶	20	35.1
Panic¶	Panic¶	6	10.5
	Generalized anxiety¶	9	15.8
Acute stress¶	Acute stress¶	0	0.0
	Other anxiety disorder¶	21	36.8
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	10	17.5
Personality disorder§	Personality disorder§	20	15.6
	Psychotic disorder§	2	1.6
Adjustment disorder§	Adjustment disorder§	62	48.4
	Traumatic brain injury§	5	3.9
No	No	98	42.8
	Data unavailable	3	1.3
Sleep disorder	Yes	17	7.4
	No	205	89.5
Data unavailable	Data unavailable	7	3.1
History of substance abuse	Yes	52	22.7
	No	168	73.4
Data unavailable	Data unavailable	9	3.9
Family history of behavioral health conditions	Yes	77	33.6
	No	120	52.4
Data unavailable	Data unavailable	32	14.0

Continued >>

Table D8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	62	27.1
	Number of prior self injuries		
	One prior event§	31	50.0
	More than one prior event§	31	50.0
	Event similar to prior self injury		
	Yes§	36	58.1
	No	153	66.8
	Data unavailable	14	6.1
Physical health problem, last 90 days	Yes	47	20.5
	No	170	74.2
	Data unavailable	12	5.2
Accession of medical/support services, last 90 days	Yes	179	78.2
	Military Treatment Facility§	157	87.7
	Substance Abuse Services§	38	21.2
	Family Advocacy Program§	19	10.6
	Chaplain Services§	16	8.9
	Outpatient behavioral health§	113	63.1
	Inpatient behavioral health§	30	16.8
	No	48	21
	Data unavailable	2	0.9
Ever taken psychotropic medications	Yes	106	46.3
	No	116	50.7
	Data unavailable	7	3.1
Use of psychotropic medications, last 90 days	Yes	87	38.0
	Antidepressants§	76	87.4
	Anxiolytics§	44	50.6
	Antimanics§	3	3.4
	Anticonvulsants§	3	3.4
	Antipsychotics§	14	16.1
	Sleep medications§	49	56.3
	No	135	59.0
	Data unavailable	7	3.1
Pain medication at time of the event	Yes	52	22.7
	No	166	72.5
	Data unavailable	11	4.8

Continued >>

Table D8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	19	8.3
	No	187	81.7
	<i>Data unavailable</i>	23	10.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 16](#)

Table D9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Air Force suicide attempt DoDSERs

		Count	%
All		229	100.0
Any family or relationship stressors, last 90 days	Yes	103	45.0
	Failed intimate relationship§	87	84.5
	Failed non-intimate relationship§	29	28.2
	Death of spouse or family member§	3	2.9
	Death of friend§	1	1.0
	Family/spouse illness§	15	14.6
	No	119	52.0
	Data unavailable	7	3.1
History of suicide of friend or family members	Yes	38	16.6
	Spouse suicide§	0	0.0
	Family suicide§	16	42.1
	Friend suicide§	24	63.2
	No	184	80.3
	Data unavailable	7	3.1
History of administrative/legal issues, last 90 days	Yes	70	30.6
	Courts martial proceedings§	5	7.1
	Article 15/Non-judicial punishment§	25	35.7
	Administrative separation§	13	18.6
	AWOL§	4	5.7
	Medical evaluation board§	29	41.4
	Civil legal problems§	19	27.1
	Non-selection for promotion§	4	5.7
	No	156	68.1
	Data unavailable	3	1.3
Any financial or workplace difficulties, last 90 days	Yes	104	45.4
	Excessive debt or bankruptcy§	19	18.3
	Job problems§	86	82.7
	Supervisor/coworker issues§	55	52.9
	Poor performance review§	30	28.8
	Unit/workplace hazing§	6	5.8
	No	114	49.8
	Data unavailable	11	4.8

Continued >>

Table D9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Air Force suicide attempt DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	78	34.1
	Physical abuse§	46	59.0
	Sexual abuse§	38	48.7
	Emotional abuse§	56	71.8
	Sexual harassment§	12	15.4
	No	139	60.7
	<i>Data unavailable</i>	12	5.2
Abuse perpetration history	Yes	22	9.6
	Physical abuse§	15	68.2
	Sexual abuse§	4	18.2
	Emotional abuse§	10	45.5
	Sexual harassment§	0	0.0
	No	193	84.3
	<i>Data unavailable</i>	14	6.1

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 16](#)

Table D10. Deployment and direct combat history for all CY 2012 Air Force suicide attempt DoDSERs

		Count	%
All		229	100.0
History of deployment	Yes	83	36.2
Number of deployments	1§	49	59.0
	2§	13	15.7
	3 or more§	21	25.3
	No	146	63.8
Ever deployed OEF/OIF/OND	Yes	53	23.1
	Iraq§	24	45.3
	Afghanistan§	28	52.8
	Kuwait§	13	24.5
	No	176	76.9
Events in theater	Afghanistan	3	1.3
	Kuwait	0	0.0
	Other location	2	0.9
	Not OEF/OIF/OND deployed at time of event	224	97.8
History of direct combat	Yes	15	6.6
	Wounded others combat§	6	40.0
	Service member wounded in combat§	3	20.0
	Witnessed killing§	10	66.7
	Saw bodies of other soldiers§	9	60.0
	Killed others in combat§	2	13.3
	No	57	24.9
	Not applicable	146	63.8
	Data unavailable	11	4.8

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 17](#)

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Appendix E

ARMY TABLES



Table E1. Demographic characteristics of Army suicide DoDSERs submitted for CY 2012

		Count	%
All		155 [¶]	100.0
Sex	Male	145	93.5
	Female	10	6.5
Race	American Indian/Alaskan Native	1	0.6
	Asian/Pacific Islander	1	0.6
	Black/African American	22	14.2
	White/Caucasian	104	67.1
	Other/Unknown	27	17.4
Ethnicity	Hispanic	8	5.2
	Non-Hispanic	97	62.6
	Unknown	50	32.3
Age Range	17 - 24	51	32.9
	25 - 29	44	28.4
	30 - 34	26	16.8
	35 - 39	21	13.5
	40 - 44	9	5.8
	45 - 74	4	2.6
	<i>Data unavailable</i>		
Rank	Cadet/Midshipmen	0	0.0
	E1-E4	78	50.3
	E5-E9	58	37.4
	Officer	14	9.0
	Warrant Officer	4	2.6
	<i>Data unavailable</i>	1	0.6
Component	Active	143	92.3
	Reserve	12	7.7
	Other	0	0.0

Continued >>

Table E1. Demographic characteristics of Army suicide DoDSERs submitted for CY 2012 (cont.)

		Count	%
Education	Some high school, did not graduate	0	0.0
	Alternative high school certification	9	5.8
	High school graduate	54	34.8
	Some college, no degree	24	15.5
	Degree, <4 years	6	3.9
	4-year degree	11	7.1
	Masters degree or greater	3	1.9
	Unknown	48	31.0
Marital Status	Never married	36	23.2
	Married	85	54.8
	Legally separated	4	2.6
	Divorced	17	11.0
	Widowed	0	0.0
	Other	10	6.5
	<i>Data unavailable</i>	3	2.8

¶ This number includes DoDSERs submitted for Service members who were part of the Active component and the Reserve component in an Active status at the time of the event. Only suicides confirmed by AFMES by 31 January 2013 were required to be submitted by 31 March 2013 for inclusion in this report.

[Referenced page 20](#)

Table E2. Location of event, event method, and event context for all CY 2012 Army suicide DoDSERs

		Count	%
All		155	100.0
Geographic location	United States	126	81.3
	Afghanistan	17	11.0
	Kuwait	2	1.3
	Korea	1	0.6
	Other Europe	0	0.0
	Japan	0	0.0
	Germany	3	1.9
	At sea	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	6	3.9
Event setting	Residence (own) or barracks	92	59.4
	Residence of friend or family	14	9.0
	Work/jobsite	10	6.5
	Automobile (away from residence)	11	7.1
	Inpatient medical/behavioral health	0	0.0
	Hotel	7	4.5
	Jail/Military control	1	0.6
	Other	14	9.0
	<i>Data unavailable</i>	6	3.9
Event method (AFMES)	Asphyxiation	44	28.4
	Cutting/Piercing	1	0.6
	Drowning	1	0.6
	Drugs/Alcohol	9	5.8
	Fall/Jump	1	0.6
	Gunshot	94	60.6
	Military issued firearm§	22	23.4
	Non-military issued firearm§	61	64.9
	Firearm of unknown source§	11	11.7
	Poisoning	2	1.3
	Motor vehicle	3	1.9
	<i>Data unavailable</i>	0	0.0
Alcohol used during event (AFMES)	Yes	46	29.7
	No	94	60.6
	<i>Data unavailable</i>	15	9.7

Continued >>

Table E2. Location of event, event method, and event context during event for all CY 2012 Army suicide DoDSERs (cont.)

		Count	%
Drugs used during event (AFMES)	Yes	50	32.3
	Illicit drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	5	10.0
	Inhalants		
	Used, cause of death§	1	2.0
	Used, not cause of death§	0	0.0
	Prescription drugs		
	Used, cause of death§	6	12.0
	Used, not cause of death§	32	64.0
OTC drugs	Used, cause of death§	3	6.0
	Used, not cause of death§	14	28.0
	No	53	34.2
	Data unavailable	52	33.5
Alcohol and drugs used during event (AFMES)	Yes	16	10.3
	No	110	71.0
	Data unavailable	29	9.7
Communicated potential for self-harm	Yes	46	29.7
	Mode		
	Written§	2	4.3
	Verbal§	34	73.9
	Electronic§	13	28.3
	Other§	0	0.0
	Number of types of recipients		
	1§	32	69.6
	2§	10	21.7
	3§	1	2.2
	4 or more§	1	2.2
	Recipients		
	Supervisor§	8	17.4
	Chaplain§	2	4.3
	Mental Health Staff§	8	17.4
	Friend§	13	28.3
	Spouse/significant other§	23	50.0
	Family§	1	2.2
	Social Media§	0	0.0
	Colleague§	0	0.0
	Emergency Personnel§	2	4.3
	Helpline§	0	0.0
	Other§	2	4.3
	No	56	36.1
	Data unavailable	53	34.2

Continued >>

Table E2. Location of event, event method, and event context for all CY 2012 Army suicide DoDSERs (cont.)

		Count	%
Death risk gambling	Yes	2	1.3
	No	105	67.7
	<i>Data unavailable</i>	48	31.0
Event planned	Yes	51	32.9
	No	33	21.3
	<i>Data unavailable</i>	71	45.8
Event observable	Yes	33	21.3
	No	81	52.3
	<i>Data unavailable</i>	41	26.5
Left suicide note	Yes	28	18.1
	No	65	41.9
	<i>Data unavailable</i>	62	40.0
Residence	Shared military living environment	46	29.7
	Bachelor quarters	0	0.0
	On-base family housing	13	8.4
	Private residence	64	41.3
	Shipboard	0	0.0
	Other	13	8.4
	<i>Data unavailable</i>	19	12.3
Married Service member residence	Not married	60	38.7
	Married, resides with spouse	45	29.0
	Married, not living together, relationship issues	23	14.8
	Married, not living together, other reasons	9	5.8
	<i>Data unavailable</i>	18	11.6
Service member resided alone	Yes	36	23.2
	No	87	56.1
	<i>Data unavailable</i>	32	20.6
Had minor children	Yes, lived with SM	25	16.1
	Yes, did not live with SM	33	21.3
	No children	53	34.2
	<i>Data unavailable</i>	44	28.4

Continued >>

Table E2. Location of event, event method, and event context for all CY 2012 Army suicide DoDSERs (cont.)

		Count	%
Firearm in immediate environment	Yes	74	47.7
	No	18	11.6
	<i>Data unavailable</i>	63	40.6
Duty environment at time of event*	Permanent duty station	107	69.0
	Leave	7	4.5
	TDY	0	0.0
	AWOL	4	2.6
	Deployed	19	12.3
	Training	2	1.3
	Psychiatric Hospitalization	0	0.0
	Medical Hold	5	3.2
	Other	15	9.7
	Unknown	13	8.4

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 20](#)

Table E3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Army suicide DoDSERs

		Count	%
All		155	100.0
Behavioral health diagnosis	Yes	83	53.6
	No	72	46.4
Number of diagnoses	1§	46	55.4
	2§	18	21.7
Specific diagnoses	3§	9	10.8
	4 or more§	10	12.0
Mood disorder§	Mood disorder§	38	45.8
	Bipolar¶	2	5.3
Major depression¶	Major depression¶	23	60.5
	Dysthymic¶	7	18.4
Other mood disorder¶	Other mood disorder¶	17	44.7
	Unspecified mood disorder¶	1	2.6
Anxiety disorder§	Anxiety disorder§	31	37.3
	Posttraumatic stress¶	13	41.9
Panic¶	Panic¶	5	16.1
	Generalized anxiety¶	5	16.1
Acute stress¶	Acute stress¶	1	3.2
	Other anxiety disorder¶	13	41.9
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	1	3.2
	Personality disorder§	7	8.4
Psychotic disorder§	Psychotic disorder§	0	0.0
	Adjustment disorder§	58	69.9
Traumatic brain injury§	Traumatic brain injury§	9	10.8
	No	56	36.1
Data unavailable	Data unavailable	16	10.3
Sleep disorder	Yes	32	20.6
	No	101	65.2
Data unavailable	Data unavailable	22	14.2
History of substance abuse	Yes	36	23.2
	No	74	47.7
Data unavailable	Data unavailable	45	29.0
Family history of behavioral health conditions	Yes	18	11.6
	No	48	31.0
Data unavailable	Data unavailable	89	57.4

Continued >>

Table E3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Army suicide DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	21	13.5
	Number of prior self injuries		
	One prior event§	9	42.9
	More than one prior event§	12	57.1
	Event similar to prior self injury		
	Yes§	9	42.9
	No	84	54.2
	Data unavailable	50	32.3
Physical health problem, last 90 days	Yes	28	18.1
	No	74	47.7
	Data unavailable	53	34.2
Accession of medical/support services, last 90 days	Yes	102	65.8
	Military Treatment Facility§	92	90.2
	Substance Abuse Services§	12	11.8
	Family Advocacy Program§	16	15.7
	Chaplain Services§	10	9.8
	Outpatient behavioral health§	59	57.8
	Inpatient behavioral health§	15	14.7
	No	48	31.0
	Data unavailable	5	3.2
Ever taken psychotropic medications	Yes	51	32.9
	No	75	48.4
	Data unavailable	29	18.7
Use of psychotropic medications, last 90 days	Yes	34	21.9
	Antidepressants§	29	85.3
	Anxiolytics§	12	35.3
	Antimanics§	0	0.0
	Anticonvulsants§	3	8.8
	Antipsychotics§	3	8.8
	Sleep medications§	14	41.2
	No	92	59.4
	Data unavailable	29	18.7
Pain medication at time of the event	Yes	36	23.2
	No	72	46.5
	Data unavailable	47	30.3

Continued >>

Table E3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Army suicide DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	14	9.0
	No	101	65.2
	<i>Data unavailable</i>	40	25.8

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 21](#)

Table E4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all reported 2012 Army suicide DoDSERs

		Count	%
All		155	100.0
Any family or relationship stressors, last 90 days	Yes	61	39.4
	Failed intimate relationship§	53	86.9
	Failed non-intimate relationship§	17	27.9
	Death of spouse or family member§	1	1.6
	Death of friend§	1	1.6
	Family/spouse illness§	7	11.5
	No	53	34.2
	Data unavailable	41	26.5
History of suicide of friend or family members	Yes	5	3.2
	Spouse suicide§	0	0.0
	Family suicide§	4	80.0
	Friend suicide§	1	20.0
	No	102	65.8
	Data unavailable	48	31.0
History of administrative/legal issues, last 90 days	Yes	52	33.5
	Courts martial proceedings§	5	9.6
	Article 15/Non-judicial punishment§	17	32.7
	Administrative separation§	17	32.7
	AWOL§	9	17.3
	Medical evaluation board§	10	19.2
	Civil legal problems§	18	34.6
	Non-selection for promotion§	3	5.8
	No	76	49.0
	Data unavailable	27	17.4
Any financial or workplace difficulties, last 90 days	Yes	48	31.0
	Excessive debt or bankruptcy§	15	31.3
	Job problems§	32	66.7
	Supervisor/coworker issues§	17	35.4
	Poor performance review§	19	39.6
	Unit/workplace hazing§	2	4.2
	No	52	33.5
	Data unavailable	55	35.5

Continued >>

Table E4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all reported 2012 Army suicide DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	18	11.6
	Physical abuse§	12	66.7
	Sexual abuse§	6	33.3
	Emotional abuse§	13	72.2
	Sexual harassment§	2	11.1
	No	77	49.7
	<i>Data unavailable</i>	60	38.7
Abuse perpetration history	Yes	24	15.5
	Physical abuse§	20	83.3
	Sexual abuse§	4	16.7
	Emotional abuse§	12	50.0
	Sexual harassment§	1	4.2
	No	76	49.0
	<i>Data unavailable</i>	55	35.5

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 21](#)

Table E5. Deployment and direct combat history for all CY 2012 Army suicide DoDSERs

		Count	%
All		155	100.0
History of deployment	Yes	106	68.4
	Number of deployments		
	1§	59	55.7
	2§	22	20.8
	3 or more§	25	23.6
	No	49	31.6
Ever deployed OEF/OIF/OND	Yes	102	65.8
	Iraq§	62	60.8
	Afghanistan§	53	52.0
	Kuwait§	7	6.9
	No	53	34.2
	Data unavailable	0	0.0
Events in theater	Afghanistan	17	11.0
	Kuwait	2	1.3
	Other location	0	0.0
	Not OEF/OIF/OND deployed at time of event	136	87.7
History of direct combat	Yes	28	18.1
	Wounded others combat§	13	46.4
	Service member wounded in combat§	3	10.7
	Witnessed killing§	9	32.1
	Saw bodies of other soldiers§	12	42.9
	Killed others in combat§	4	14.3
	No	15	9.7
	Not applicable	49	31.6
	Data unavailable	63	40.6

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 22](#)

Table E6. Demographic characteristics of all CY 2012 Army non-fatal event DoDSERs

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
All		365	100.0	173	100.0	836	100.0
Sex	Male	283	77.5	106	61.3	660	78.9
	Female	82	22.5	67	38.7	176	21.1
Race	American Indian/Alaskan Native	4	1.1	3	1.7	7	0.8
	Asian/Pacific Islander	9	2.5	2	1.2	23	2.8
	Black/African American	70	19.2	27	15.6	129	15.4
	White/Caucasian	229	62.7	124	71.7	537	64.2
	Other/Unknown	53	14.5	17	9.8	140	16.7
Ethnicity	Hispanic	40	11.0	24	13.9	85	10.2
	Non-Hispanic	247	67.7	92	53.2	469	56.1
	Unknown	78	21.4	57	32.9	282	33.7
Age Range	17 - 24	180	49.3	104	60.1	450	53.8
	25 - 29	105	28.8	37	21.4	168	20.1
	30 - 34	35	9.6	18	10.4	96	11.5
	35 - 39	25	6.8	6	3.5	53	6.3
	40 - 44	12	3.3	6	3.5	43	5.1
	45 - 74	8	2.2	2	1.2	26	3.1
	<i>Data unavailable</i>	0	0.0	0	0.0	0	0.0
Rank	Cadet/Midshipmen	0	0.0	0	0.0	7	0.8
	E1-E4	219	60.0	117	67.6	482	57.7
	E5-E9	68	18.6	26	15.0	131	15.7
	Officer	7	1.9	3	1.7	22	2.6
	Warrant Officer	4	1.1	3	1.7	2	0.2
	<i>Data unavailable</i>	67	18.4	24	13.9	192	23.0

Continued >>

Table E6. Demographic characteristics of all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Component	Active	342	93.7	158	91.3	759	90.8
	Reserve	22	6.0	13	7.5	70	8.4
	Other	1	0.3	2	1.2	7	0.8
Education	Some high school, did not graduate	2	0.5	3	1.7	7	0.8
	Alternative high school certification	30	8.2	9	5.2	67	8.0
	High school graduate	140	38.4	83	48.0	348	41.6
	Some college, no degree	95	26.0	42	24.3	174	20.8
	Degree, <4 years	12	3.3	4	2.3	26	3.1
	4-year degree	17	4.7	8	4.6	35	4.2
	Masters degree or greater	4	1.1	0	0.0	11	1.3
	Unknown	65	17.8	24	13.9	168	20.1
Marital Status	Never married	131	35.9	72	41.6	357	42.7
	Married	160	43.8	73	42.2	303	36.2
	Legally separated	15	4.1	3	1.7	27	3.2
	Divorced	28	7.7	12	6.9	57	6.8
	Widowed	1	0.3	0	0.0	2	0.2
	Other	2	0.5	1	0.6	13	1.6
	<i>Data unavailable</i>	28	7.7	12	6.9	77	9.2

Referenced page 23

Table E7. Location of event, event method, and event context for all CY 2012 Army non-fatal event DoDSERs

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
All		365	100.0	173	100.0	836	100.0
Geographic location	United States	320	87.7	160	92.5	737	88.2
	Afghanistan	3	0.8	4	2.3	6	0.7
	Kuwait	2	0.5	1	0.6	2	0.2
	Korea	0	0.0	1	0.6	0	0.0
	Other Europe	1	0.3	0	0.0	4	0.5
	Central/South America	0	0.0	1	0.6	0	0.0
	Japan	13	3.6	0	0.0	0	0.0
	Germany	0	0.0	3	1.7	35	4.2
	Shipboard	1	0.3	0	0.0	0	0.0
	Other	1	0.3	0	0.0	0	0.0
	<i>Data unavailable</i>	24	6.6	3	1.7	52	6.2
Event setting	Residence (own) or barracks	290	79.5	140	80.9	566	67.7
	Residence of friend or family	17	4.7	11	6.4	24	2.9
	Work/jobsite	9	2.5	3	1.7	59	7.1
	Automobile (away from residence)	16	4.4	4	2.3	21	2.5
	Inpatient medical/behavioral health	3	0.8	2	1.2	2	0.2
	Outpatient medical/behavioral health	2	0.5	6	3.5	105	12.6
	Emergency room	3	0.8	1	0.6	16	1.9
	Hotel	2	0.5	0	0.0	5	0.6
	Jail/Military control	2	0.5	1	0.6	2	0.2
	Other	14	3.8	4	2.3	26	3.1
	<i>Data unavailable</i>	7	1.9	1	0.6	10	1.2

Continued >>

Table E7. Location of event, event method, and event context for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Event method	Drugs	174	47.7	66	38.2	*	*
	Alcohol	11	3.0	14	8.1	*	*
	Gas, vehicle exhaust	6	1.6	0	0.0	*	*
	Gas, utility (or other)	1	0.3	2	1.2	*	*
	Chemicals	4	1.1	1	0.6	*	*
	Hanging	50	13.7	7	4.0	*	*
	Drowning	1	0.3	0	0.0	*	*
	Firearm, military issued	4	1.1	0	0.0	*	*
	Firearm, not military issued	19	5.2	4	2.3	*	*
	Fire/steam	1	0.3	0	0.0	*	*
	Sharp/blunt object	42	11.5	59	34.1	*	*
	Jumping from high place	4	1.1	2	1.2	*	*
	Lying in front of a moving object	3	0.8	0	0.0	*	*
	Crashing a motor vehicle	9	2.5	4	2.3	*	*
	Other	3	0.8	2	1.2	*	*
	<i>Data unavailable</i>	33	9.0	12	6.9	*	*
Alcohol used during event	Yes	104	28.5	44	25.4	*	*
	No	207	56.7	112	64.7	*	*
	<i>Data unavailable</i>	54	14.8	17	9.8	*	*
Drugs used during event	Yes	197	54.0	75	43.4	*	*
	Illicit drugs						
	Used, overdose§	13	6.6	1	1.3	*	*
	Used, no overdose§	10	5.1	0	0.0	*	*
	Prescription drugs						
	Used, overdose§	115	58.4	30	40.0	*	*
	Used, no overdose§	25	12.7	19	25.3	*	*
	OTC drugs						
	Used, overdose§	41	20.8	3	4.0	*	*
Both alcohol and drugs used	Used, no overdose§	4	2.0	16	21.3	*	*
	No	124	34.0	77	44.5	*	*
	<i>Data unavailable</i>	44	12.1	21	12.1	*	*

Continued >>

Table E7. Location of event, event method, and event context for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Communicated potential for self-harm	Yes	80	21.9	31	17.9	*	*
	No	204	55.9	112	64.7	*	*
Mode	Written§	6	7.5	0	0.0	*	*
	Verbal§	65	81.3	24	77.4	*	*
	Electronic§	14	17.5	9	29.0	*	*
	Other§	0	0.0	2	6.5	*	*
Number of types of recipients	1§	58	72.5	27	87.1	*	*
	2§	13	16.3	2	6.5	*	*
	3§	4	5.0	1	3.2	*	*
	4 or more§	1	1.3	1	3.2	*	*
Recipient	Supervisor§	15	18.8	6	19.4	*	*
	Chaplain§	2	2.5	2	6.5	*	*
	Mental Health Staff§	17	21.3	6	19.4	*	*
	Friend§	21	26.3	9	29.0	*	*
	Spouse/significant other§	32	40.0	11	35.5	*	*
	Family§	5	6.3	3	9.7	*	*
	Social Media§	3	3.8	0	0.0	*	*
	Colleague§	0	0.0	0	0.0	*	*
	Emergency Personnel§	1	1.3	1	3.2	*	*
	Helpline§	2	2.5	0	0.0	*	*
	Other§	2	2.5	1	3.2	*	*
	No	204	55.9	112	64.7	*	*
	Data unavailable	81	22.2	30	17.3	*	*
Self-inflicted injuries	Yes	128	35.1	*	*	*	*
	No	170	46.6	*	*	*	*
	Data unavailable	67	18.4	*	*	*	*
Death risk gambling	Yes	13	3.6	5	2.9	*	*
	No	305	83.6	156	90.2	*	*
	Data unavailable	47	12.9	12	6.9	*	*
Event planned	Yes	92	25.2	25	14.5	*	*
	No	178	48.8	117	67.6	*	*
	Data unavailable	95	26.0	31	17.9	*	*
Event observable	Yes	130	35.6	90	52.0	*	*
	No	164	44.9	57	32.9	*	*
	Data unavailable	71	19.5	26	15.0	*	*

Continued >>

Table E7. Location of event, event method, and event context for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Left suicide note	Yes	35	9.6	3	1.7	*	*
	No	277	75.9	157	90.8	*	*
	<i>Data unavailable</i>	53	14.5	13	7.5	*	*
Residence	Shared military living environment	157	43.0	81	46.8	402	48.1
	Bachelor quarters	2	0.5	2	1.2	12	1.4
	On-base family housing	33	9.0	10	5.8	53	6.3
	Private residence	111	30.4	62	35.8	232	27.8
	Ship	0	0.0				
	Other	17	4.7	6	3.5	26	3.1
	<i>Data unavailable</i>	45	12.3	12	6.9	111	13.3
Married Service member residence	Not married	177	48.5	85	49.1	429	51.3
	Married, resides with spouse	96	26.3	39	22.5	163	19.5
	Married, not living together, relationship issues	32	8.8	16	9.2	74	8.9
	Married, not living together, other reasons	22	6.0	20	11.6	78	9.3
	<i>Data unavailable</i>	38	10.4	13	7.5	92	11.0
Service member resides alone	Yes	121	33.2	45	26.0	203	24.3
	No	191	52.3	98	56.6	476	56.9
	<i>Data unavailable</i>	53	14.5	30	17.3	157	18.8
Has minor children	Yes, live with Service member	69	18.9	18	10.4	114	13.6
	Yes, do not live with Service member	61	16.7	29	16.8	114	13.6
	No children	180	49.3	102	59.0	484	57.9
	<i>Data unavailable</i>	55	15.1	24	13.9	124	14.8
Firearm in immediate environment	Yes	38	10.4	12	6.9	84	10.0
	No	239	65.5	128	74.0	530	63.4
	<i>Data unavailable</i>	88	24.1	33	19.1	222	26.6

Continued >>

Table E7. Location of event, event method, and event context for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Duty status at time of event*	Permanent duty station	245	67.1	121	69.9	538	64.4
	Leave	6	1.6	3	1.7	8	1.0
	TDY	1	0.3	1	0.6	3	0.4
	AWOL	2	0.5	0	0.0	6	0.7
	Deployed	6	1.6	5	2.9	9	1.1
	Training	29	7.9	26	15.0	108	12.9
	Psychiatric Hospitalization	4	1.1	0	0.0	6	0.7
	Medical Hold	11	3.0	3	1.7	18	2.2
	Other	18	4.9	8	4.6	35	4.2
	Unknown	50	13.7	12	6.9	134	16.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

*Some DoDSERs reported more than one status.

[Referenced page 23](#)

**Table E8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012
Army non-fatal event DoDSERs**

		Suicide Attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
All		365	100.0	173	100.0	836	100.0
Behavioral health diagnosis	Yes	194	53.2	108	62.4	482	57.6
	No	171	46.8	65	37.6	354	42.4
Number of diagnoses	1§	98	50.5	51	47.2	237	49.2
	2§	54	27.8	22	20.4	116	24.1
Specific diagnoses	3§	19	9.8	19	17.6	66	13.7
	4 or more§	23	11.9	16	14.8	63	13.1
Mood disorder§	Mood disorder§	115	59.3	39	36.1	231	47.9
	Bipolar¶	12	10.4	3	7.7	14	6.1
Major depression¶	Major depression¶	81	70.4	29	74.4	159	68.8
	Dysthymic¶	10	8.7	0	0.0	25	10.8
Other mood disorder¶	Other mood disorder¶	32	27.8	8	20.5	49	21.2
	Unspecified mood disorder¶	9	7.8	2	5.1	20	8.7
Anxiety disorder§	Anxiety disorder§	96	49.5	44	40.7	173	36.3
	Posttraumatic stress¶	43	44.8	25	56.8	107	61.8
Panic¶	Panic¶	14	14.6	2	4.5	13	7.5
	Generalized anxiety¶	22	22.9	13	29.5	53	30.6
Acute stress¶	Acute stress¶	7	7.3	3	6.8	5	2.9
	Other anxiety disorder¶	33	34.4	8	18.2	43	24.9
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	12	12.5	4	9.1	15	8.7
	Personality disorder§	18	9.3	15	13.9	24	5.0
Psychotic disorder§	Psychotic disorder§	4	2.1	1	0.9	10	2.1
	Adjustment disorder§	81	41.8	57	52.8	186	38.6
Traumatic brain injury§	Traumatic brain injury§	28	14.4	10	9.3	26	5.4
	No	103	37.5	58	33.5	285	34.1
Data unavailable	Data unavailable	34	9.3	7	4.0	69	8.3
Sleep disorder	Yes	53	14.5	14	8.1	63	7.5
	No	261	71.5	143	82.7	632	75.6
Data unavailable	Data unavailable	51	14.0	16	9.2	141	16.9
History of substance abuse	Yes	116	31.8	47	27.2	195	23.3
	No	203	55.6	108	62.4	535	64.0
Data unavailable	Data unavailable	46	12.6	18	10.4	106	12.7

Continued >>

Table E8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide Attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Family history of behavioral health conditions	Yes	99	27.1	32	18.5	208	24.9
	No	201	55.1	104	60.1	449	53.7
	<i>Data unavailable</i>	65	17.8	37	21.4	179	21.4
History of prior self-injury	Yes	93	25.5	60	34.7	169	20.2
	Number of prior self injuries						
	One prior event§	36	38.7	21	35.0	94	55.6
	More than one prior event§	55	59.1	39	65.0	74	43.8
	Event similar to prior self injury						
	Yes§	52	55.9	37	61.7		
Physical health problem, last 90 days	No	221	60.5	97	56.1	522	62.4
	<i>Data unavailable</i>	51	14.0	16	9.2	145	17.3
Accession of medical/ support services, last 90 days	Yes	49	13.4	20	11.6	79	9.4
	No	274	75.1	140	80.9	638	76.3
	<i>Data unavailable</i>	42	11.5	13	7.5	119	14.2
Accession of medical/ support services, last 90 days	Yes	248	67.9	113	65.3	586	70.1
	Military Treatment Facility§	189	76.2	80	70.8	448	76.5
	Substance Abuse Services§	53	21.4	15	13.3	76	13.0
	Family Advocacy Program§	22	8.9	7	6.2	21	3.6
	Chaplain Services§	35	14.1	14	12.4	76	13.0
	Outpatient behavioral health§	175	70.6	82	72.6	389	66.4
	Inpatient behavioral health§	51	20.6	22	19.5	94	16.0
	No	88	24.1	54	31.2	186	22.2
	<i>Data unavailable</i>	29	7.9	6	3.5	64	7.7
Ever taken psychotropic medications	Yes	132	36.2	57	32.9	227	27.2
	No	182	49.9	95	54.9	467	55.9
	<i>Data unavailable</i>	51	14.0	21	12.1	142	17.0

Continued >>

Table E8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide Attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Use of psychotropic medications, last 90 days	Yes	107	29.3	46	26.6	162	19.4
	Antidepressants§	93	86.9	41	89.1	147	90.7
	Anxiolytics§	53	49.5	20	43.5	65	40.1
	Antimanics§	7	6.5	3	6.5	6	3.7
	Anticonvulsants§	5	4.7	3	6.5	4	2.5
	Antipsychotics§	10	9.3	6	13.0	17	10.5
	Sleep medications§	61	57.0	21	45.7	83	51.2
	No	206	56.4	106	61.3	521	62.3
	<i>Data unavailable</i>	52	14.2	21	12.1	153	18.3
Pain medication at time of the event	Yes	75	20.5	23	13.3	99	11.8
	No	213	58.4	129	74.6	556	66.5
	<i>Data unavailable</i>	77	21.1	21	12.1	181	21.7
Polypharmacy at time of the event	Yes	42	11.5	10	5.8	39	4.7
	No	239	65.5	137	79.2	603	72.1
	<i>Data unavailable</i>	84	23.0	26	15.0	194	23.2

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 24](#)

Table E9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Army non-fatal event DoDSERs

		Suicide attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
All		365	100.0	173	100.0	836	100.0
Any family or relationship stressors, last 90 days	Yes	149	40.8	70	40.5	238	28.5
	Failed intimate relationship§	112	75.2	58	82.9	173	72.7
	Failed non-intimate relationship§	34	22.8	19	27.1	65	27.3
	Death of spouse or family member§	13	8.7	3	4.3	19	8.0
	Death of friend§	20	13.4	5	7.1	20	8.4
	Family/spouse illness§	18	12.1	5	7.1	30	12.6
	No	184	50.4	91	52.6	509	60.9
	Data unavailable	32	8.8	12	6.9	89	10.6
History of suicide of friend or family members	Yes	48	13.2	17	9.8	67	8
	Spouse suicide§	0	0.0	0	0.0	1	1.5
	Family suicide§	23	47.9	10	58.8	29	43.3
	Friend suicide§	30	62.5	9	52.9	42	62.7
	No	283	77.5	145	83.8	672	80.4
	Data unavailable	34	9.3	11	6.4	97	11.6
History of administrative/legal issues, last 90 days	Yes	117	32.1	68	39.3	284	34.0
	Courts martial proceedings§	14	12.0	6	8.8	18	6.3
	Article 15/Non-judicial punishment§	55	47.0	23	33.8	138	48.6
	Administrative separation§	30	25.6	24	35.3	76	26.8
	AWOL§	15	12.8	11	16.2	37	13.0
	Medical evaluation board§	34	29.1	22	32.4	88	31.0
	Civil legal problems§	19	16.2	13	19.1	50	17.6
	Non-selection for promotion§	8	6.8	5	7.4	22	7.7
	No	211	57.8	93	53.8	461	55.1
	Data unavailable	37	10.1	12	6.9	91	10.9

Continued >>

Table E9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Army non-fatal event DoDSERs (cont.)

		Suicide attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
Any financial or workplace difficulties, last 90 days	Yes	136	37.3	76	43.9	289	34.6
	Excessive debt or bankruptcy§	29	21.3	18	23.7	81	28.0
	Job problems§	94	69.1	46	60.5	185	64.0
	Supervisor/coworker issues§	82	60.3	56	73.7	170	58.8
	Poor performance review§	38	27.9	31	40.8	100	34.6
	Unit/workplace hazing§	17	12.5	7	9.2	32	11.1
	No	188	51.5	81	46.8	441	52.8
	Data unavailable	41	11.2	16	9.2	106	12.7
Abuse victimization history	Yes	111	30.4	46	26.6	201	24.0
	Physical abuse§	63	56.8	28	60.9	118	58.7
	Sexual abuse§	51	45.9	28	60.9	90	44.8
	Emotional abuse§	77	69.4	31	67.4	139	69.2
	Sexual harassment§	15	13.5	7	15.2	30	14.9
	No	216	59.2	113	65.3	529	63.3
	Data unavailable	38	10.4	14	8.1	106	12.7
Abuse perpetration history	Yes	38	10.4	8	4.6	47	5.6
	Physical abuse§	27	71.1	6	75.0	29	61.7
	Sexual abuse§	6	15.8	0	0.0	8	17.0
	Emotional abuse§	9	23.7	4	50.0	16	34.0
	Sexual harassment§	4	10.5	1	12.5	4	8.5
	No	284	77.8	149	86.1	680	81.3
	Data unavailable	43	11.8	16	9.2	109	13.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 24](#)

Table E10. Deployment and direct combat history for all CY 2012 Army non-fatal event DoDSERs

		Suicide attempt		Self-harm		Suicidal ideation	
		Count	%	Count	%	Count	%
All		365	100.0	173	100.0	836	100.0
History of deployments	Yes	190	52.1	78	45.1	362	43.3
	Number of deployments						
	1§	110	57.9	49	62.8	219	60.5
	2§	50	26.3	15	19.2	87	24.0
	3 or more§	30	15.8	14	17.9	56	15.5
No		175	47.9	95	54.9	474	56.7
Ever deployed OEF/OIF/OND	Yes	181	49.6	78	45.1	348	41.6
	Iraq§	125	69.1	48	61.5	210	60.3
	Afghanistan§	82	45.3	40	51.3	194	55.7
	Kuwait§	9	5.0	2	2.6	12	3.4
	No	184	50.4	95	54.9	488	58.4
Events in theater	Afghanistan	3	0.8	4	2.3	5	0.6
	Kuwait	2	0.5	1	0.6	2	0.2
	Other location	1	0.3	0	0.0	1	0.1
	Not OEF/OIF/OND deployed at time of event	359	98.4	168	97.1	828	99.0
History of direct combat	Yes	68	18.6	28	16.2	131	15.7
	Wounded others combat§	54	79.4	16	57.1	97	74.0
	Service member wounded in combat§	19	27.9	5	17.9	36	27.5
	Witnessed killing§	50	73.5	20	71.4	94	71.8
	Saw bodies of other soldiers§	51	75.0	20	71.4	94	71.8
	Killed others in combat§	31	45.6	7	25.0	47	35.9
	No	63	17.3	19	11.0	102	12.2
	Not applicable	175	47.9	95	54.9	474	56.7
	Data unavailable	59	16.2	31	17.9	129	15.4

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

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Appendix F

MARINE CORPS TABLES



Table F1. Demographic characteristics of Marine Corps suicide DoDSERs submitted for CY 2012

		Count	%
All		47 [¶]	100.0
Sex	Male	44	93.6
	Female	3	6.4
Race	American Indian/Alaskan Native	1	2.1
	Asian/Pacific Islander	1	2.1
	Black/African American	7	14.9
	White/Caucasian	38	80.9
	Other/Unknown	0	0.0
Ethnicity	Hispanic	6	12.8
	Non-Hispanic	33	70.2
	Unknown	8	17.0
Age Range	17 - 24	28	59.6
	25 - 29	13	27.7
	30 - 34	4	8.5
	35 - 39	1	2.1
	40 - 44	1	2.1
	45 - 74	0	0.0
	<i>Data unavailable</i>		
Rank	Cadet/Midshipmen	0	0.0
	E1-E4	35	74.5
	E5-E9	12	25.5
	Officer	0	0.0
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	0	0.0
Component	Active	47	100.0
	Reserve	0	0.0
	Other	0	0.0

Continued >>

Table F1. Demographic characteristics of Marine Corps suicide DoDSERs submitted for CY 2012 (cont.)

		Count	%
Education	Some high school, did not graduate	0	0.0
	Alternative high school certification	4	8.5
	High school graduate	35	74.5
	Some college, no degree	6	12.8
	Degree, <4 years	1	2.1
	4-year degree	0	0.0
	Masters degree or greater	0	0.0
	Unknown	1	2.1
Marital Status	Never married	24	51.1
	Married	23	48.9
	Legally separated	0	0.0
	Divorced	0	0.0
	Widowed	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	0	0.0

¶ This number includes DoDSERs submitted for Service members who were part of the Active component and the Reserve component in an Active status at the time of the event. Only suicides confirmed by AFMES by 31 January 2013 were required to be submitted by 31 March 2013 for inclusion in this report.

[Referenced page 30](#)

Table F2. Location of event, event method, and event context for all CY 2012 Marine Corps suicide DoDSERs

		Count	%
All		47	100.0
Geographic location	United States	41	87.2
	Afghanistan	3	6.4
	Kuwait	0	0.0
	Korea	0	0.0
	Other Europe	1	2.1
	Japan	1	2.1
	Germany	0	0.0
	At sea	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	1	2.1
Event setting	Residence (own) or barracks	30	63.8
	Residence of friend or family	3	6.4
	Work/jobsite	6	12.8
	Automobile (away from residence)	4	8.5
	Inpatient medical/behavioral health	1	2.1
	Hotel	0	0.0
	Jail/Military control	0	0.0
	Other	3	6.4
	<i>Data unavailable</i>	0	0.0
Event method (AFMES)	Asphyxiation	12	25.5
	Cutting/Piercing	0	0.0
	Drowning	0	0.0
	Drugs/Alcohol	1	2.1
	Fall/Jump	0	0.0
	Gunshot	34	72.3
	Military issued firearm§	8	23.5
	Non-military issued firearm§	26	76.5
	Poisoning	0	0.0
	Motor vehicle	0	0.0
	<i>Data unavailable</i>	0	0.0
Alcohol used during event (AFMES)	Yes	18	38.3
	No	21	44.7
	<i>Data unavailable</i>	8	17.0

Continued >>

Table F2. Location of event, event method, and event context for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
Drugs used during event (AFMES)	Yes	7	14.9
	Illicit drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	0	0.0
	Inhalants		
	Used, cause of death§	1	14.3
	Used, not cause of death§	0	0.0
	Prescription drugs		
	Used, cause of death§	1	14.3
OTC drugs	Used, not cause of death§	6	85.7
	Used, cause of death§	0	0.0
	Used, not cause of death§	0	0.0
	No	18	38.3
	Data unavailable	22	46.8
Alcohol and drugs used during event (AFMES)	Yes	4	8.5
	No	28	59.6
	Data unavailable	15	31.9
Communicated potential for self-harm	Yes	16	34.0
	Mode		
	Written§	0	0.0
	Verbal§	13	81.3
	Electronic§	6	37.5
	Other§	0	0.0
Number of types of recipients	1§	14	87.5
	2§	2	12.5
	3§	0	0.0
	4 or more§	0	0.0
Recipients	Supervisor§	1	6.3
	Chaplain§	0	0.0
	Mental Health Staff§	2	12.5
	Friend§	2	12.5
	Spouse/significant other§	8	50.0
	Family§	1	6.3
	Social Media§	2	12.5
	Colleague§	0	0.0
	Emergency Personnel§	0	0.0
	Helpline§	1	6.3
	Other§	1	6.3
	No	27	57.4
	Data unavailable	4	8.5

Continued >>

Table F2. Location of event, event method, and event context for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
Death risk gambling	Yes	0	0.0
	No	43	91.5
	<i>Data unavailable</i>	4	8.5
Event planned	Yes	13	27.7
	No	13	27.7
	<i>Data unavailable</i>	21	44.7
Event observable	Yes	8	17.0
	No	35	74.5
	<i>Data unavailable</i>	4	8.5
Left suicide note	Yes	12	25.5
	No	21	44.7
	<i>Data unavailable</i>	14	29.8
Residence	Shared military living environment	17	36.2
	Bachelor quarters	6	12.8
	On-base family housing	1	2.1
	Private residence	20	42.6
	Ship	0	0.0
	Other	3	6.4
	<i>Data unavailable</i>	0	0.0
Married Service member residence	Not married	24	51.1
	Married, resides with spouse	8	17.0
	Married, not living together, relationship issues	10	21.3
	Married, not living together, other reasons	5	10.6
	<i>Data unavailable</i>	0	0.0
Service member resided alone	Yes	16	34.0
	No	29	61.7
	<i>Data unavailable</i>	2	4.3
Had minor children	Yes, lived with SM	5	10.6
	Yes, did not live with SM	9	19.1
	No children	33	70.2
	<i>Data unavailable</i>	0	0.0

Continued >>

Table F2. Location of event, event method, and event context for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
Firearm in immediate environment	Yes	33	70.2
	No	9	19.1
	<i>Data unavailable</i>	5	10.6
Duty environment at time of event*	Permanent duty station	27	57.4
	Leave	0	0.0
	TDY	3	6.4
	AWOL	2	4.3
	Deployed	3	6.4
	Training	2	4.3
	Psychiatric Hospitalization	0	0.0
	Medical Hold	6	12.8
	Other	9	19.1
	Unknown	0	0.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 30](#)

Table F3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide DoDSERs

		Count	%
All		47	100.0
Behavioral health diagnosis	Yes	19	40.5
	No	26	55.3
Number of diagnoses	1§	15	78.9
	2§	2	10.5
Specific diagnoses	3§	2	10.5
	4 or more§	0	0.0
Mood disorder§	Mood disorder§	8	42.1
	Bipolar¶	3	37.5
Major depression¶	Major depression¶	2	25.0
	Dysthymic¶	1	12.5
Other mood disorder¶	Other mood disorder¶	1	12.5
	Unspecified mood disorder¶	2	25.0
Anxiety disorder§	Anxiety disorder§	7	36.8
	Posttraumatic stress¶	2	28.6
Panic¶	Panic¶	1	14.3
	Generalized anxiety¶	2	28.6
Acute stress¶	Acute stress¶	0	0.0
	Other anxiety disorder¶	3	42.9
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	0	0.0
Personality disorder§	Personality disorder§	3	15.8
	Psychotic disorder§	0	0.0
Adjustment disorder§	Adjustment disorder§	8	42.1
	Traumatic brain injury§	2	10.5
No	No	26	55.3
	Data unavailable	2	4.3
Sleep disorder	Yes	7	14.9
	No	33	70.2
Data unavailable	Data unavailable	7	14.9
History of substance abuse	Yes	15	31.9
	No	26	55.3
Data unavailable	Data unavailable	6	12.8
Family history of behavioral health conditions	Yes	2	4.3
	No	17	36.2
Data unavailable	Data unavailable	28	59.6

Continued >>

Table F3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	10	21.3
	Number of prior self injuries		
	One prior event§	8	80.0
	More than one prior event§	2	20.0
	Event similar to prior self injury		
	Yes§	3	30.0
	No	29	61.7
	Data unavailable	8	17.0
Physical health problem, last 90 days	Yes	4	8.5
	No	39	83.0
	Data unavailable	4	8.5
Accession of medical/support services, last 90 days	Yes	28	59.6
	Military Treatment Facility§	26	92.9
	Substance Abuse Services§	7	25.0
	Family Advocacy Program§	2	7.1
	Chaplain Services§	2	7.1
	Outpatient behavioral health§	11	39.3
	Inpatient behavioral health§	3	10.7
	No	19	40.4
	Data unavailable	0	0.0
Ever taken psychotropic medications	Yes	14	29.8
	No	23	48.9
	Data unavailable	10	21.3
Use of psychotropic medications, last 90 days	Yes	12	25.5
	Antidepressants§	8	66.7
	Anxiolytics§	6	50.0
	Antimanics§	0	0.0
	Anticonvulsants§	2	16.7
	Antipsychotics§	2	16.7
	Sleep medications§	4	33.3
	No	25	53.2
	Data unavailable	10	21.3
Pain medication at time of the event	Yes	5	10.6
	No	28	59.6
	Data unavailable	14	29.8

Continued >>

Table F3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	4	8.5
	No	31	66.0
	<i>Data unavailable</i>	12	25.5

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 31](#)

Table F4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Marine Corps suicide DoDSERs

		Count	%
All		47	100.0
Any family or relationship stressors, last 90 days	Yes	28	59.6
	Failed intimate relationship§	23	82.1
	Failed non-intimate relationship§	5	17.9
	Death of spouse or family member§	1	3.6
	Death of friend§	2	7.1
	Family/spouse illness§	4	14.3
	No	15	31.9
	Data unavailable	4	8.5
History of suicide of friend or family members	Yes	2	4.3
	Spouse suicide§	0	0.0
	Family suicide§	1	50.0
	Friend suicide§	1	50.0
	No	44	93.6
	Data unavailable	1	2.1
History of administrative/legal issues, last 90 days	Yes	19	40.4
	Courts martial proceedings§	1	5.3
	Article 15/Non-judicial punishment§	8	42.1
	Administrative separation§	4	21.1
	AWOL§	3	15.8
	Medical evaluation board§	3	15.8
	Civil legal problems§	6	31.6
	Non-selection for promotion§	3	15.8
	No	28	59.6
	Data unavailable	0	0.0
Any financial or workplace difficulties, last 90 days	Yes	16	34.0
	Excessive debt or bankruptcy§	5	31.3
	Job problems§	9	56.3
	Supervisor/coworker issues§	3	18.8
	Poor performance review§	8	50.0
	Unit/workplace hazing§	1	6.3
	No	30	63.8
	Data unavailable	1	2.1

Continued >>

Table F4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Marine Corps suicide DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	3	6.4
	Physical abuse§	1	33.3
	Sexual abuse§	1	33.3
	Emotional abuse§	1	33.3
	Sexual harassment§	1	33.3
	No	36	76.6
	<i>Data unavailable</i>	8	17.0
Abuse perpetration history	Yes	7	14.9
	Physical abuse§	3	42.9
	Sexual abuse§	3	42.9
	Emotional abuse§	1	14.3
	Sexual harassment§	0	0.0
	No	38	80.9
	<i>Data unavailable</i>	2	4.3

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

Referenced page 31

Table F5. Deployment and direct combat history for all CY 2012 Marine Corps suicide DoDSERs

		Count	%
All		47	100.0
History of deployment	Yes	25	53.2
	Number of deployments		
	1§	15	60.0
	2§	5	20.0
	3 or more§	5	20.0
	No	22	46.8
Data unavailable		0	0.0
Ever deployed OEF/OIF/OND	Yes	24	51.1
	Iraq§	8	33.3
	Afghanistan§	21	87.5
	Kuwait§	0	0.0
	No	23	48.9
	Data unavailable	0	0.0
Events in theater	Afghanistan	3	6.4
	Kuwait	0	0.0
	Other location	0	0.0
	Not OEF/OIF/OND deployed at time of event	44	93.6
History of direct combat	Yes	9	19.1
	Wounded others combat§	6	66.7
	Service member wounded in combat§	2	22.2
	Witnessed killing§	5	55.6
	Saw bodies of other soldiers§	4	44.4
	Killed others in combat§	2	22.2
	No	8	17.0
	Not applicable	22	46.8
	Data unavailable	8	17.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 32](#)

Table F6. Demographic characteristics of all CY 2012 Marine Corps suicide attempt DoDSERs

		Count	%
All		169	100.0
Sex	Male	150	88.8
	Female	19	11.2
Race	American Indian/Alaskan Native	2	1.2
	Asian/Pacific Islander	6	3.6
	Black/African American	24	14.2
	White/Caucasian	134	79.3
	Other/Unknown	3	1.8
Ethnicity	Hispanic	28	16.6
	Non-Hispanic	126	74.6
	Unknown	15	8.9
Age Range	17 - 24	131	77.5
	25 - 29	19	11.2
	30 - 34	13	7.7
	35 - 39	3	1.8
	40 - 44	3	1.8
	45 - 74	0	0.0
	<i>Data unavailable</i>	0	0.0
Rank	Cadet/Midshipmen	0	0.0
	E1-E4	137	81.1
	E5-E9	30	17.8
	Officer	2	1.2
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	0	0.0
Component	Active	166	98.2
	Reserve	2	1.2
	Other	1	0.6

Continued >>

Table F6. Demographic characteristics of all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Education	Some high school, did not graduate	1	0.6
	Alternative high school certification	2	1.2
	High school graduate	128	75.7
	Some college, no degree	20	11.8
	Degree, <4 years	0	0.0
	4-year degree	3	1.8
	Masters degree or greater	0	0.0
	Unknown	15	8.9
Marital Status	Never married	87	51.5
	Married	78	46.2
	Legally separated	1	0.6
	Divorced	2	1.2
	Widowed	0	0.0
	Other	1	0.6
	<i>Data unavailable</i>	0	0.0

Referenced page 33

Table F7. Location of event, event method, and event context for all CY 2012 Marine Corps suicide attempt DoDSERs

		Count	%
All		169	100.0
Geographic location	United States	150	88.8
	Afghanistan	2	1.2
	Kuwait	0	0.0
	Korea	0	0.0
	Other Europe	16	9.5
	Japan	0	0.0
	Germany	0	0.0
	Shipboard	1	0.6
	Other	0	0.0
	<i>Data unavailable</i>	0	0.0
Event setting	Residence (own) or barracks	137	81.1
	Residence of friend or family	4	2.4
	Work/jobsite	6	3.6
	Automobile (away from residence)	9	5.3
	Inpatient medical/behavioral health	1	0.6
	Outpatient medical/behavioral health	1	0.6
	Emergency room	1	0.6
	Hotel	6	3.6
	Jail/Military control	0	0.0
	Other	4	2.4
	<i>Data unavailable</i>	0	0.0
Event method	Drugs	105	62.1
	Alcohol	1	0.6
	Gas, vehicle exhaust	2	1.2
	Gas, utility (or other)	0	0.0
	Chemicals	8	4.7
	Hanging	18	10.7
	Drowning	0	0.0
	Firearm, military issued	2	1.2
	Firearm, not military issued	5	3.0
	Fire/steam	0	0.0
	Sharp/blunt object	20	11.8
	Jumping from high place	3	1.8
	Lying in front of a moving object	0	0.0
	Crashing a motor vehicle	5	3.0
	Other	0	0.0
	<i>Data unavailable</i>	0	0.0

Continued >>

Table F7. Location of event, event method, and event context for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Alcohol used during event	Yes	45	26.6
	No	83	49.1
	<i>Data unavailable</i>	41	24.3
Drugs used during event	Yes	110	65.1
	Illicit drugs		
	Used, overdose§	3	2.7
	Used, no overdose§	6	5.5
	Prescription drugs		
	Used, overdose§	57	51.8
	Used, no overdose§	11	10.0
	OTC drugs		
	Used, overdose§	36	32.7
	Used, no overdose§	5	4.5
	No	48	28.4
	<i>Data unavailable</i>	11	6.5
Both alcohol and drugs used	Yes	29	17.2
	No	101	59.8
	<i>Data unavailable</i>	39	23.1
Communicated potential for self-harm	Yes	25	14.8
	Mode		
	Written§	1	4.0
	Verbal§	17	68.0
	Electronic§	8	32.0
	Other§	1	4.0
	Number of types of recipients		
	1§	20	80.0
	2§	2	8.0
	3§	1	4.0
	4 or more§	0	0.0
	Recipient		
	Supervisor§	3	12.0
	Chaplain§	0	0.0
	Mental Health Staff§	5	20.0
	Friend§	6	24.0
	Spouse/significant other§	5	20.0
	Family§	8	32.0
	Social Media§	0	0.0
	Colleague§	0	0.0
	Emergency Personnel§	0	0.0
	Helpline§	0	0.0
	Other§	0	0.0
	No	124	73.4
	<i>Data unavailable</i>	20	11.8

Continued >>

Table F7. Location of event, event method, and event context for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Self-inflicted injuries	Yes	116	68.6
	No	45	26.6
	<i>Data unavailable</i>	8	4.7
Death risk gambling	Yes	1	0.6
	No	165	97.6
	<i>Data unavailable</i>	3	1.8
Event planned	Yes	52	30.8
	No	79	46.7
	<i>Data unavailable</i>	38	22.5
Event observable	Yes	78	46.2
	No	76	45.0
	<i>Data unavailable</i>	15	8.9
Left suicide note	Yes	15	8.9
	No	139	82.2
	<i>Data unavailable</i>	15	8.9
Residence	Shared military living environment	94	55.6
	Bachelor quarters	8	4.7
	On-base family housing	1	0.6
	Private residence	46	27.2
	Ship	1	0.6
	Other	4	2.4
	<i>Data unavailable</i>	15	8.9
Married Service member residence	Not married	91	53.8
	Married, resides with spouse	31	18.3
	Married, not living together, relationship issues	24	14.2
	Married, not living together, other reasons	13	7.7
	<i>Data unavailable</i>	10	5.9
Service member resided alone	Yes	28	16.6
	No	116	68.6
	<i>Data unavailable</i>	25	14.8

Continued >>

Table F7. Location of event, event method, and event context for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Had minor children	Yes, live with Service member	23	13.6
	Yes, do not live with Service member	20	11.8
	No children	115	68.0
	<i>Data unavailable</i>	11	6.5
Firearm in immediate environment	Yes	10	5.9
	No	106	62.7
	<i>Data unavailable</i>	53	31.4
Duty environment at time of event*	Permanent duty station	117	69.2
	Leave	4	2.4
	TDY	4	2.4
	AWOL	1	0.6
	Deployed	4	2.4
	Training	15	8.9
	Psychiatric Hospitalization	0	0.0
	Medical Hold	6	3.6
	Other	8	4.7
	Unknown	12	7.1

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

*Some DoDSERs reported more than one environment.

[Referenced page 33](#)

Table F8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide attempt DoDSERs

		Count	%
All		169	100.0
Behavioral health diagnosis	Yes	77	45.6
	No	61	47.9
Number of diagnoses	1§	38	49.4
	2§	23	29.9
Specific diagnoses	3§	10	13.0
	4 or more§	6	7.8
Mood disorder§	Mood disorder§	49	63.6
	Bipolar¶	1	2.0
Major depression¶	Major depression¶	27	55.1
	Dysthymic¶	7	14.3
Other mood disorder¶	Other mood disorder¶	18	36.7
	Unspecified mood disorder¶	3	6.1
Anxiety disorder§	Anxiety disorder§	27	35.1
	Posttraumatic stress¶	17	63.0
Panic¶	Panic¶	1	3.7
	Generalized anxiety¶	4	14.8
Acute stress¶	Acute stress¶	3	11.1
	Other anxiety disorder¶	5	18.5
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	2	7.4
Personality disorder§	Personality disorder§	13	13.0
	Psychotic disorder§	2	2.0
Adjustment disorder§	Adjustment disorder§	38	38.0
	Traumatic brain injury§	6	6.0
No	No	61	47.9
	Data unavailable	11	6.5
Sleep disorder	Yes	11	6.5
	No	141	83.4
Data unavailable	Data unavailable	17	10.1
History of substance abuse	Yes	53	31.4
	No	81	47.9
Data unavailable	Data unavailable	35	20.7
Family history of behavioral health conditions	Yes	33	19.5
	No	105	62.1
Data unavailable	Data unavailable	31	18.3

Continued >>

Table F8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	51	30.2
	Number of prior self injuries		
	One prior event§	23	45.1
	More than one prior event§	28	54.9
	Event similar to prior self injury		
	Yes§	29	56.9
	No	99	58.6
	Data unavailable	19	11.2
Physical health problem, last 90 days	Yes	12	7.1
	No	142	84.0
	Data unavailable	15	8.9
Accession of medical/support services, last 90 days	Yes	98	58.0
	Military Treatment Facility§	64	65.3
	Substance Abuse Services§	17	17.3
	Family Advocacy Program§	3	3.1
	Chaplain Services§	8	8.2
	Outpatient behavioral health§	67	68.4
	Inpatient behavioral health§	21	21.4
	No	66	39.1
	Data unavailable	5	3.0
Ever taken psychotropic medications	Yes	62	36.7
	No	94	55.6
	Data unavailable	13	7.7
Use of psychotropic medications, last 90 days	Yes	48	28.4
	Antidepressants§	42	87.5
	Anxiolytics§	13	27.1
	Antimaniacs§	1	2.1
	Anticonvulsants§	8	16.7
	Antipsychotics§	4	8.3
	Sleep medications§	23	47.9
	No	108	63.9
	Data unavailable	13	7.7
Pain medication at time of the event	Yes	22	13.0
	No	120	71.0
	Data unavailable	27	16.0

Continued >>

Table F8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	11	6.5
	No	140	82.8
	<i>Data unavailable</i>	18	10.7

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 34](#)

Table F9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Marine Corps suicide attempt DoDSERs

		Count	%
All		169	100.0
Any family or relationship stressors, last 90 days	Yes	79	46.7
	Failed intimate relationship§	71	89.9
	Failed non-intimate relationship§	10	12.7
	Death of spouse or family member§	3	3.8
	Death of friend§	1	1.3
	Family/spouse illness§	8	10.1
	No	82	48.5
	Data unavailable	8	4.7
History of suicide of friend or family members	Yes	11	6.5
	Spouse suicide§	0	0.0
	Family suicide§	8	72.7
	Friend suicide§	5	45.5
	No	146	86.4
	Data unavailable	12	7.1
History of administrative/legal issues, last 90 days	Yes	53	31.4
	Courts martial proceedings§	7	13.2
	Article 15/Non-judicial punishment§	25	47.2
	Administrative separation§	17	32.1
	AWOL§	9	17.0
	Medical evaluation board§	6	11.3
	Civil legal problems§	15	28.3
	Non-selection for promotion§	2	3.8
	No	111	65.7
	Data unavailable	5	3.0
Any financial or workplace difficulties, last 90 days	Yes	57	33.7
	Excessive debt or bankruptcy§	13	22.8
	Job problems§	41	71.9
	Supervisor/coworker issues§	25	43.9
	Poor performance review§	11	19.3
	Unit/workplace hazing§	2	3.5
	No	83	49.1
	Data unavailable	29	17.2

Continued >>

Table F9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Marine Corps suicide attempt DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	40	23.7
	Physical abuse§	23	57.5
	Sexual abuse§	14	35.0
	Emotional abuse§	28	70.0
	Sexual harassment§	3	7.5
	No	109	64.5
	Data unavailable	20	11.8
Abuse perpetration history	Yes	11	6.5
	Physical abuse§	10	90.9
	Sexual abuse§	1	9.1
	Emotional abuse§	3	27.3
	Sexual harassment§	1	9.1
	No	138	81.7
	Data unavailable	20	11.8

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

Referenced page 34

Table F10. Deployment and direct combat history for all CY 2012 Marine Corps suicide attempt DoDSERs

		Count	%
All		169	100.0
History of deployment	Yes	67	39.6
Number of deployments	1§	30	44.8
	2§	23	34.3
	3 or more§	14	20.9
	No	102	60.4
Ever deployed OEF/OIF/OND	Yes	64	37.9
	Iraq§	27	42.2
	Afghanistan§	54	84.4
	Kuwait§	0	0.0
	No	105	62.1
Events in theater	Afghanistan	2	1.2
	Kuwait	0	0.0
	Shipboard	1	0.6
	Other location	0	0.0
	Not OEF/OIF/OND deployed at time of event	166	98.2
History of direct combat	Yes	17	10.1
	Wounded others combat§	12	70.6
	Service member wounded in combat§	4	23.5
	Witnessed killing§	11	64.7
	Saw bodies of other soldiers§	10	58.8
	Killed others in combat§	7	41.2
	No	19	11.2
	Not applicable	102	60.4
	<i>Data unavailable</i>	31	18.3

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 35](#)

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Appendix G

NAVY TABLES



Table G1. Demographic characteristics of Navy suicide DoDSERs submitted for CY 2012

		Count	%
All		59 [¶]	100.0
Sex	Male	55	93.2
	Female	4	6.8
Race	American Indian/Alaskan Native	1	1.7
	Asian/Pacific Islander	3	5.1
	Black/African American	5	8.5
	White/Caucasian	47	79.7
	Other/Unknown	3	5.1
Ethnicity	Hispanic	8	13.6
	Non-Hispanic	46	78.0
	Unknown	5	8.5
Age Range	17 - 24	21	35.6
	25 - 29	16	27.1
	30 - 34	12	20.3
	35 - 39	5	8.5
	40 - 44	3	5.1
	45 - 74	2	3.4
	<i>Data unavailable</i>		
Rank	Cadet/Midshipmen	0	0.0
	E1-E4	20	33.9
	E5-E9	29	49.2
	Officer	10	16.9
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	0	0.0
Component	Active	57	96.6
	Reserve	2	3.4
	Other	0	0.0

Continued >>

Table G1. Demographic characteristics of Navy suicide DoDSERs submitted for CY 2012

		Count	%
Education	Some high school, did not graduate	0	0.0
	Alternative high school certification	0	0.0
	High school graduate	24	40.7
	Some college, no degree	19	32.2
	Degree, <4 years	0	0.0
	4-year degree	8	13.6
	Masters degree or greater	1	1.7
	Unknown	7	11.9
Marital Status	Never married	30	50.8
	Married	24	40.7
	Legally separated	1	1.7
	Divorced	2	3.4
	Widowed	0	0.0
	Other	0	0.0
	<i>Data unavailable</i>	2	3.4

¶ This number includes DoDSERs submitted for Service members who were part of the Active component and the Reserve component in an Active status at the time of the event. Only suicides confirmed by AFMES by 31 January 2013 were required to be submitted by 31 March 2013 for inclusion in this report.

[Referenced page 38](#)

Table G2. Location of event, event method, and event context for all CY 2012 Navy suicide DoDSERs

		Count	%
All		59	100.0
Geographic location	United States	55	93.2
	Afghanistan	1	1.7
	Kuwait	0	0.0
	Korea	0	0.0
	Other Europe	0	0.0
	Japan	1	1.7
	Germany	0	0.0
	At sea	1	1.7
	Other	1	1.7
	<i>Data unavailable</i>	0	0.0
Event setting	Residence (own) or barracks	36	61.0
	Residence of friend or family	2	3.4
	Work/jobsite	6	10.2
	Automobile (away from residence)	2	3.4
	Inpatient medical/behavioral health	0	0.0
	Hotel	2	3.4
	Jail/Military control	1	1.7
	Other	10	16.9
	<i>Data unavailable</i>	0	0.0
Event method (AFMES)	Asphyxiation	12	20.3
	Cutting/Piercing	2	3.4
	Drowning	2	3.4
	Drugs/Alcohol	1	1.7
	Fall/Jump	3	5.1
	Gunshot	38	64.4
	Military issued firearm§	3	7.9
	Non-military issued firearm§	34	89.5
	Firearm of unknown source§	1	2.6
	Poisoning	1	1.7
	Motor vehicle	0	0.0
	<i>Data unavailable</i>	0	0.0
Alcohol used during event (AFMES)	Yes	24	40.7
	No	27	45.8
	<i>Data unavailable</i>	8	13.6

Continued >>

Table G2. Location of event, event method, and event context for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
Drugs used during event (AFMES)	Yes	9	15.3
	Illicit drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	1	11.1
	Inhalants		
	Used, cause of death§	0	0.0
	Used, not cause of death§	0	0.0
	Prescription drugs		
	Used, cause of death§	0	0.0
	Used, not cause of death§	6	66.7
OTC drugs	Used, cause of death§	1	11.1
	Used, not cause of death§	4	44.4
	No	11	18.6
	Data unavailable	39	66.1
Alcohol and drugs used during event (AFMES)	Yes	6	10.2
	No	30	50.8
	Data unavailable	23	39.0
Communicated potential for self-harm	Yes	16	27.1
	Mode		
	Written§	1	6.3
	Verbal§	8	50.0
	Electronic§	11	68.8
	Other§	1	6.3
	Number of types of recipients		
	1§	12	75.0
	2§	3	18.8
	3§	1	6.3
	4 or more§	0	0.0
	Recipients		
	Supervisor§	5	31.3
	Chaplain§	0	0.0
	Mental Health Staff§	0	0.0
	Friend§	7	43.8
	Spouse/significant other§	8	50.0
	Family§	0	0.0
	Social Media§	0	0.0
	Colleague§	0	0.0
	Emergency Personnel§	1	6.3
	Helpline§	0	0.0
	Other§	0	0.0
	No	36	61.0
	Data unavailable	7	11.9

Continued >>

Table G2. Location of event, event method, and event context for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
Death risk gambling	Yes	0	0.0
	No	49	83.1
	<i>Data unavailable</i>	10	16.9
Event planned	Yes	15	25.4
	No	17	28.8
	<i>Data unavailable</i>	27	45.8
Event observable	Yes	14	23.7
	No	39	66.1
	<i>Data unavailable</i>	6	10.2
Left suicide note	Yes	17	28.8
	No	32	54.2
	<i>Data unavailable</i>	10	16.9
Residence	Shared military living environment	9	15.3
	Bachelor quarters	5	8.5
	On-base family housing	4	6.8
	Private residence	34	57.6
	Ship	2	3.4
	Other	5	8.5
	<i>Data unavailable</i>	0	0.0
Married Service member residence	Not married	33	55.9
	Married, resides with spouse	15	25.4
	Married, not living together, relationship issues	4	6.8
	Married, not living together, other reasons	4	6.8
	<i>Data unavailable</i>	3	5.1
Service member resided alone	Yes	17	28.8
	No	37	62.7
	<i>Data unavailable</i>	5	8.5
Had minor children	Yes, lived with SM	11	18.6
	Yes, did not live with SM	10	16.9
	No children	36	61.0
	<i>Data unavailable</i>	2	3.4

Continued >>

Table G2. Location of event, event method, and event context for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
Firearm in immediate environment	Yes	35	59.3
	No	16	27.1
	<i>Data unavailable</i>	8	13.6
Duty environment at time of event‡	Permanent duty station	33	55.9
	Leave	4	6.8
	TDY	1	1.7
	AWOL	3	5.1
	Deployed	3	5.1
	Training	5	8.5
	Psychiatric Hospitalization	1	1.7
	Medical Hold	1	1.7
	Other	16	27.1
	Unknown	0	0.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

‡Some DoDSERs reported more than one environment.

[Referenced page 38](#)

Table G3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide DoDSERs

		Count	%
All		59	100.0
Behavioral health diagnosis	Yes	15	25.5
	No	44	74.5
Number of diagnoses	1§	8	53.3
	2§	3	20.0
Specific diagnoses	3§	3	20.0
	4 or more§	1	6.7
Mood disorder§	Mood disorder§	8	53.3
	Bipolar¶	1	12.5
Major depression¶	Major depression¶	6	75.0
	Dysthymic¶	2	25.0
Other mood disorder¶	Other mood disorder¶	3	37.5
	Unspecified mood disorder¶	0	0.0
Anxiety disorder§	Anxiety disorder§	9	45.0
	Posttraumatic stress¶	2	22.2
Panic¶	Panic¶	1	11.1
	Generalized anxiety¶	3	33.3
Acute stress¶	Acute stress¶	0	0.0
	Other anxiety disorder¶	2	22.2
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	1	11.1
	Personality disorder§	1	6.7
Psychotic disorder§	Psychotic disorder§	0	0.0
	Adjustment disorder§	6	40.0
Traumatic brain injury§	Traumatic brain injury§	0	0.0
	No	33	55.9
Data unavailable	Data unavailable	11	18.6
Sleep disorder	Yes	5	8.5
	No	38	64.4
Data unavailable	Data unavailable	16	27.1
History of substance abuse	Yes	10	16.9
	No	38	64.4
Data unavailable	Data unavailable	11	18.6
Family history of behavioral health conditions	Yes	5	8.5
	No	17	28.8
Data unavailable	Data unavailable	37	62.7

Continued >>

Table G3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	7	11.9
	Number of prior self injuries		
	One prior event§	4	57.1
	More than one prior event§	3	42.9
	Event similar to prior self injury		
	Yes§	3	42.9
	No	35	59.3
	Data unavailable	17	28.8
Physical health problem, last 90 days	Yes	3	5.1
	No	45	76.3
	Data unavailable	11	18.6
Accession of medical/support services, last 90 days	Yes	30	50.8
	Military Treatment Facility§	26	86.7
	Substance Abuse Services§	2	6.7
	Family Advocacy Program§	1	3.3
	Chaplain Services§	3	10.0
	Outpatient behavioral health§	9	30.0
	Inpatient behavioral health§	2	6.7
	No	25	42.4
	Data unavailable	4	6.8
Ever taken psychotropic medications	Yes	15	25.4
	No	25	42.4
	Data unavailable	19	32.2
Use of psychotropic medications, last 90 days	Yes	11	18.6
	Antidepressants§	7	63.6
	Anxiolytics§	4	36.4
	Antimaniacs§	1	9.1
	Anticonvulsants§	0	0.0
	Antipsychotics§	1	9.1
	Sleep medications§	5	45.5
	No	29	49.2
	Data unavailable	19	32.2
Pain medication at time of the event	Yes	2	3.4
	No	35	59.3
	Data unavailable	22	37.3

Continued >>

Table G3. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	1	1.7
	No	33	55.9
	<i>Data unavailable</i>	25	42.4

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 39](#)

Table G4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Navy suicide DoDSERs

		Count	%
All		59	100.0
Any family or relationship stressors, last 90 days	Yes	22	37.3
	Failed intimate relationship§	17	77.3
	Failed non-intimate relationship§	6	27.3
	Death of spouse or family member§	2	9.1
	Death of friend§	1	4.5
	Family/spouse illness§	1	4.5
	No	30	50.8
	Data unavailable	7	11.9
History of suicide of friend or family members	Yes	1	1.7
	Spouse suicide§	0	0.0
	Family suicide§	1	100.0
	Friend suicide§	0	0.0
	No	49	83.1
	Data unavailable	9	15.3
History of administrative/legal issues, last 90 days	Yes	14	23.7
	Courts martial proceedings§	0	0.0
	Article 15/Non-judicial punishment§	4	28.6
	Administrative separation§	3	21.4
	AWOL§	3	21.4
	Medical evaluation board§	0	0.0
	Civil legal problems§	5	35.7
	Non-selection for promotion§	3	21.4
	No	45	76.3
	Data unavailable	0	0.0
Any financial or workplace difficulties, last 90 days	Yes	13	22.0
	Excessive debt or bankruptcy§	5	38.5
	Job problems§	11	84.6
	Supervisor/coworker issues§	4	30.8
	Poor performance review§	1	7.7
	Unit/workplace hazing§	0	0.0
	No	40	67.8
	Data unavailable	6	10.2

Continued >>

Table G4. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Navy suicide DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	2	3.4
	Physical abuse§	1	50.0
	Sexual abuse§	1	50.0
	Emotional abuse§	2	100.0
	Sexual harassment§	0	0.0
	No	39	66.1
	<i>Data unavailable</i>	18	30.5
Abuse perpetration history	Yes	6	10.2
	Physical abuse§	2	33.3
	Sexual abuse§	3	50.0
	Emotional abuse§	1	16.7
	Sexual harassment§	0	0.0
	No	40	67.8
	<i>Data unavailable</i>	13	22.0

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 39](#)

Table G5. Deployment and direct combat history for all CY 2012 Navy suicide DoDSERs

		Count	%
All		59	100.0
History of deployment	Yes	24	40.7
Number of deployments	1§	9	37.5
	2§	10	41.7
	3 or more§	5	20.8
	No	35	59.3
Ever deployed OEF/OIF/OND			
	Yes	8	13.6
	Iraq§	4	50.0
	Afghanistan§	5	62.5
	Kuwait§	0	0.0
	No	51	86.4
	<i>Data unavailable</i>	0	0.0
Events in theater			
	Afghanistan	1	1.7
	Kuwait	0	0.0
	Other location	1	1.7
	Not OEF/OIF/OND deployed at time of event	57	96.6
History of direct combat			
	Yes	4	6.8
	Wounded others combat§	3	75.0
	Service member wounded in combat§	0	0.0
	Witnessed killing§	2	50.0
	Saw bodies of other soldiers§	3	75.0
	Killed others in combat§	1	25.0
	No	15	25.4
	Not applicable	35	59.3
	<i>Data unavailable</i>	5	8.5

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 40](#)

Table G6. Demographic characteristics of all CY 2012 Navy suicide attempt DoDSERs

		Count	%
All		106	100.0
Sex	Male	73	68.9
	Female	33	31.1
Race	American Indian/Alaskan Native	4	3.8
	Asian/Pacific Islander	3	2.8
	Black/African American	22	20.8
	White/Caucasian	67	63.2
	Other/Unknown	10	9.4
Ethnicity	Hispanic	14	13.2
	Non-Hispanic	78	73.6
	Unknown	14	13.2
Age Range	17 - 24	62	58.5
	25 - 29	26	24.5
	30 - 34	5	4.7
	35 - 39	9	8.5
	40 - 44	4	3.8
	45 - 74	0	0.0
	<i>Data unavailable</i>	0	0
Rank	Cadet/Midshipmen	0	0.0
	E1-E4	65	61.3
	E5-E9	27	25.5
	Officer	6	5.7
	Warrant Officer	0	0.0
	<i>Data unavailable</i>	8	7.5
Component	Active	100	94.3
	Reserve	3	2.8
	Other	3	2.8

Continued >>

Table G6. Demographic characteristics of all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Education	Some high school, did not graduate	0	0.0
	Alternative high school certification	3	2.8
	High school graduate	55	51.9
	Some college, no degree	24	22.6
	Degree, <4 years	5	4.7
	4-year degree	5	4.7
	Masters degree or greater	2	1.9
	Unknown	12	11.3
Marital Status	Never married	56	52.8
	Married	38	35.8
	Legally separated	2	1.9
	Divorced	5	4.7
	Widowed	0	0.0
	Other	2	1.9
	<i>Data unavailable</i>	3	2.8

[Referenced page 41](#)

Table G7. Location of event, event method, and event context for all CY 2012 Navy suicide attempt DoDSERs

		Count	%
All		106	100.0
Geographic location	United States	92	86.8
	Afghanistan	0	0.0
	Kuwait	0	0.0
	Korea	2	1.9
	Other Europe	7	6.6
	Japan	0	0.0
	Germany	0	0.0
	At sea	5	4.7
	Other	0	0.0
	<i>Data unavailable</i>	0	0.0
Event setting	Residence (own) or barracks	66	62.3
	Residence of friend or family	5	4.7
	Work/jobsite	15	14.2
	Automobile (away from residence)	8	7.5
	Inpatient medical/behavioral health	0	0.0
	Outpatient medical/behavioral health	1	0.9
	Emergency room	1	0.9
	Hotel	3	2.8
	Jail/Military control	0	0.0
	Other	7	6.6
	<i>Data unavailable</i>	0	0.0
Event method	Drugs	59	55.7
	Alcohol	4	3.8
	Gas, vehicle exhaust	0	0.0
	Gas, utility (or other)	0	0.0
	Chemicals	1	0.9
	Hanging	8	7.5
	Drowning	0	0.0
	Firearm, military issued	0	0.0
	Firearm, not military issued	2	1.9
	Fire/steam	0	0.0
	Sharp/blunt object	16	15.1
	Jumping from high place	1	0.9
	Lying in front of a moving object	0	0.0
	Crashing a motor vehicle	4	3.8
	Other	12	11.3
	<i>Data unavailable</i>	9	8.5

Continued >>

Table G7. Location of event, event method, and event context for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Alcohol used during event	Yes	27	25.5
	No	69	65.1
	<i>Data unavailable</i>	10	9.4
Drugs used during event	Yes	64	60.4
	Illicit drugs		
	Used, overdose§	2	3.1
	Used, no overdose§	0	0.0
	Prescription drugs		
	Used, overdose§	25	39.1
	Used, no overdose§	6	9.4
	OTC drugs		
	Used, overdose§	24	37.5
	Used, no overdose§	3	4.7
	No	36	34.0
	<i>Data unavailable</i>	6	5.7
Both alcohol and drugs used	Yes	18	17.0
	No	77	72.6
	<i>Data unavailable</i>	11	10.4
Communicated potential for self-harm	Yes	29	27.4
	Mode		
	Written§	5	17.2
	Verbal§	20	69.0
	Electronic§	5	17.2
	Other§	0	0.0
	Number of types of recipients		
	1§	21	72.4
	2§	6	20.7
	3§	2	6.9
	4 or more§	0	0.0
	Recipient		
	Supervisor§	7	24.1
	Chaplain§	1	3.4
	Mental Health Staff§	11	37.9
	Friend§	4	13.8
	Spouse/significant other§	10	34.5
	Family§	4	13.8
	Social Media§	0	0.0
	Colleague§	0	0.0
	Emergency Personnel§	1	3.4
	Helpline§	0	0.0
	Other§	1	3.4
	No	62	58.5
	<i>Data unavailable</i>	15	14.2

Continued >>

Table G7. Location of event, event method, and event context for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Self-inflicted injuries	Yes	53	50.0
	No	41	38.7
	<i>Data unavailable</i>	12	11.3
Death risk gambling	Yes	0	0.0
	No	95	89.6
	<i>Data unavailable</i>	11	10.4
Event planned	Yes	30	28.3
	No	51	48.1
	<i>Data unavailable</i>	25	23.6
Event observable	Yes	42	39.6
	No	43	40.6
	<i>Data unavailable</i>	21	19.8
Left suicide note	Yes	5	4.7
	No	91	85.8
	<i>Data unavailable</i>	10	9.4
Residence	Shared military living environment	35	33.0
	Bachelor quarters	1	0.9
	On-base family housing	4	3.8
	Private residence	38	35.8
	Ship	14	13.2
	Other	5	4.7
	<i>Data unavailable</i>	9	8.5
Married Service member residence	Not married	65	61.3
	Married, resides with spouse	19	17.9
	Married, not living together, relationship issues	9	8.5
	Married, not living together, other reasons	9	8.5
	<i>Data unavailable</i>	4	3.8
Service member resided alone	Yes	24	22.6
	No	70	66.0
	<i>Data unavailable</i>	12	11.3

Continued >>

Table G7. Location of event, event method, and event context for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Had minor children	Yes, live with Service member	17	16.0
	Yes, do not live with Service member	13	12.3
	No children	66	62.3
	<i>Data unavailable</i>	10	9.4
Firearm in immediate environment	Yes	8	7.5
	No	77	72.6
	<i>Data unavailable</i>	21	19.8
Duty environment at time of event*	Permanent duty station	50	47.2
	Leave	4	3.8
	TDY	3	2.8
	AWOL	3	2.8
	Deployed	6	5.7
	Training	14	13.2
	Psychiatric Hospitalization	1	0.9
	Medical Hold	3	2.8
	Other	21	19.8
	Unknown	6	5.7

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set

*Some DoDSERs reported more than one environment.

[Referenced page 41](#)

Table G8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide attempt DoDSERs

		Count	%
All		106	100.0
Behavioral health diagnosis	Yes	53	50.0
	No	33	31.1
Number of diagnoses	1§	33	62.3
	2§	12	22.6
Specific diagnoses	3§	7	13.2
	4 or more§	1	1.9
Mood disorder§	Mood disorder§	39	73.6
	Bipolar¶	1	2.6
Major depression¶	Major depression¶	18	46.2
	Dysthymic¶	4	10.3
Other mood disorder¶	Other mood disorder¶	13	33.3
	Unspecified mood disorder¶	4	10.3
Anxiety disorder§	Anxiety disorder§	15	24.2
	Posttraumatic stress¶	8	53.3
Panic¶	Panic¶	1	6.7
	Generalized anxiety¶	1	6.7
Acute stress¶	Acute stress¶	0	0.0
	Other anxiety disorder¶	6	40.0
Unspecified anxiety disorder¶	Unspecified anxiety disorder¶	1	6.7
Personality disorder§	Personality disorder§	9	14.5
	Psychotic disorder§	0	0.0
Adjustment disorder§	Adjustment disorder§	23	37.1
	Traumatic brain injury§	3	4.8
No	No	33	31.1
	Data unavailable	11	10.4
Sleep disorder	Yes	6	5.7
	No	84	79.2
Data unavailable	Data unavailable	16	15.1
History of substance abuse	Yes	27	25.5
	No	66	62.3
Data unavailable	Data unavailable	13	12.3
Family history of behavioral health conditions	Yes	31	29.2
	No	51	48.1
Data unavailable	Data unavailable	24	22.6

Continued >>

Table G8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
History of prior self-injury	Yes	30	28.3
	Number of prior self injuries		
	One prior event§	14	46.7
	More than one prior event§	16	53.3
	Event similar to prior self injury		
	Yes§	16	53.3
	No	62	58.5
	Data unavailable	14	13.2
Physical health problem, last 90 days	Yes	6	5.7
	No	85	80.2
	Data unavailable	15	14.2
Accession of medical/support services, last 90 days	Yes	63	59.4
	Military Treatment Facility§	36	57.1
	Substance Abuse Services§	10	15.9
	Family Advocacy Program§	3	4.8
	Chaplain Services§	13	20.6
	Outpatient behavioral health§	44	69.8
	Inpatient behavioral health§	14	22.2
	No	34	32.1
	Data unavailable	9	8.5
Ever taken psychotropic medications	Yes	35	33.0
	No	62	58.5
	Data unavailable	9	8.5
Use of psychotropic medications, last 90 days	Yes	27	25.5
	Antidepressants§	22	81.5
	Anxiolytics§	8	29.6
	Antimanics§	0	0.0
	Anticonvulsants§	0	0.0
	Antipsychotics§	1	3.7
	Sleep medications§	16	59.3
	No	70	66.0
	Data unavailable	9	8.5
Pain medication at time of the event	Yes	12	11.3
	No	76	71.7
	Data unavailable	18	17.0

Continued >>

Table G8. Behavioral health history, accession of medical and social services, and prescription medication usage for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Polypharmacy at time of the event	Yes	4	3.8
	No	83	78.3
	<i>Data unavailable</i>	19	17.9

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

¶ Percents based on the number of reports in that diagnostic category; some DoDSERs reported multiple diagnoses within the same category.

[Referenced page 42](#)

Table G9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Navy suicide attempt DoDSERs

		Count	%
All		106	100.0
Any family or relationship stressors, last 90 days	Yes	46	43.4
	Failed intimate relationship§	35	76.1
	Failed non-intimate relationship§	8	17.4
	Death of spouse or family member§	1	2.2
	Death of friend§	1	2.2
	Family/spouse illness§	6	13.0
	No	46	43.4
	Data unavailable	14	13.2
History of suicide of friend or family members	Yes	9	8.5
	Spouse suicide§	0	0.0
	Family suicide§	5	55.6
	Friend suicide§	5	55.6
	No	82	77.4
	Data unavailable	15	14.2
History of administrative/legal issues, last 90 days	Yes	30	28.3
	Courts martial proceedings§	2	6.7
	Article 15/Non-judicial punishment§	13	43.3
	Administrative separation§	11	36.7
	AWOL§	7	23.3
	Medical evaluation board§	1	3.3
	Civil legal problems§	5	16.7
	Non-selection for promotion§	3	10.0
	No	64	60.4
	Data unavailable	12	11.3
Any financial or workplace difficulties, last 90 days	Yes	36	34.0
	Excessive debt or bankruptcy§	5	13.9
	Job problems§	30	83.3
	Supervisor/coworker issues§	22	61.1
	Poor performance review§	13	36.1
	Unit/workplace hazing§	0	0.0
	No	50	47.2
	Data unavailable	20	18.9

Continued >>

Table G9. Antecedent stressors related to family and relationship issues, administrative or legal issues, financial or workplace conflicts, and abuse victimization or perpetration for all CY 2012 Navy suicide attempt DoDSERs (cont.)

		Count	%
Abuse victimization history	Yes	38	35.8
	Physical abuse§	24	63.2
	Sexual abuse§	24	63.2
	Emotional abuse§	25	65.8
	Sexual harassment§	4	10.5
	No	50	47.2
	<i>Data unavailable</i>	18	17.0
Abuse perpetration history	Yes	13	12.3
	Physical abuse§	10	76.9
	Sexual abuse§	3	23.1
	Emotional abuse§	1	7.7
	Sexual harassment§	1	7.7
	No	71	67.0
	<i>Data unavailable</i>	22	20.8

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 42](#)

Table G10. Deployment and direct combat history for all CY 2012 Navy suicide attempt DoDSERs

		Count	%
All		106	100.0
History of deployment	Yes	38	35.8
Number of deployments	1§	19	50.0
	2§	11	28.9
	3 or more§	8	21.1
	No	68	64.2
Ever deployed OEF/OIF/OND	Yes	14	13.2
	Iraq§	6	42.9
	Afghanistan§	10	71.4
	Kuwait§	0	0.0
	No	92	86.8
Events in theater	Afghanistan	0	0.0
	Kuwait	0	0.0
	Shipboard	1	0.9
	Other location	0	0.0
	Not OEF/OIF/OND deployed at time of event	105	99.1
History of direct combat	Yes	4	3.8
	Wounded others combat§	3	75.0
	Service member wounded in combat§	0	0.0
	Witnessed killing§	4	100.0
	Saw bodies of other soldiers§	3	75.0
	Killed others in combat§	2	50.0
	No	24	22.6
	Not applicable	68	64.2
	<i>Data unavailable</i>	10	9.4

§ Percents based on the number of 'Yes' responses; some DoDSERs indicated multiple responses in the same set.

[Referenced page 43](#)

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Appendix H

GLOSSARY

Active component	Per the Office of the Deputy Chief Management Officer, the Active component is, “the portion of the armed forces as identified in annual authorization acts as ‘active forces,’ and in section 115 of Title 10 USC as those Active Duty personnel paid from funds appropriated for Active Duty personnel.”
Active duty	Per the Office of the Deputy Chief Management Officer, Active duty is a status that reflects “full-time duty in the active military service of the United States. This includes members of the Reserve Component serving on active duty or full-time training duty, but does not include full-time National Guard duty.”
Article 15	A provision under the Uniform Code of Military Justice (UCMJ) which gives commanding officers ability to impose nonjudicial punishment upon soldiers who commit minor offenses within their units.
Death-risk gambling	Any game of chance with death or serious injury as a potential outcome. Examples include “Russian roulette.”
Deployed	Deployment ashore (boots on the ground) with duties involving outside the continental United States operations without a fixed US Military Treatment Facility (MTF). Examples include OEF and OND deployments.
Self harm (without intent to die)	A self-inflicted, potentially injurious behavior for which there is evidence (either implicit or explicit) that the person did not intend to kill himself/herself (i.e., had no intent to die).
Medical Evaluation Board	Informal proceeding evaluating the medical history of a Service Member to determine how the injury/disease will respond to treatment protocols. This is used to determine if the medical condition and/or physical defect will render the Service Member unfit for duty.
Planned and/or premeditated	Evidence the event was planned and/or premeditated includes verbal discussion of plan, written notes, email/chat-room discussion, or other evidence of plan such as preparatory behaviors (e.g., giving possessions away, purchase of materials to facilitate suicide, etc.).
Polypharmacy	Being prescribed any four or more medications taken concurrently with any one of them being a psychotropic or central nervous system depressant.

Psychotropic Medications	A type of medication that directly affects the mental, emotional and behavioral states when consumed by an individual. Such medications are used to treat disorders such as depression or bipolar.
Suicide	Self-inflicted death with evidence (either explicit or implicit) of intent to die.
Suicide attempt	A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die.
Suicidal ideation	Any self-reported thoughts of engaging in suicide-related behaviors.
Traumatic Brain Injury	<p>A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event:</p> <ul style="list-style-type: none"> a) Any period of loss of or a decreased level of consciousness; b) Any loss of memory for events immediately before or after the injury; c) Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient Intracranial lesion. <p>used to treat disorders such as depression or bipolar.</p>

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Appendix I

ACRONYMS

AFMES	Armed Forces Medical Examiner System
AWOL	Absent without leave
CAC	Common access card
CI	Confidence interval
CY	Calendar year
DCIPS	Defense Casualty Information Processing System
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DSPO	Defense Suicide Prevention Office
GED	General Educational Development
MTF	Medical treatment facility
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
OSI	Office of Special Investigations
OTC	Over the counter
POC	Point of contact
SPPM	Suicide Prevention Program Manager
SM	Service member
T2	National Center for Telehealth & Technology
TDY	Temporary duty

Appendix J

FEEDBACK & SUGGESTIONS

In a continuing effort to provide an annual DoDSER that is useful to the DoD community it serves, we request your feedback on the information we've provided and your suggestions for ways we could make the DoDSER annual report more useful.

Please return your completed survey by mail, fax, or email to:

National Center for Telehealth & Technology (T2)
 9933 West Hayes, Joint Base Lewis-McChord, WA 98431
 Fax: 253.968.4192
suicide.reporting@us.army.mil

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found the information in the 2012 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: _____

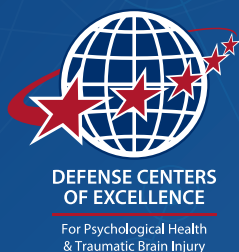
Email: _____ Phone: _____

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DoDSER

**DEPARTMENT OF DEFENSE
SUICIDE EVENT REPORT
CALENDAR YEAR 2012 ANNUAL REPORT**



National Center for Telehealth & Technology (T2)

Defense Centers of Excellence for Psychological Health
& Traumatic Brain Injury (DCoE)

t2health.org