



DoD SER

Department of Defense Suicide Event Report Calendar Year 2015 Annual Report

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Dear Military Leaders and Community Members:

The Department of Defense (DoD) prioritizes suicide prevention among Service members of the United States' Armed Forces. In service of that goal, a high-quality surveillance program is essential for the assessment, implementation, and refinement of suicide prevention efforts to better provide for the needs of our Service members.

DoD's principal suicide surveillance tool, the Department of Defense Suicide Event Report (DoDSER), has two primary purposes. It collects and reports extensive data on the contextual factors present among Service members engaging in suicide-related behavior: event circumstances, medical and behavioral health factors, military-related factors, psychosocial and lifestyle stressors, and demographics. It also provides statistical information from the Army, Navy, Air Force, and Marine Corps about Service members' suicides and suicide attempts, including data from both the Active and Reserve Components. DoD uses this information to implement programs and policies designed to prevent future suicides.

I encourage you to review the Calendar Year 2015 DoDSER. The dissemination of the data within this report ensures that leaders have access to the accurate and valuable information guiding current suicide prevention initiatives. Thank you for your continued support of DoD's efforts to reduce the heartbreaking occurrence of suicide deaths among our Service men and women.

Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Acknowledgements

The Department of Defense Suicide Event Report (DoDSER) Calendar Year 2015 Annual Report would not be possible without the continued efforts of our partner organizations. We would like to offer our sincere gratitude to the Armed Forces Medical Examiner System (AFMES), the Defense Manpower Data Center (DMDC), the Services' DoDSER Program Managers and the Sexual Assault Prevention and Response Office (SAPRO) for their efforts in providing the best data possible on suicide and non-fatal suicide behavior for calendar year (CY) 2015.

We would also like to recognize the efforts of the Defense Suicide Prevention Office (DSPO) and the members of the Suicide Prevention and Risk Reduction Committee (SPARRC) toward translating the information contained within this annual report into their suicide prevention programs and strategies.

Finally, the authors would like to acknowledge the T2 staff members, past and present, who work behind the scenes on the Internet technology, security and administrative requirements of the DoDSER data collection system. To all of those involved with the DoDSER program, thank you for your hard work and collaboration. To be confronted on a daily basis with suicide reporting material is difficult, however, your dedication to the mission allows this surveillance effort to be successful.

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Executive Summary

This report presents data from the United States (U.S.) Armed Forces on the incidence of suicide and suicide attempts between January 1, 2015 and December 31, 2015 (CY 2015). The annual rate of suicide is provided separately for Service members in the Active Component and those in the Selected Reserve Component of the Ready Reserve (SELRES), subdivided by the Reserve and National Guard. Data collection and reporting was required for all suicides and identified suicide attempts that occurred among Service members in the Active Component and those that occurred among SELRES who were in a duty or training status. These reports provided additional data on contextual factors and known or suspected determinants of suicide. This report was completed and submitted for public release on 31 July, 2016

Suicide Rates

1. Across the Services, there were 266 suicides in the Active Component (rate = 20.2 per 100,000), 90 in the Reserve Component of the SELRES (rate = 24.7 per 100,000) and 123 in the National Guard Component of the SELRES (rate = 27.1 per 100,000). These rates were **statistically indistinguishable** from one another after adjusting for age and sex differences between the three components.
2. The suicide rates for the Active Component of the Air Force (rate = 20.5 per 100,000), the Army (rate = 24.4 per 100,000) and the Marine Corps (rate = 21.2 per 100,000) were statistically comparable. **The CY 2015 suicide rate for the Navy** (13.1 per 100,000) **was lower** than the rate for both the Air Force and the Army, but indistinguishable from the Marine Corps rate, after adjustment for age and sex differences.
3. The rate of suicide of all Services for CY 2015 **did not differ** from the average rate for CY 2012 – CY 2014 for any Component. Furthermore, the Service-specific, Active Component suicide rates **did not differ** from the average rates for CY 2012 – CY 2014.
4. The suicide rates for the Active Component and the Reserve Component of the SELRES **were consistent with what would be expected** if the military had the same age and sex composition as the U.S. general population. The rate of suicide for the National Guard was **higher than expected**, compared to the general population, after adjusting for age and sex.

Key Findings Associated With Suicide Cases

1. Firearms continue to be the most common method of suicide within the DoD.
2. The prevalence of behavioral health factors and psychosocial stressors was consistent with previous reporting years.
3. The CY 2015 suicide rates for the Active and Reserve Components were consistent with the average rates from CY 2012 – CY 2014.
4. The CY 2015 suicide rates for each branch of Service within the Active Component were consistent with the average rates from CY 2012 – CY 2014.

Key findings associated with cases of attempted suicide

1. Drug and alcohol overdose was the most common method of injury identified on CY 2015 DoDSER suicide attempt reports.
2. The prevalence of behavioral health factors and psychosocial stressors was consistent with previous reporting years.

Conclusions

The rates of suicide for CY 2015 in the Active Component and the Reserve and Guard Components of the SELRES, after adjusting for age and sex, were statistically indistinguishable from the previous three years. These data were also consistent with patterns observed in the U.S. general population as described in the Web-based Injury Statistics Query and Reporting System (WISQARS) developed by the U.S. Centers for Disease Control and Prevention (CDC). The descriptive findings from the CY 2015 DoDSER reporting cycle suggest that the characteristics and risk factors associated with suicide and suicide attempts in the military are consistent with those identified in recent years.

It is important to note that a change in the reported values, compared to past DoDSER Annual Reports, does not necessarily indicate a true increase or decrease in occurrence. Only statistical comparisons that factor in changes in the size and composition of the overall population (to ensure the comparison groups are equivalent) can be used to determine increases or decreases over time. Comparing any of the categories described in this report to values reported in previous years, without the appropriate statistical adjustments, will very likely result in erroneous conclusions.

PREFACE



Preface

The DoD Suicide Event Report (DoDSER)

The DoDSER acronym is used to identify not only the web-based system for collecting case-level data relevant to suicide-related behavior among members of the Armed Forces, but also the annual report of findings generated by that system and the survey form used for data collection. To clarify which aspect of the DoDSER is being referenced, a specification such as “system” or “survey,” has been added following the use of the acronym within this document.

Primary Questions

Over the course of each annual reporting cycle, two important questions related to suicide surveillance guide the development of the DoDSER Annual Report. These questions are:

1. What is the rate of suicide among Service members?
2. How common were various known or suspected determinants of suicide among those Service members who engaged in suicide-related behavior during the past year?

The DoDSER system utilizes two different case definitions in order to answer these questions. For the first question, all suicide cases identified by either the AFMES or the Services for the Active Component and the SELRES populations, irrespective of duty status at the time of death, are used to determine suicide rates for the total population.

For the second question, we used data reported directly to the DoDSER system on specific risk and protective factors to describe the prevalence in the cases. For CY 2015, a completed DoDSER survey was required for all Active Component Service members who die by suicide. A completed DoDSER survey is also required for all SELRES Service members who die by suicide while in a duty status. The combination of Active Component and SELRES suicides, in a duty status, makes the total number of deaths described in the DoDSER-specific data not directly comparable to the number of Active Component suicides in the rate calculation. Furthermore, to comply with the timeline requirements of this report, only cases where suicide was confirmed as the manner of death by January 31, 2016 would have fallen in the 60-day required reporting window ensuring a DoDSER submission. As such, the total number of suicides described in the DoDSER-specific data may be less than the sum of all Active Component suicides and all SELRES suicides that occurred among Service members in a duty status. Data from previous years may be updated to include cases that were not part of a given year's Annual Report based on the DoDSER system's data-collection timeline.

Caveats

The majority of the content within the DoDSER Annual Report provides descriptive information regarding the prevalence of various suspected risk and protective factors associated with the occurrence of suicide related behavior within the DoD. Statistical comparisons of selected determinants between CY 2015 and the three previous calendar years are provided to examine the stability of determinant distributions over time. Neither these comparisons nor the descriptive reports allow any causal inferences to be made regarding specific risk factors or correlates. The primary reason for this is that the DoDSER system does not systematically collect concurrent data on non-cases (i.e., control participants), as this exceeds the surveillance mandate of this program. Independently planned and executed research is required before making inferences about the role of any specific risk or protective factor.

CHAPTER 1

METHODOLOGY



Introduction

Each year the DoDSER Annual Report is prepared by the National Center for Telehealth & Technology (T2). T2 is a branch of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). As of February 7, 2016, DCoE and T2 fall under the authority of the Healthcare Operations directorate of the Defense Health Agency (DHA).

This, the Annual Report for CY 2015, was completed and submitted for public release on 31 July, 2016.

The DoDSER system (and, by extension, the DoDSER Annual Report) is a collaborative effort between T2, the Suicide Prevention Program Offices of the Air Force, Army, Marine Corps and Navy, and the Defense Suicide Prevention Office (DSPO). The objective of this program is to create and refine a system for collecting and reporting data on a set of core standardized variables relevant to every Service member regardless of branch, component or duty status. The outcome is a comprehensive report designed to characterize suicide-related behavior, in a consistent manner, across the four largest branches of military service. This report presents data from the United States (U.S.) Armed Forces on the incidence of suicides and suicide attempts that occurred between January 1, 2015 and December 31, 2015. The Active and Reserve Components of the Army, Air Force, Marine Corps and Navy participate in suicide data surveillance, and this includes the Army National Guard and Air National Guard.

The DoDSER Annual Report provides decision-making authorities with a tool to track the trajectory of suicide-related behavior that occurs among the United States' Armed Forces. Calendar year 2015 was the DoDSER system's eighth year of operation. Each of the past seven DoDSER Annual Reports are available online via the National Center for Telehealth & Technology website at: <http://www.t2health.dcoe.mil/programs/dodser>.

In addition to the prevalence of suicide-related behavior, the DoDSER Annual Report seeks to contextualize these tragic events in a manner that is accurate, comprehensive and informative. This report is designed to serve as a standardized reference point that decision-making authorities can use to measure the trajectory of suicide-related behavior that occurs across the U.S. military.

Data for each individual DoDSER case were collected and submitted by each Service and were augmented by data from the Armed Forces Medical Examiner System (AFMES; for active duty suicide decedents) and the Defense Manpower Data Center (DMDC; for suicide decedents and cases of suicide attempt). Primary data sources in cases of suicide included the decedent's medical, behavioral health and personnel records. Primary data sources in cases of suicide attempt included medical, behavioral health and personnel records, as well as a direct interview of the individual who was the subject of the report. For both event types, additional information may have been collected from the individual's Commander, peers, family or social network.

All identifiable information in this report has been redacted in order to maintain the privacy of the individuals whose information is collected by the DoDSER system. No singular case-level data are presented; rather, aggregated data are presented for the DoD as a whole (Chapter 3) as well as for each individual branch of Service (Chapters 4-7). Data for the Selected Reserve is presented separately (Chapter 8), regardless of the individual's duty status at the time of the death or suicide attempt.

The DoDSER system is expanding to include reports on all Service members who die by suicide, irrespective of duty status at the time of death. During CY 2015, only Service members in the Active Component and those in the SELRES in a duty status at the time of death were eligible for inclusion in the system. Cases in which the Service member was officially classified as either Absent Without Leave (AWOL) or in a Deserter Status, when the event occurred, were excluded from this report to conform to the definition of end strength used in the rate calculations. The CY 2015 DoDSER survey form contained more than 500 data elements to provide comprehensive information about the Service member, the psychosocial and emotional context of their life, military history, legal/disciplinary actions and the specific characteristics of the suicide related event. Additional data related to demographic characteristics and deployment histories were provided by the DMDC to both cross-reference and to augment what the DoDSER system collected.

Changes to the DoDSER in CY 2015

Revisions to the DoDSER system occur annually. These changes typically include minor system and database improvements, operating software updates and revision of the data collection survey's content. Changes to the content of the DoDSER survey are particularly important, as they have the most direct effect on the completeness and accuracy of the DoDSER data. Program managers at T2 and each of the Services collect suggestions for revision over the course of each calendar year. Formal presentation and discussion related to these changes between T2, the Services and a representative from the Defense Suicide Prevention Office results in a final list of annual changes to be made. The changes discussed later in this report became active in the DoDSER system on January 1, 2015.

The CY 2015 data-collection cycle was significant because it represented the first opportunity for T2 to deploy system and survey changes related to the data-quality recommendations suggested by the DoD Inspector General's Office during their DoD Suicide Event Report Data Quality Assessment (Report DODIG-2015-016; accessible at <http://www.dodig.mil/pubs/documents/DODIG-2015-016.pdf>). The remaining changes that could not be deployed within the CY 2015 cycle will be completed and released during subsequent data cycles. This year, we introduced eight important changes:

1. In accordance with recommendation 3.b.3 in DODIG-2015-16, the DoDSER Help Text, which is available on an item-by-item basis within the survey form, was revised to inform users about the parameters of each question. The majority of the changes improved the:
 - a. Standardization of item responses.
 - b. Clarification of the definitions associated with objective questions.
 - c. Addition of relevant diagnostic codes to questions about mental health history.
 - d. Readability of the text.
 - e. Identification of the potential sources where data relevant to any particular item may be located.
2. In accordance with IG recommendation 3.c and 4.d in DoDIG-2015-16, ongoing processes were implemented to assess the quality of the data input into the DoDSER system. In addition to the 80 percent data-completeness goal for each completed DoDSER survey, we conducted:
 - a. Weekly after-action reviews, in which the system user for one randomly selected DoDSER submission was contacted and interviewed about the usability and

content of the DoDSER survey. The goal was to identify questions, responses, or website functions that were difficult to use, confusing, or that may otherwise have impeded the user's ability to complete reports.

- b. A monthly review of 10 percent of the submitted DoDSER surveys to assess data quality. The quality assurance reviews included examining variables where the "cannot determine" and "data unavailable" response options were used, calculating the submission timeline, and evaluating the agreement between the qualitative and quantitative elements of the survey form.
3. To comply with the Paperwork Reduction Act, an item was added to the end of the data collection instrument to determine the level of burden placed on government and non-government civilian individuals in completing a DoDSER survey. This item asked the DoDSER system user to identify how many minutes they spent interviewing individuals in each relevant category.
4. An additional item was added to collect data on the amount of time the form submitter spent collecting, organizing and inputting data into the system.
5. Per regulations of the Office of Management of Budget, the order for collecting data on race and ethnicity was reversed so that ethnicity was assessed prior to race.
6. Outdated suicide-related terminology (e.g. completed, completion) was removed from all areas of the survey form.
7. The survey logic that guided the user through the Army version of the survey form was edited for cases of suicidal ideation and non-suicidal self-harm so that only the first five questions (i.e., event identification) were presented.
8. The user interface was updated to allow a DoDSER system user to sort reports by event date and to receive a reminder after a report was in an "in-progress" status for 30 days or more.

Data-Collection Process and Data Sources

DoDSER Items

The items contained within the DoDSER survey form provide a comprehensive set of information obtained from a range of sources. The goal underlying the DoDSER system is to enhance the DoD's understanding of suicide and to inform suicide-prevention efforts by systematically and comprehensively characterizing suicide-related behavior. The content of the current DoDSER survey was the result of a collaborative process that included these steps:

1. Structured reviews of each Services' historical suicide-surveillance systems/procedures
2. Workgroup deliberations with representation from all four Services
3. A systematic review of the suicide literature
4. Feedback on content from nationally recognized civilian and military experts
5. Feedback from senior military leaders and key stakeholders

Each year, a workgroup, which includes the Suicide Prevention Program Manager (SPPM) for each Service, meets to refine the DoDSER survey form's items based on the Services' evolving needs. The categories of DoDSER survey's content areas are displayed in Table 1.

Table 1. DoDSER survey content areas	
Content area	Example items
Personal Information	Age, sex, ethnicity, education, marital status
Military Information	Job code, duty status, permanent duty station
Event Information	Access to firearms, event method, event setting
Medical History	Psychological and medical history
Military History	Deployment history, disciplinary action
Personal History	Developmental history, family history
Narrative Summary	Information on data-collection strategy

Reporting Mandate

Completed DoDSER surveys were required for all suicides that occurred among Service members in the Active Component and in the SELRES, provided the Service member was in a duty status at the time of the event. All Services were required to submit DoDSER surveys for suicide attempts that resulted in hospitalization or evacuation from a theater of operations. The Army also required DoDSER surveys for other non-fatal events (self-harm and suicidal ideation).

DoDSER Survey Submission Process

The DoDSER survey forms were completed using a web-based system available via a secure website (<https://dodser.t2.health.mil/>). The DoDSER system is hosted at a DoD Information Assurance Certification and Accreditation Process-approved facility. Basic data entry users do not have access to any DoDSER data other than those which they collect and submit themselves.

The descriptive DoDSER data presented in this CY 2015 report were compiled from DoDSER survey forms submitted by respondents across the DoD. For all Services, cases of death by suicide were tracked between the SPPMs and the AFMES to maintain an official list of confirmed suicides and to meet reporting timelines. Variations in the data-collection process among the four Services include:

- **Air Force:** The Office of Special Investigations was the primary data-collection agency that received the AFMES notification and completed the DoDSER survey within 60 days.
- **Army:** The Army Institute of Public Health DoDSER Program Manager received the AFMES notifications, contacted the behavioral health point of contact (POC) at the Service member's assigned medical treatment facility, and requested that a behavioral health clinician complete a DoDSER survey within 60 days.
- **Navy:** Following confirmation from the AFMES, the SPPMs' office contacted the local command and requested an appropriate POC to meet the requirement within 60 days.

- **Marine Corps:** The DoDSER Program Manager, located within the HQMC Behavioral Health Data Surveillance section, contacted the local command and requested an appropriate POC to meet the requirement within 15 working days.

Policy establishes that the rate of suicide for a calendar year (CY) can be calculated no sooner than 90 days after the end of the CY to allow for resolution of case determinations¹. As such, March 31, 2016 served as the final reporting date for cases used in the rate calculations and for the aggregate data from the DoDSER system presented in this report.

All suicides that were confirmed by January 31, 2016 were required to have a DoDSER survey submitted by March 31, 2016. Deaths confirmed after January 31, 2016 still required a DoDSER survey to be submitted in accordance with the appropriate Service's timeline. However, these reports were not required to be submitted by March 31, 2016.

When evaluating DoDSER submission compliance for each of the Services, this CY 2015 report used each Service's number of confirmed suicides as of January 31, 2016. However, all counts and rates used the most complete data available as of March 31, 2016. In cases involving non-fatal events, the reporting window is more constrained, and requires a DoDSER suicide attempt survey to be completed within 30 days of the hospitalization or evacuation from a theater of operations.

Data Sources

Following a suicide or non-fatal suicide attempt, Service personnel reviewed medical and behavioral health records, personnel records, investigative agency records and records related to the individual's manner of death. Information was also collected through interviews with the individual's command, investigative agency officer(s) and/or other professionals, if possible. For some Services, family members may have been interviewed if they were willing to participate and if the interview process would not cause undue distress. In cases where the suicidal behavior did not result in death, Service personnel also attempted to interview the individual.

In addition to the items collected directly in the DoDSER survey form, supplementary data are obtained from additional enterprise sources in an effort to improve overall data completeness and accuracy.

For CY 2015, these data sources included:

- The Armed Forces Medical Examiner Service, which provided data on official manner and cause of death determinations for suicides that occurred among Service members. These data came from military or civilian autopsy reports, death certificates, written reports from military investigative agencies, or a verbal report from a civilian death investigator or coroner.
- The Defense Manpower Data Center, which provided data from the Defense Enrollment Eligibility Reporting System (DEERS) to deliver demographic information for all events submitted to the DoDSER system. DMDC also provided data from the Contingency Tracking System (CTS), the repository of official deployment-related information.
- The DoD Sexual Assault Prevention and Response Office, which provided analytics in which DoDSER cases were matched against unrestricted, sexual assault reporting data.

SAPRO analysts examined the relationship between sexual assault and suicide related behavior.

In the case of missing or unavailable data that occurred in these various enterprise data sources, data from the DoDSER surveys were used to generate the final variable set used in this report. Discrepancies were resolved with the Service's Suicide Prevention Program Managers to the extent feasible given the timeline.

Data Quality

Addressing suicide in a meaningful way demands that the data entered into the DoDSER system are as accurate and complete as possible. The DoDSER system uses several types of data-quality controls designed to improve the overall quality of DoDSER data. These include:

- Controls on system login and data submission that require a DoDSER account associated with the DoDSER user's common access card (CAC) credentials. Basic users can only access the active reports that are assigned to them. This assures that the system is private and gives the users confidence that they are entering information for the correct individual.
- Design of the data-submission website structure minimizes the possibility of data-entry errors.
- The use of form-field validation requires users to adjudicate responses that are not logically possible (e.g., date of birth must be at least 18 years in the past).
- Cases for which a high degree of missing data is indicated on the survey form (i.e. those that are less than 80 percent complete) are flagged as having 'low data quality' and the user is warned that submitting the report, as is, will count against their Service's overall level of compliance.
- Corroboration of suicide-event reports against data from the AFMES to ensure that a suicide event is valid and present in both independent systems. If a case is present in the DoDSER system without a corresponding AFMES report match, it is not included in the analytics of the report.
- Review of all DoDSER surveys to ensure that multiple reports are not submitted for the same event. Potential duplicates are identified so that the Service's DoDSER Program Managers can determine which submission represents the most accurate and complete data record.
- Review of open-ended fields and the selection of the "Other" response option to identify text responses that should have been coded using the existing-item coding structure or to generate new response categories based on multiple responses with similar text.
- Use of data from the AFMES and the DMDC to improve the accuracy of data for several fields. The AFMES's data inform manner and cause of death for suicide reports, and the DMDC data provide information on deployment history and demographic characteristics. Data provided by these external sources are given primacy in developing the analytic

variables used in this report.

- Updated Help Text, as of January 1, 2015, to inform users about the definitions and parameters relevant to each question. These include relevant diagnostic codes, identification of data sources relevant to a given item and improved readability of the text.
- Assessment of ten percent of submitted DoDSER surveys, on a monthly basis, to monitor data quality. These data-quality reviews examine variables where the “Cannot Determine” and “Data Unavailable” response options are used and assess the submission timeline and the correlation between the qualitative and quantitative elements of the survey form.

Suicide Rate Data

For this CY 2015 DoDSER Annual Report, the AFMES compiled official case lists of suicides that occurred among Service members in the Active Component and in the SELRES. Duty status determination (i.e., whether a Service member was in or out of a duty status at the time of the event) relied on information entered into the Defense Casualty Information Processing System (DCIPS) as well as consultation with the Service’s SPPM. This determination was relevant to validating case submission in the DoDSER system.

Cadets and midshipmen at the designated military academies (West Point in West Point, NY; the U.S. Naval Academy in Annapolis, MD; and the U.S. Air Force Academy in Colorado Springs, CO) were considered to be in a duty status. For members of the SELRES population, suicides that occurred among Service members not in a duty status, data were compiled by the AFMES from the Service-specific SPPM reports for the Air Force, Army, Marine Corps and Navy. The SELRES suicide case numbers presented in this report were current as of May 31, 2016.

Rate Calculation

The process for determining the rates of various suicide-related characteristics was developed through a collaborative process facilitated by DSPO and included participation from the Services as well as staff from the Office of the Secretary of Defense. Decisions were made with consensus from all included parties. Crude and stratified rates were calculated separately for:

- The Active Component (in aggregate and individually for each Service)
- The Reserve Component of the SELRES (irrespective of duty status; in aggregate and individually for each Service)
- The National Guard of the SELRES (irrespective of duty status; in aggregate and individually for Air Force and Army)

Stratified rates were calculated for sex, race, ethnicity, education, marital status, age and rank/grade within the aforementioned components. The AFMES collaborated with the DMDC to identify the number of Service members in each combination of Service, component and demographic characteristic at the end of each month (end strength) for CY 2015. The average

of the monthly end-strength totals was the denominator for the rate calculations. All rates associated with fewer than 20 suicide cases were suppressed because of the statistical instability that occurs in rates calculated from small numerators.

Mathematical Formula

The following formula provides a mathematical expression of the rate calculation.

$$Rate = \frac{S_g}{\frac{1}{12} \sum_{m=1}^{12} ES_{mg}} \times 100,000$$

In this formula, S_g is the number of suicides in a particular population group and ES_{mg} is the end strength of a particular month for the same population group. The populations (g) used in each rate calculation were:

1. Active Component
 - a. All Services
 - b. Air Force
 - c. Army
 - d. Marine Corps
 - e. Navy
2. SELRES
 - a. All Services
 - i. Air Force Reserve
 - ii. Army Reserve
 - iii. Marine Corps Reserve
 - iv. Navy Reserve
3. National Guard
 - a. Air Force and Army combined
 - i. Air National Guard
 - ii. Army National Guard

Rate Standardization

The Web-based Injury Statistics Query and Reporting System² (WISQARS) was used to identify the rates of suicide for CY 2012 through CY 2014 in the United States population (CY 2014 data were the latest population data available at the time this report was written). The WISQARS system is maintained by the Centers for Disease Control and Prevention (CDC) and provides aggregate data on fatal and non-fatal injuries and deaths. Rates of suicide were jointly stratified by age group (17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59) and sex (male, female) for each calendar year.

Indirect standardization was used to calculate the number of expected cases in each age- and sex-specific stratum of the component and Service subpopulations. Indirect, as opposed to direct, standardization was selected because of the small rates observed for several combinations of age and sex within the DoD population subgroups. This technique calculates the number of expected suicides given the overall U.S. population age- and sex-specific stratum

rates. Division of the observed number of suicides by the total number of expected suicides yields the standardized mortality ratio (SMR). The mathematical formula for the SMR is³:

$$SMR = \frac{\sum_i p_{ia} n_{ia}}{\sum_i p_{is} n_{ia}}$$

In this formula, p_{ia} is the stratum-specific rate for the study population (i.e., the specific component or Service under consideration) and n_{ia} is the number of Service members in that stratum. The product of these values gives the observed number of suicides within each stratum. The sum of the observed numbers across the strata yields the numerator for the formula. In the denominator, p_{is} is the stratum-specific rate from the standard population (in this instance, the U.S. population). The product of this rate with the number of Service members in the stratum yields the number of expected suicides for that stratum. The sum across strata is the total number of expected suicides. Multiplication of the SMR by the crude rate of the standard population produces the adjusted rate for the population of interest.

Practical Example of Indirect Rate Standardization

Table 2 provides a practical example of this indirect method of rate adjustment. The data used are for the Active Component suicide rate using data from all Services combined for CY 2012, and do not represent the data for the current calendar year, which are provided in Chapter 2. The sum of the expected deaths column (the denominator of the SMR formula) is 289.782. The numerator of the SMR formula yields the same value as the total number of observed suicides for the time-period, 321. Division of 321 by 289.782 yields the SMR of 1.11. Multiplication of the SMR by the unadjusted rate for the standard population (.000165) gives the adjusted rate of .000183. This value is then multiplied by 100,000 to convert it into the more easily interpretable value of 18.3 per 100,000 persons.

Table 2. Demonstration of the calculation of the age- and sex-adjusted suicide rate using the indirect method for the Active Component, all Services, CY 2012

Stratum	CY 2012 Service-aggregated denominator (n_{ia})	CY 2012 U.S. population rate (p_{is})	Expected deaths ($n_{ia}p_{is}$)
Male, 17-19	67726	.000153	10.362
Male, 20-24	375972	.000221	83.090
Male, 25-29	296051	.000240	71.052
Male, 30-34	188920	.000228	43.074
Male, 35-39	137064	.000248	33.992
Male, 40-44	87498	.000266	23.274
Male, 45-49	33105	.000288	9.534
Male, 50-54	8912	.000315	2.807
Male, 55-59	2082	.000309	0.643
Female, 17-19	13382	.000039	0.522
Female, 20-24	67558	.000049	3.310
Female, 25-29	52184	.000056	2.922
Female, 30-34	32318	.000062	2.004
Female, 35-39	20794	.000072	1.497
Female, 40-44	12161	.000082	0.997
Female, 45-49	4869	.000100	0.487
Female, 50-54	1603	.000104	0.167
Female, 55-59	513	.000091	0.047

The adjusted rate provides the comparison of the rate of suicide in the population of interest to what would be expected if the rate of suicide were equivalent to the total U.S. population. The 95 percent confidence intervals (CI) associated with the adjusted rates were calculated using the Poisson distribution. These intervals provide a range of values for the adjusted rate that are consistent with the data and that account for uncertainty associated with the estimation and adjustment of the rates. If the interval excludes the U.S. population rate, then we can conclude that there is a statistically significant difference between the population of interest and the general U.S. population.

Since we used indirect standardization, the comparisons were limited to just the populations of interest and the comparison against expected rates in the total U.S. population. Within a particular year, it is not possible to compare, directly, the SMRs or associated adjusted rates between components or Services because the age and sex distributions may still differ between the subpopulations.

Internal Comparisons of Rates between Components, Services and over Time

We conducted a second set of analyses that used a Poisson regression model⁴ to compare the rates of suicide between years or between components and Services within a single year while accounting for different age and sex distributions. The regression model compared the natural logarithmic transformation of the number of cases for each population of interest to a referent group. An offset term was included in the model that represented the natural logarithmic transformation of the number of Service members in each combination of age and sex for each of the subpopulations included in the model.

Statistical Analysis of Determinants

In this Annual Report of the DoDSER data, statistical comparisons of a defined set of determinants have been included to examine change over time within DoDSER suicide and suicide-attempt survey forms. Logistic regression models were used to compare CY 2015 suicide and suicide-attempt DoDSER findings to findings from CY 2012 – CY 2014. We used the three previous calendar years of data to provide a stable base of comparison in determining whether the data observed for CY 2015 reflected a departure from what would be expected. Specific determinants included in the models were:

- Mechanism of injury
- Mood disorder
- Anxiety disorder
- Adjustment disorder
- Substance abuse history
- History of prior self-injury
- Use of psychotropic medications in 90 days prior to the event
- Relationship problems in the 90 days prior to the event
- Legal/administrative problems in the 90 days prior to the event
- Workplace difficulties in the 90 days prior to the event
- Financial difficulties/excessive debt in the 90 days prior to the event
- History of friend or family member suicide
- Severe family member illness in the 90 days prior to the event

These variables were selected given their prominence in the suicide research literature as major determinants of suicide and suicide attempts. Each model was adjusted for age, race, ethnicity, rank/grade, sex, marital status and Service branch. A full-information maximum likelihood estimate was used to account for missing data on the determinants and demographic variables included in the models⁵. Given the small number of individuals with more than one DoDSER case in the system (both a suicide attempt and a suicide, or multiple suicide attempts), only the most recent report has been retained for analysis to satisfy the assumption of independent observations in the regression model.

Interpretive Considerations

The purpose of this report, and the DoDSER system overall, is the collection, organization and presentation of data relevant to the occurrence of suicide and suicide-related behavior in the military community. The data from the DoDSER system are used to support hypothesis-driven research and program development, such as suicide-prevention efforts. These data are also used to inform decision-making and policy around suicide and suicide prevention.

Often, questions are asked about the relative contributions of specific variables as risk and protective factors. However, it is not possible to determine, statistically, whether any particular variable is a risk or protective factor for suicide by relying solely on the data presented in this report. Data on the distribution of any particular variable among the broader population is required before any statistical inferences or causal statements about the relationship between that factor and the occurrence of suicide can be made using the descriptive data provided in this report.

Many DoDSER items contain a response option that allows the user to select “data unavailable” to indicate that not enough information could be gathered to provide either an affirmative or negative response. While the latest version of the DoDSER survey has been modified to minimize the need to use this particular response option, it is inevitable that some information for some individuals will be unknown or unavailable. For example, whether there is a family history of mental illness. This information may be obtainable for Service members who had engaged the military’s behavioral health system. However, for Service members who had not sought behavioral health services, this information may not be known. Because of this, the impact of missing information on interpretive considerations that the reader makes regarding the findings of this report should be weighed against what information was not available. For example, percentages for many DoDSER 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 proportion than comparison groups, comparisons that include proportions of “yes” responses could lead to misinterpretation.

Finally, the content area of any given DoDSER item should be taken into account when results are interpreted. While this report reflects the best data available, some DoDSER items are objective (e.g., the location of a Service member’s current permanent duty station), whereas others are highly subjective (e.g., whether or not the Service member had experienced recent problems with a supervisor or coworker). Standardized coding guidance was available to all designated DoDSER respondents, along with technical definitions of terms and item-by-item Help Text designed to aid in accurate reporting. Nonetheless, idiosyncratic interpretation of subjective items may increase error in the measurement of these factors.

Figures and Tables

In this report, graphical displays of data are included to present the prevalence of specific variables in CY 2012 – CY 2015. The observed prevalence estimates for each year (percent) represent the proportion of “yes” responses to a particular item relative to the total number of events with a completed DoDSER case for that year. The reader is encouraged to be aware that separate tables may present separate types of information such as counts, rates and statistical comparisons, which cannot be directly compared.

References

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CHAPTER 2

SUICIDE RATES



Suicide Rates

Background information

The suicide rate provides an estimate of the number of suicides that occur for every 100,000 people within a given population. Because suicide is a statistically rare outcome, rates are presented per 100,000 people to allow for whole number rate values. In this chapter, we present descriptive rates for each Component and Service, from CY 2013 – CY 2015. When possible, we also provide demographic distributions of cases and associated rates.

The descriptive rates *cannot* be used in direct comparisons between years, Services, Components, or the general U.S. population; these groups all have different age and gender compositions. Any comparison that does not account for this will be inappropriate and will provide misinformation. Furthermore, all of the descriptive rates provided are estimates; each of them is associated with uncertainty. Arithmetic differences between two rates will often exist; however, accounting for uncertainty helps determine which differences exceed what we expect. Because of the problems inherent in direct comparison of the descriptive data in this chapter, we provide several statistical analyses that address differences over time, between Services, between Components and with suicide data for the U.S. general population.

Table 3. Frequency and unadjusted rate of suicide, by Component and Service, for CY 2013 – CY 2015.						
Component and Service	2013		2014		2015	
	No.	Rate	No.	Rate	No.	Rate
Active, all Services	256	18.5	276	20.4	266	20.2
Air Force	48	14.4	62	19.1	64	20.5
Army	121	22.7	126	24.6	120	24.4
Marine Corps	46	23.6	34	17.9	39	21.2
Navy	41	12.7	54	16.6	43	13.1
Reserve ² , all Services	85	22.8	79	21.6	90	24.7
Air Force	10	-	10	-	10	-
Army	59	29.6	42	21.4	55	27.7
Marine Corps	11	-	12	-	11	-
Navy	5	-	15	-	14	-
Guard ² , Air Force and Army	133	28.9	91	19.8	123	27.1
Air Force	13	-	14	-	21	19.9
Army	120	33.7	77	21.8	102	29.2

¹Unadjusted rate per 100,000 Service members. Rates for subgroups with fewer than 20 suicides are not reported because of statistical instability.

²Rates for the Reserve and National Guard Components of the SELRES include all Service members irrespective of duty status.

Summary

The overall suicide rates for each Component and for each of the Services are listed in Table 3. All groups with fewer than 20 suicides over the course of the year do not have a rate associated with them since this would be an unreliable value. The Reserve and Guard Components of the SELRES include all suicides, irrespective of duty status at the time of death. As stated in the Methodology chapter, the AFMES has oversight of mortality surveillance for Active Component and SELRES Service members who were in a duty status at the time of death. For all other SELRES deaths, the AFMES relied on reporting from the Services for case accrual. For CY 2015, after accounting for age, sex and Service distributions, there was no statistically

significant difference in the suicide rate between the Active Component, the Reserve Component of the SELRES and the National Guard Component of the SELRES. Within the Active Component, the rate of suicide for the Navy was lower than the average rate of all the Services, and was also lower than the Air Force and Army rates.

Figure 1 displays the CY 2015 rates of suicide for the Active Component and the Reserve and Guard Components of the SELRES were consistent with the average rates from CY 2012 – CY 2014. In other words, there were no interpretable differences between the Component rates (all Services) in CY 2015 and the rates from the previous three years. Figure 2 shows this pattern continuing within the Active Component when examining each of the Services. The Air Force rate, after age and sex adjustment, was slightly higher than expected given the confidence interval for the three-year average (the gray shaded region); however, given this margin of error it is likely that this CY 2015 rate does not statistically differ from the average of CY 2012 – CY 2014.

A common, referential data source when working with mortality rates is the U.S. general population. These data provide an expected number of suicides in any subset of the U.S. population. This expected number is improved by considering the age and sex composition of the population of interest and how it differs from the U.S. general population. In this instance, the Services tend to be much younger and have a substantially higher prevalence of males compared to the U.S. population.

Figure 3 displays the rates of suicide for all Services combined, by Component, compared to the U.S. rate for all individuals aged 17 – 59. The Service rates (in color) were adjusted for age and sex differences between the Services and the U.S. general population. For CY 2015, the Active Component and the Reserve Component of the SELRES suicide rates were consistent with what was expected given the data in the U.S. general population for CY 2014 (the last year of available data). The CY 2015 rate for the Guard Component was higher than expected given the U.S. general population data. In the Active Component, the conclusions were similar for all of the Services except the Navy. Figure 4 shows that the Navy CY 2015 suicide rate was lower than expected, given the data from the U.S. general population for CY 2014.

Table 4 presents the Active Component rate of suicide for all Services broken down by demographic characteristics. Qualitatively, the distribution and rate of suicide within demographic subgroups is consistent with CY 2013 and CY 2014. Data specific to the Reserve and Guard Components, all Services, and the Active Component of each Service are presented in Tables 5 – 10.

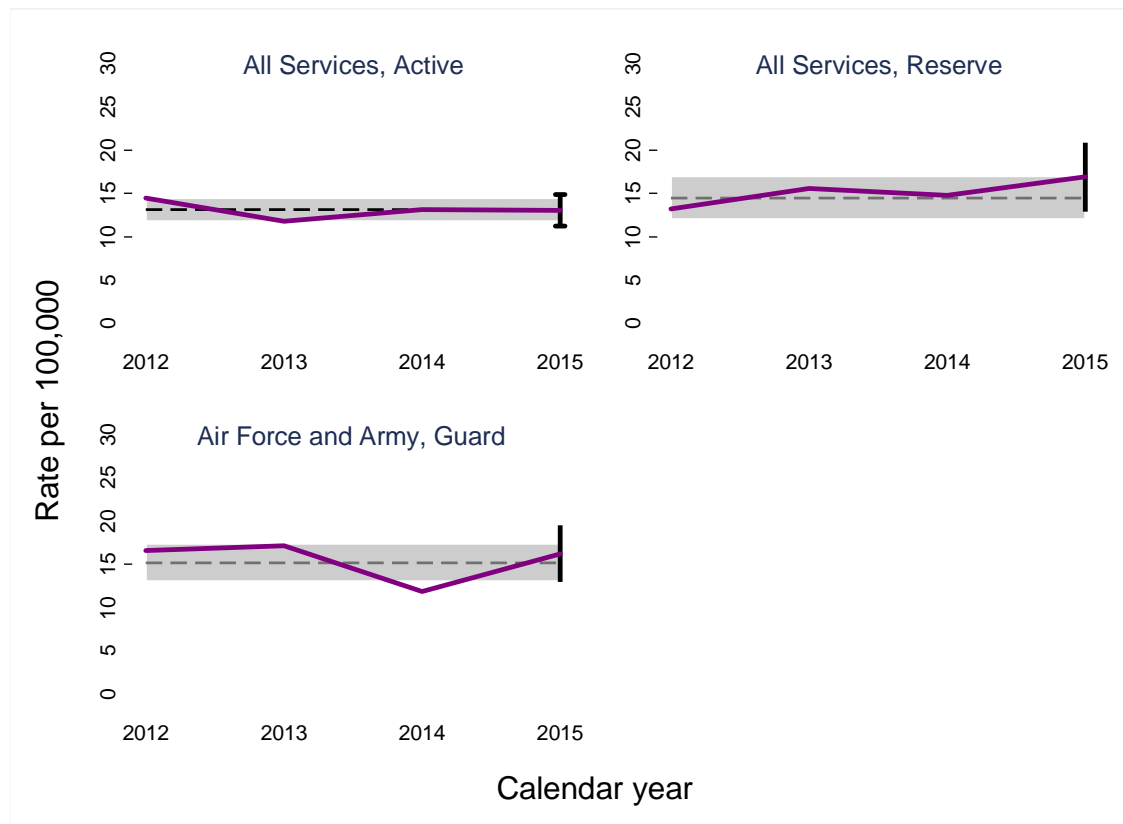


Figure 1. Adjusted annual rates of suicide in the Active Component and the Reserve and Guard Components of the SELRES (in color), irrespective of duty status, CY 2012 – CY 2015. Note: All rates are adjusted for age, sex and Service. The gray dashed line represents the three-year average of CY 2012 – CY 2014. The gray shaded area represents the 95% confidence interval for the three-year average. The black bracket for CY 2015 is the 95% confidence interval around the CY 2015 point estimate. Overlap of this interval with the gray dashed line indicates no statistically significant difference between CY 2015 and the average of the three previous CYs.

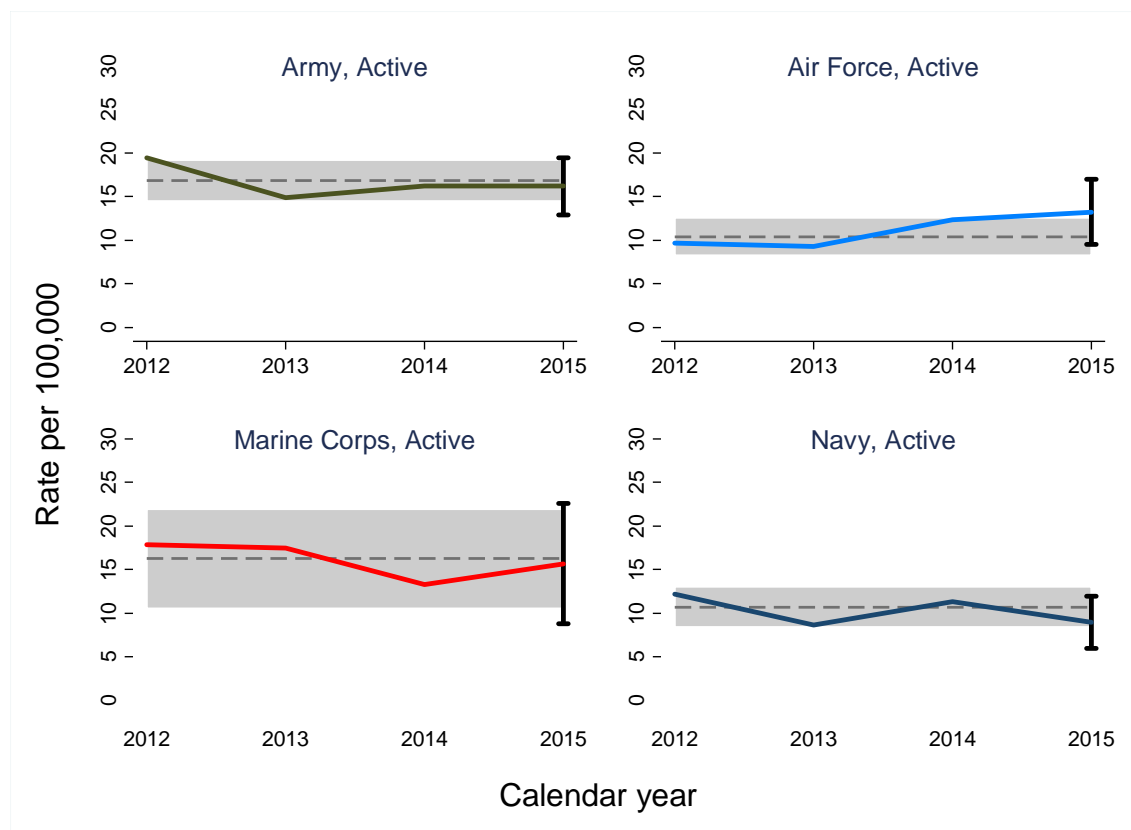


Figure 2. Adjusted annual rates of suicide in the Active Component of each Service (in color), CY 2012 – CY 2015. Note: All rates are adjusted for age and sex. The gray dashed line represents the three-year average of CY 2012 – CY 2014. The gray shaded area represents the 95% confidence interval for the three-year average. The black bracket for CY 2015 is the 95% confidence interval around the CY 2015 point estimate. Overlap of this interval with the gray dashed line indicates no statistically significant difference between CY 2015 and the average of the three previous CYs.

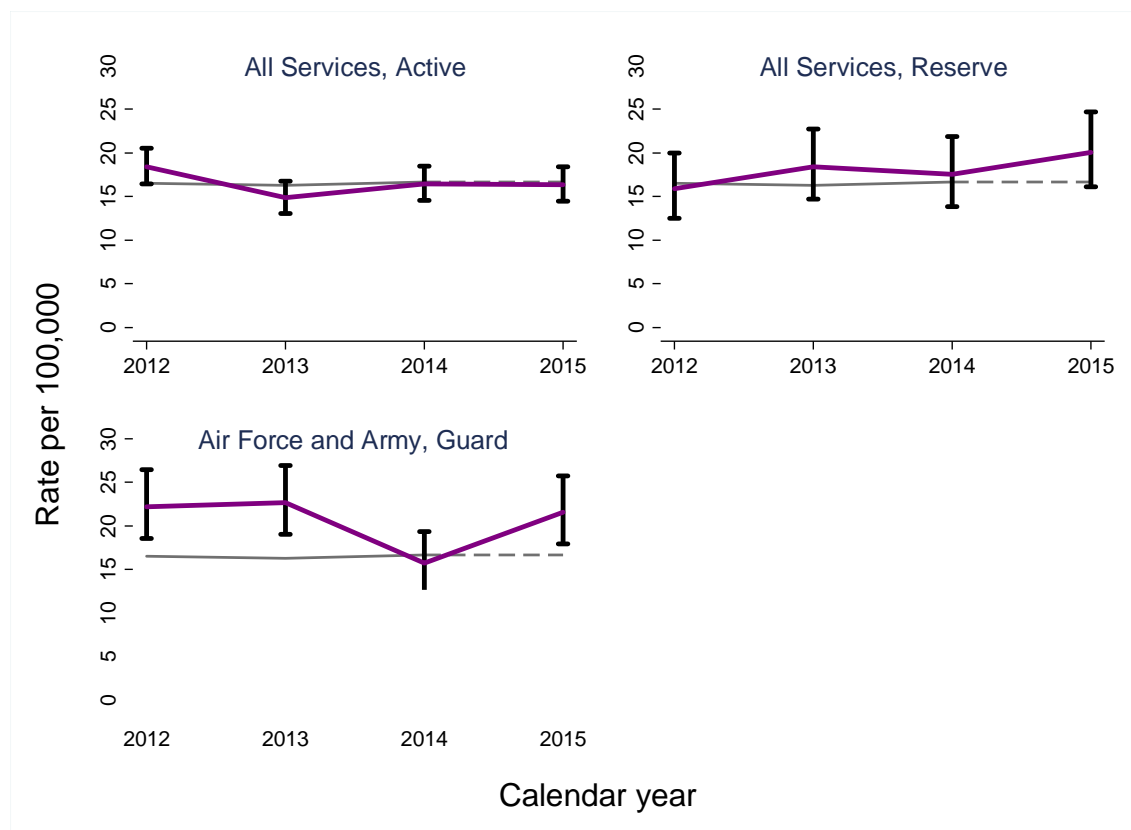


Figure 3. Rates of suicide in the Active Component and the Reserve and Guard Components of the SELRES (color), irrespective of duty status, accounting for the age and sex distribution of the U.S. general population in each year. Note: The solid gray line is the suicide rate in the U.S. general population, age 17 – 59, for each CY. The line is dashed between CY 2014 and CY 2015 to reflect that the data from CY 2014 are carried forward to CY 2015 since CY 2014 is the most recently available data. The black brackets for each CY are the 95% confidence intervals for the rates; those brackets that cross the gray line are not significantly different from the U.S. general population.

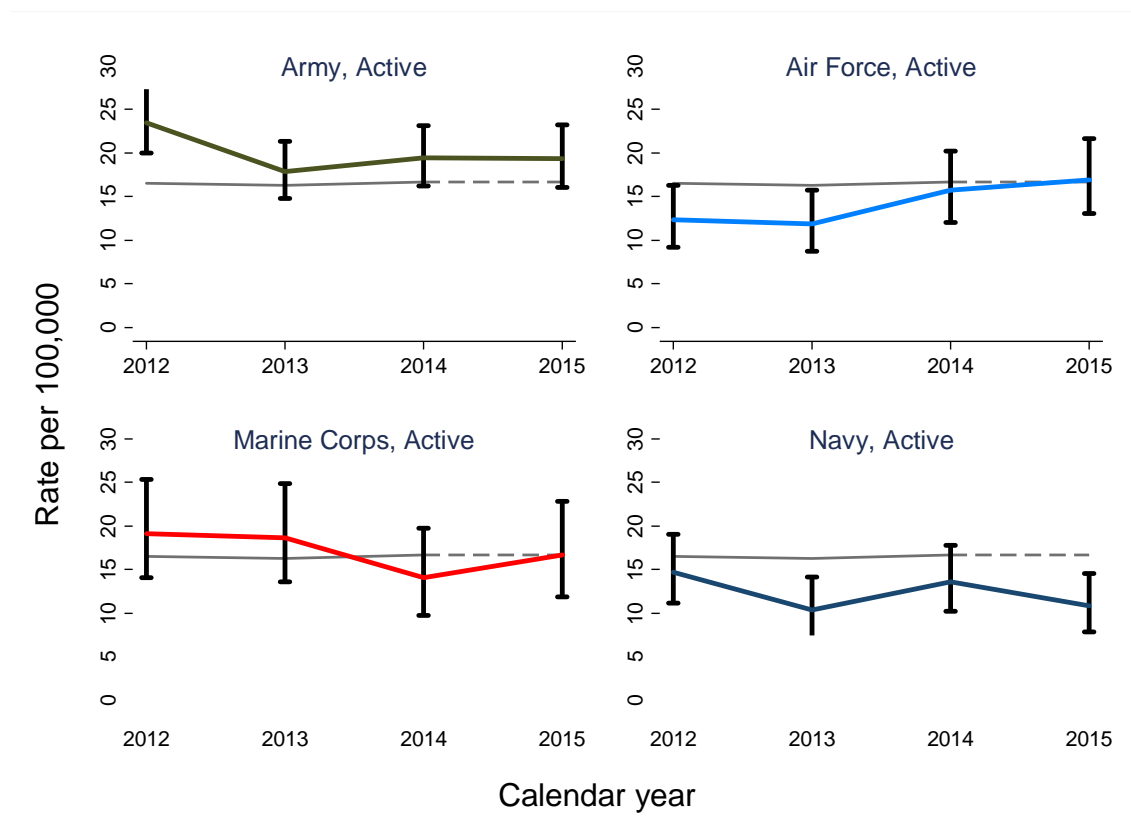


Figure 4. Rates of suicide in the Active Component of each of the Services (color), accounting for the age and sex distribution of the U.S. general population in each year. Note: The solid gray line is the suicide rate in the U.S. general population, age 17 – 59, for each CY. The line is dashed between CY 2014 and CY 2015 to reflect that the data from CY 2014 are carried forward to CY 2015 since CY 2014 is the most recently available data. The black brackets for each CY are the 95% confidence intervals for the rates; those brackets that cross the gray line are not significantly different from the U.S. general population.

Table 4. Rates of suicide among Service members in the Active Component, all Services, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	256	18.5	276	20.4	266	20.2
Sex						
Male	241	20.5	256	22.3	252	22.7
Female	15	-	20	9.8	14	-
Race						
American Indian/Alaska Native	8	-	3	-	4	-
Asian/Pacific Islander	8	-	8	-	12	-
Black/African American	32	13.7	42	18.2	45	19.9
White/Caucasian	192	20.1	199	21.5	186	20.7
Other/Unknown	16	-	24	22.3	19	-
Ethnicity						
Hispanic	21	13.3	34	21.4	29	18.2
Non-Hispanic	232	19.5	240	20.8	229	20.6
Unknown	3	-	2	-	8	-
Age						
17-19	13	-	6	-	12	-
20-24	95	21.9	96	22.4	97	23.1
25-29	72	21.5	73	22.7	61	19.7
30-34	31	14.0	52	23.8	44	20.6
35-39	26	16.8	30	19.8	32	21.7
40-44	11	-	15	-	15	-
45-49	8	-	1	-	4	-
50-54	0	-	3	-	1	-
55-59	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	2	-
E1-E4	125	21.0	122	21.2	127	22.5
E5-E9	108	20.1	120	22.8	114	22.5
Officer	23	10.5	31	14.3	18	-
Warrant officer	0	-	3	-	5	-
Education						
Some high school	1	-	1	-	1	-
Alternative high school certification	15	-	20	49.3	18	-
High school graduate	171	19.9	177	21.4	179	22.4
Some college, no degree	18	-	20	32.6	19	-
Associate's degree or technical certification	15	-	19	-	21	19.9
Four-year college degree	23	13.9	28	16.8	17	-
Master's degree or greater	6	-	7	-	6	-
Unknown	7	-	4	-	5	-
Marital status						
Never married	106	18.9	105	19.0	116	21.1
Married	126	16.6	145	19.5	132	18.6
Legally separated	2	-	0	-	0	-
Divorced	22	36.7	25	44.8	17	-
Widowed	0	-	1	-	1	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 5. Rates of suicide among Service members in the Reserve Component of the Selected Reserve irrespective of duty status, all Services, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	85	22.8	79	21.6	90	24.7
Sex						
Male	78	26.6	72	25.1	78	27.3
Female	7	-	7	-	12	-
Race						
American Indian/Alaska Native	1	-	2	-	0	-
Asian/Pacific Islander	6	-	4	-	6	-
Black/African American	8	-	9	-	10	-
White/Caucasian	68	26.5	59	23.6	72	29.0
Other/Unknown	2	-	5	-	2	-
Ethnicity						
Hispanic	5	-	9	-	14	-
Non-Hispanic	79	25.0	67	21.7	75	24.5
Unknown	1	-	3	-	1	-
Age						
17-19	6	-	3	-	2	-
20-24	22	26.7	30	38.0	25	33.0
25-29	18	-	13	-	26	35.0
30-34	14	-	10	-	20	33.0
35-39	9	-	9	-	4	-
40-44	7	-	3	-	7	-
45-49	6	-	8	-	3	-
50-54	2	-	1	-	3	-
55-59	1	-	2	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
E1-E4	46	29.0	46	29.7	47	31.2
E5-E9	25	17.1	24	16.8	33	22.9
Officer	13	-	9	-	8	-
Warrant officer	1	-	0	-	2	-
Education						
Some high school	4	-	1	-	4	-
Alternative high school certification	5	-	6	-	5	-
High school graduate	45	20.9	54	26.0	60	29.4
Some college, no degree	5	-	2	-	3	-
Associate's degree or technical certification	5	-	4	-	5	-
Four-year college degree	17	-	8	-	7	-
Master's degree or greater	4	-	4	-	5	-
Unknown	0	-	0	-	1	-
Marital status						
Never married	37	22.1	45	27.3	49	29.6
Married	38	21.7	28	16.3	32	18.8
Legally separated	0	-	0	-	0	-
Divorced	10	-	6	-	8	-
Widowed	0	-	0	-	1	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 6. Rates of suicide among Service members in the Guard Component of the SELRES, Air Force and Army, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	133	28.9	91	19.8	123	27.1
Sex						
Male	127	32.9	87	22.7	116	27.1
Female	6	-	4	-	7	-
Race						
American Indian/Alaska Native	1	-	2	-	1	-
Asian/Pacific Islander	3	-	5	-	4	-
Black/African American	18	-	11	-	10	-
White/Caucasian	106	30.7	73	20.0	103	28.7
Other/Unknown	5	-	0	-	5	-
Ethnicity						
Hispanic	2	-	5	-	9	-
Non-Hispanic	131	31.0	86	20.4	114	27.4
Unknown	0	-	0	-	0	-
Age						
17-19	8	-	9	-	8	-
20-24	41	36.1	34	30.4	45	40.5
25-29	34	37.6	20	21.9	23	24.9
30-34	18	-	12	-	22	31.2
35-39	10	-	8	-	11	-
40-44	14	-	3	-	5	-
45-49	3	-	3	-	6	-
50-54	4	-	1	-	2	-
55-59	1	-	1	-	1	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
E1-E4	68	33.4	51	25.1	67	33.5
E5-E9	63	31.8	34	17.3	46	23.7
Officer	2	-	6	-	10	-
Warrant officer	0	-	0	-	0	-
Education						
Some high school	3	-	4	-	2	-
Alternative high school certification	21	68.6	5	-	12	-
High school graduate	71	38.0	48	25.9	64	34.7
Some college, no degree	17	-	15	-	25	22.6
Associate's degree or technical certification	7	-	3	-	5	-
Four-year college degree	7	-	7	-	12	-
Master's degree or greater	1	-	2	-	3	-
Unknown	6	-	7	-	0	-
Marital status						
Never married	69	31.1	58	25.5	67	29.0
Married	53	25.5	26	12.9	50	25.7
Legally separated	0	-	0	-	0	-
Divorced	11	-	7	-	6	-
Widowed	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 7. Rates of suicide among Service members in the Active Component, Air Force, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	48	14.4	62	19.1	64	20.5
Sex						
Male	44	16.3	53	20.2	62	24.6
Female	4	-	9	-	2	-
Race						
American Indian/Alaska Native	2	-	0	-	0	-
Asian/Pacific Islander	0	-	1	-	5	-
Black/African American	8	-	9	-	7	-
White/Caucasian	35	14.6	45	19.3	48	21.5
Other/Unknown	3	-	7	-	4	-
Ethnicity						
Hispanic	2	-	4	-	2	-
Non-Hispanic	46	14.8	58	19.2	59	20.4
Unknown	0	-	0	-	3	-
Age						
17-19	0	-	3	-	1	-
20-24	18	-	27	30.1	26	30.3
25-29	17	-	11	-	15	-
30-34	5	-	11	-	10	-
35-39	5	-	8	-	5	-
40-44	3	-	2	-	5	-
45-49	0	-	0	-	2	-
50-54	0	-	0	-	0	-
55-59	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	1	-
E1-E4	23	19.2	29	24.7	30	25.9
E5-E9	22	15.3	28	20.1	29	22.2
Officer	3	-	5	-	4	-
Warrant officer	0	-	0	-	0	-
Education						
Some high school	0	-	0	-	0	-
Alternative high school certification	0	-	0	-	0	-
High school graduate	40	21.7	50	28.7	43	26.6
Some college, no degree	0	-	0	-	0	-
Associate's degree or technical certification	5	-	6	-	16	-
Four-year college degree	2	-	5	-	2	-
Master's degree or greater	1	-	1	-	1	-
Unknown	0	-	0	-	2	-
Marital status						
Never married	21	17.7	26	22.4	37	32.6
Married	19	-	29	15.5	22	12.4
Legally separated	0	-	0	-	0	-
Divorced	8	-	6	-	5	-
Widowed	0	-	1	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 8. Rates of suicide among Service members in the Active Component, Army, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	121	22.7	126	24.6	120	24.4
Sex						
Male	117	25.4	118	26.7	113	26.8
Female	4	-	8	-	7	-
Race						
American Indian/Alaska Native	4	-	1	-	3	-
Asian/Pacific Islander	5	-	4	-	4	-
Black/African American	16	-	27	24.6	27	25.2
White/Caucasian	94	25.6	88	25.3	78	23.6
Other/Unknown	2	-	6	-	8	-
Ethnicity						
Hispanic	11	-	18	-	14	-
Non-Hispanic	110	23.8	108	24.4	104	24.7
Unknown	0	-	0	-	2	-
Age						
17-19	5	-	1	-	4	-
20-24	44	28.4	38	25.5	32	22.3
25-29	36	28.0	36	30.2	30	27.0
30-34	15	-	24	27.5	29	35.1
35-39	13	-	13	-	19	-
40-44	3	-	11	-	4	-
45-49	5	-	1	-	2	-
50-54	0	-	2	-	0	-
55-59	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	1	-
E1-E4	65	28.0	56	25.6	45	21.4
E5-E9	44	22.1	56	29.2	59	32.5
Officer	12	-	12	-	10	-
Warrant officer	0	-	2	-	5	-
Education						
Some high school	1	-	1	-	1	-
Alternative high school certification	12	-	14	-	15	-
High school graduate	69	23.1	68	24.1	68	25.4
Some college, no degree	14	-	18	-	17	-
Associate's degree or technical certification	5	-	8	-	4	-
Four-year college degree	16	-	12	-	9	-
Master's degree or greater	2	-	4	-	4	-
Unknown	2	-	1	-	2	-
Marital status						
Never married	43	22.7	35	19.2	39	21.8
Married	66	21.1	73	24.2	71	24.9
Legally separated	2	-	0	-	0	-
Divorced	10	-	18	-	9	-
Widowed	0	-	0	-	1	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 9. Rates of suicide among Service members in the Active Component, Marine Corps, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	46	23.6	34	17.9	39	21.2
Sex						
Male	43	23.8	32	18.3	37	21.8
Female	3	-	2	-	2	-
Race						
American Indian/Alaska Native	0	-	0	-	1	-
Asian/Pacific Islander	1	-	0	-	1	-
Black/African American	3	-	1	-	3	-
White/Caucasian	36	23.4	28	18.6	34	23.3
Other/Unknown	6	-	5	-	0	-
Ethnicity						
Hispanic	5	-	2	-	5	-
Non-Hispanic	41	25.0	32	20.3	34	22.6
Unknown	0	-	0	-	0	-
Age						
17-19	6	-	2	-	5	-
20-24	21	24.6	13	-	22	25.5
25-29	10	-	11	-	5	-
30-34	5	-	8	-	2	-
35-39	1	-	0	-	4	-
40-44	2	-	0	-	1	-
45-49	1	-	0	-	0	-
50-54	0	-	0	-	0	-
55-59	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
E1-E4	28	24.3	17	-	28	25.8
E5-E9	15	-	13	-	9	-
Officer	3	-	4	-	2	-
Warrant officer	0	-	0	-	0	-
Education						
Some high school	0	-	0	-	0	-
Alternative high school certification	2	-	1	-	0	-
High school graduate	36	22.5	25	16.1	36	23.8
Some college, no degree	2	-	2	-	0	-
Associate's degree or technical certification	0	-	2	-	1	-
Four-year college degree	4	-	4	-	2	-
Master's degree or greater	2	-	0	-	0	-
Unknown	0	-	0	-	0	-
Marital status						
Never married	19	-	14	-	19	-
Married	23	25.2	19	-	17	-
Legally separated	0	-	0	-	0	-
Divorced	4	-	1	-	3	-
Widowed	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 10. Rates of suicide among Service members in the Active Component, Navy, CY 2013 – CY 2015, overall and by demographic characteristics

Group	2013		2014		2015	
	Count	Rate ¹	Count	Rate ¹	Count	Rate ¹
Total	41	12.7	54	16.6	43	13.1
Sex						
Male	37	13.9	53	19.8	40	14.9
Female	4	-	1	-	3	-
Race						
American Indian/Alaska Native	2	-	2	-	0	-
Asian/Pacific Islander	2	-	3	-	2	-
Black/African American	5	-	5	-	8	-
White/Caucasian	27	14.0	38	19.4	26	13.1
Other/Unknown	5	-	6	-	7	-
Ethnicity						
Hispanic	3	-	10	-	8	-
Non-Hispanic	35	14.0	42	16.5	32	12.7
Unknown	3	-	2	-	3	-
Age						
17-19	2	-	0	-	2	-
20-24	12	-	18	-	17	-
25-29	9	-	15	-	11	-
30-34	6	-	9	-	3	-
35-39	7	-	9	-	4	-
40-44	3	-	2	-	5	-
45-49	2	-	0	-	0	-
50-54	0	-	1	-	1	-
55-59	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
E1-E4	9	-	20	15.6	24	18.6
E5-E9	27	19.9	23	16.6	17	-
Officer	5	-	10	-	2	-
Warrant officer	0	-	1	-	0	-
Education						
Some high school	0	-	0	-	0	-
Alternative high school certification	1	-	5	-	3	-
High school graduate	26	12.1	34	15.7	32	14.7
Some college, no degree	2	-	0	-	2	-
Associate's degree or technical certification	5	-	3	-	0	-
Four-year college degree	1	-	7	-	4	-
Master's degree or greater	1	-	2	-	1	-
Unknown	5	-	3	-	1	-
Marital status						
Never married	23	14.8	30	19.0	21	13.1
Married	18	-	24	14.5	22	13.2
Legally separated	0	-	0	-	0	-
Divorced	0	-	0	-	0	-
Widowed	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

CHAPTER 3

COMBINED DATA: ALL SERVICES



DoDSER Results Summary: All Services

The DoDSER system collects data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component Service members and SELRES Service members who were in a duty status at the time of the event. Please refer to the DoDSER data tables that follow each population-specific chapter (e.g., Air Force, Army, Marine Corps, Navy) for specific variables of interest.

Calendar Year 2015 Incidence of Death Due to Suicide

As of March 31, 2016, the AFMES identified 266 confirmed suicides or suicides pending confirmation among Active Component Service members and 26 among SELRES Service members who were in a duty status at the time of their death. A DoDSER survey was submitted for 289 of these deaths. These DoDSER surveys were used in the generation of the data tables included in this chapter.

Four suicide deaths were associated with one or more previous suicide attempt from CY 2008 – CY 2014, and three cases of suicide had previous suicide attempts during CY 2015. The median number of days between the most recent suicide attempt and the date of death was 126.

Calendar Year 2015 Incidence of Suicide Attempts

There were 1,199 suicide attempts recorded by the Services during CY 2015. The associated reports provided data on 1,147 unique Service members—1,098 (95.7 percent) reporting a single suicide attempt during this time period and 49 (4.3 percent) that reported two or more suicide attempts during CY 2015.

Eighteen DoDSER suicide attempt cases had prior events recorded in the DoDSER system between CY 2008 and CY 2014. The median number of days between the previous attempt and the DoDSER case for CY 2015 was 330 days.

Demographic Characteristics

Demographic and military service characteristics for all DoDSER suicide and suicide attempt cases are detailed in Tables 11 and 12. The distribution of characteristics among DoDSER suicide and suicide attempt cases was consistent with the general demographic composition of the Services. Similar to previous years, a demographic distinction between the suicide and suicide attempt DoDSER cases was the sex distribution, with females comprising 5.5 percent of DoDSER suicide cases and 29.4 percent of DoDSER suicide attempt cases.

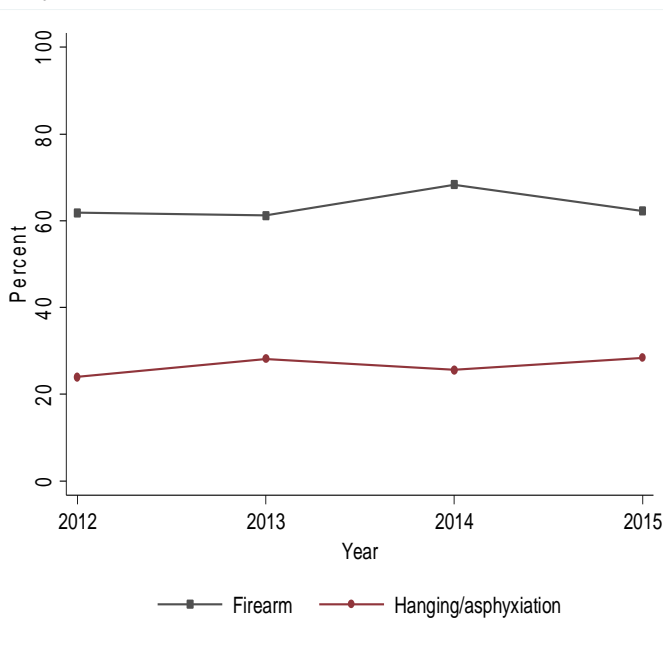


Figure 5. Percent of DoDSER suicide cases indicating distinct methods of injury, CY 2012 – CY 2015

Compared to DoDSER suicide attempt cases, DoDSER suicide cases also described an older population and one with a greater proportion of parents of minor children (21.8 percent). There was a similar pattern in the distribution of rank/grade, with DoDSER suicide cases having a greater proportion of more senior enlisted Service members, also compared to DoDSER suicide attempt cases.

Event Information

The data presented in Table 13 provide a descriptive overview of the settings and circumstances surrounding suicides and suicide attempts that occurred across the DoD in CY15. Figure 5 shows that the use of firearms and hanging/asphyxiation were the most

commonly used methods of suicide, which is consistent with the data from CY 2012 – CY 2014. Among suicide cases that involved a firearm, the majority of firearms were personal possessions (95 percent) and not military-issued weapons (5 percent).

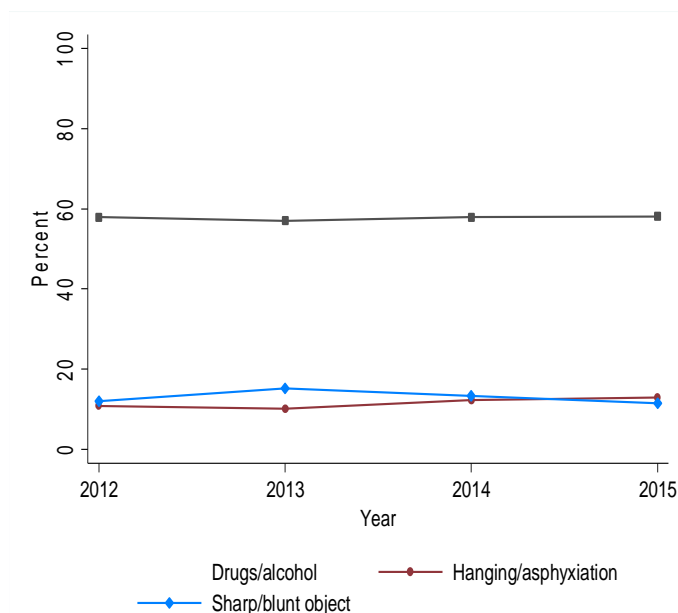


Figure 6. Percent of DoDSER suicide attempt cases indicating distinct methods of injury, CY 2012 – CY 2015

Figure 6 identifies drug and/or alcohol overdose as the most frequently reported mechanism of injury among DoDSER suicide attempt cases. The other two most common methods of attempting suicide involved hanging/asphyxiation and the use of a sharp or blunt object. The prevalence of all three mechanisms of injury for CY 2015 was consistent with the data from CY 2012 – CY 2014.

Behavioral Health History

Table 14 provides data on behavioral health variables related to both common diagnoses and treatment utilization. Substance abuse and adjustment disorders were the most frequently identified diagnoses in DoDSER suicide cases for CY 2015. Figure 7 displays the prevalence of various diagnoses, prior self-harm and the use of psychotropic medication in the 90 days prior to a suicide related death. All indicators for CY 2015 were consistent with the data from the previous three calendar years. One notable exception was a decrease in the active use of psychotropic medications in the 90 days preceding a death caused by suicide.

Figure 8 displays the prevalence of the same factors among DoDSER suicide attempt cases. The prevalence of variables related to an individual's behavioral health history were higher for DoDSER suicide attempt cases than for DoDSER suicide cases. There were no differences in the prevalence estimates for CY 2015 compared to the data from CY 2012 – CY 2014.

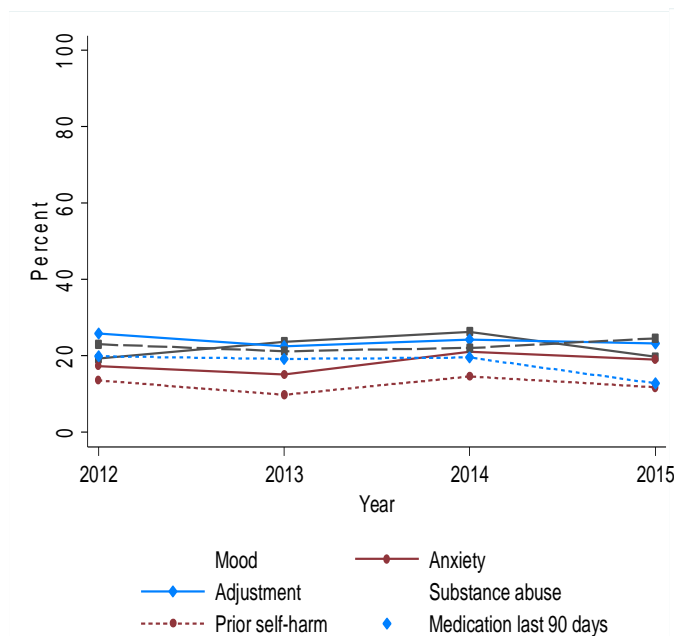


Figure 7. Percent of DoDSER suicide cases with specific behavioral health factors, CY 2012 – CY 2015.

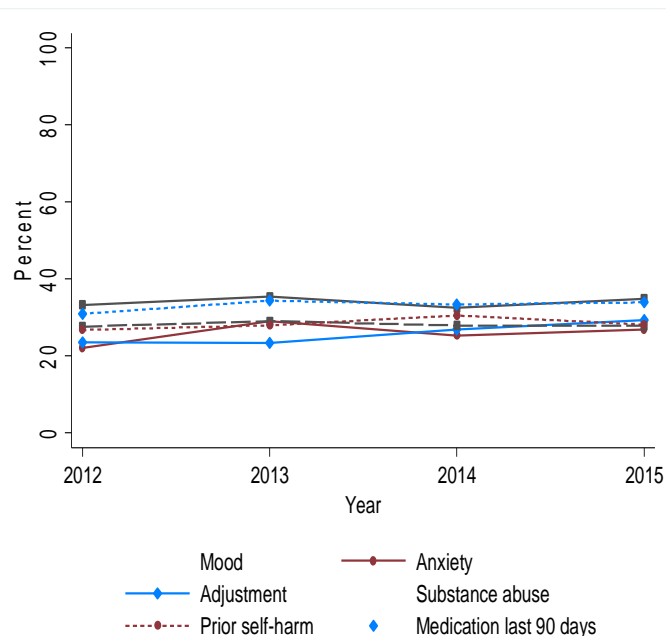


Figure 8. Percent of DoDSER suicide attempt cases with specific behavioral health factors, CY 2012 – CY 2015.

Psychosocial Stressors

The information collected on psychosocial stressors pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties and alleged abuse victimization or perpetration. Table 15 provides descriptive data for each of these factors. Overall, 192 DoDSER suicide cases (66.4 percent) and 910 DoDSER suicide attempt cases (75.9 percent) endorsed at least one of these stressors. Figures 9 (cases of suicide) and 10 (cases of suicide attempt) display the prevalence of six stressors queried in the DoDSER system from CY 2012 – CY 2015. The most common individual stressors were relationship, administrative/legal and workplace difficulties. The prevalence estimates for CY 2015 were consistent with the data from previous years.

Relationship, administrative/legal and workplace difficulties were also the most common stressors endorsed among DoDSER suicide attempt cases. The data were largely consistent with those from prior years with the exception of financial problems/debt, which was slightly lower in CY 2015 relative to the overall prevalence observed for CY 2012 – CY 2014.

In addition to data collected from the DoDSER system, cases were also matched against records related to the filing of an unrestricted report of sexual assault. According to the analysis of these data, no DoDSER suicide cases and 17 DoDSER suicide attempt cases were associated with an unrestricted report of a sexual assault that occurred during the year prior to the suicide related event. Table 15 provides the number of sexual assaults recorded via the DoDSER system. Discrepancies between those cases identified by SAPRO and those identified on the DoDSER surveys could be due to several factors, including utilization of the restricted reporting option.

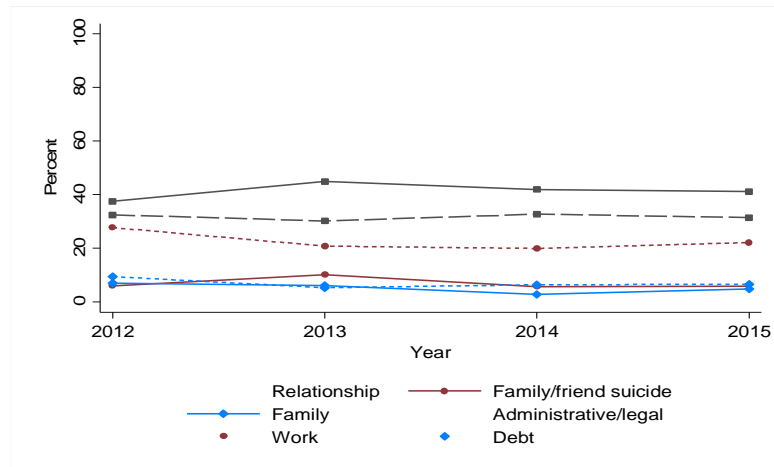


Figure 9. Percent of DoDSER suicide cases endorsing specific stressors prior to the event, CY 2012 – CY 2015.

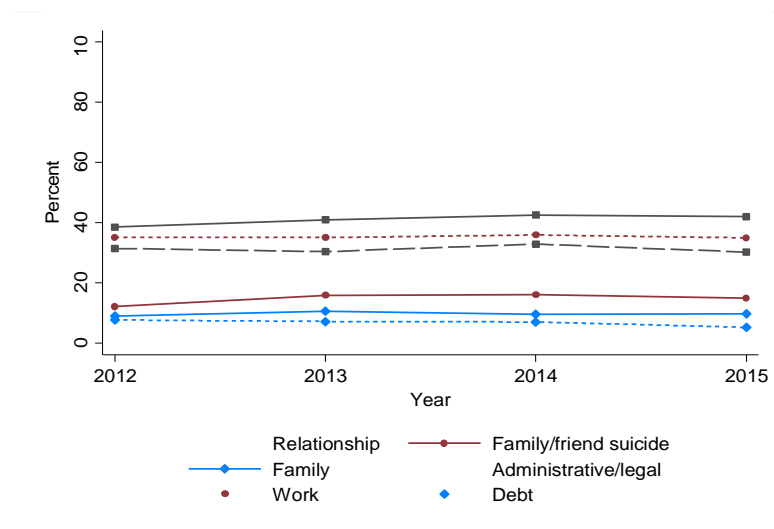


Figure 10. Percent of DoDSER suicide attempt cases endorsing specific stressors prior to the event, CY 2012 – CY 2015.

Table 11. Demographic characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Sex				
Male	273	94.5	847	70.6
Female	16	5.5	352	29.4
Age				
17-19	13	4.5	174	14.5
20-24	98	33.9	574	47.9
25-29	67	23.2	254	21.2
30-34	49	17.0	109	9.1
35-39	33	11.4	49	4.1
40-44	17	5.9	28	2.3
45-59	12	4.2	11	0.9
Race				
American Indian/Alaska Native	5	1.7	18	1.5
Asian/Pacific Islander	13	4.5	51	4.3
Black/African American	49	17.0	237	19.8
White/Caucasian	212	73.4	837	69.8
Other/Unknown	10	3.5	56	4.7
Ethnicity				
Hispanic	29	10.0	166	13.8
Not Hispanic	260	90.0	1,031	86.0
Unknown	0	0.0	2	0.2
Education				
Less than high school	1	0.3	5	0.4
Alternative high school	20	6.9	47	3.9
High school graduate	211	73.0	1,028	85.7
Associate's or technical degree	24	8.3	58	4.8
Four-year degree	23	8.0	45	3.8
Postgraduate	8	2.8	14	1.2
Unknown	2	0.7	2	0.2
Marital status				
Never married	121	41.9	589	49.1
Married	150	51.9	513	42.8
<i>Resides with spouse</i>	88		312	
Separated	0	0.0	10	0.8
Divorced	17	5.9	86	7.2
Widowed	1	0.3	1	0.1
Had minor children				
Yes, resided with service member	63	21.8	180	15.0
Yes, did not reside with service member	48	16.6	150	12.5
No	164	56.7	852	71.1
Unknown	14	4.8	17	1.4

¹Data on demographic characteristics primarily provided by DMDC.

Table 12. Military characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Component				
Active	263	91.0	1,140	95.1
Reserve	11	3.8	35	2.9
Guard	15	5.2	24	2.0
Rank/grade				
Cadet/midshipman	2	0.7		
E1-E4	132	45.7	839	70.0
E5-E9	127	43.9	287	23.9
Enlisted, unknown grade	0	0.0	38	3.2
Warrant	6	2.1	2	0.2
Officer	22	7.6	33	2.8
Enlisted occupational group				
Infantry, gun crews and seamanship specialists	62	21.5	291	24.3
Electronic equipment repairers	14	4.8	43	3.6
Communications and intelligence specialists	39	13.5	144	12.0
Health care specialists	19	6.6	154	12.8
Other technical and allied specialists	8	2.8	28	2.3
Functional support and administration	26	9.0	164	13.7
Electrical/mechanical equipment repairers	46	15.9	145	12.1
Craftworkers	9	3.1	55	4.6
Service and supply handlers	27	9.3	96	8.0
Non-occupational	8	2.8	42	3.5
Unknown	1	0.3	2	0.2
Officer occupational group				
Tactical operations officers	13	4.5	7	0.6
Intelligence officers	1	0.3	2	0.2
Engineering and maintenance officers	3	1.0	4	0.3
Scientists and professionals	1	0.3	0	0.0
Health care officers	4	1.4	10	0.8
Administrators	2	0.7	6	0.5
Supply, procurement and allied officers	2	0.7	0	0.0
Non-occupational	4	1.4	6	0.5
Unknown	0	0.0	0	0.0
History of deployment				
Yes	166	57.4	390	32.5
<i>Number of deployments</i>				
1	64		204	
2	46		91	
3 or more	56		95	
<i>Specific deployment locations²</i>				
Afghanistan	95		224	
Iraq	85		139	
Kuwait	90		175	
Kyrgyzstan	53		121	
No	123	42.6	806	67.2
Unknown	0	0.0	3	0.3

¹Data on military characteristics primarily provided by DMDC.²Subcategories are not mutually exclusive.

Table 13. Event characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Event location country				
United States	265	91.7	1,031	86.0
Iraq	1	0.3	0	0.0
Kuwait	1	0.3	3	0.3
Korea	7	2.4	28	2.3
Other Europe	3	1.0	13	1.1
Japan	6	2.1	56	4.7
Belgium	0	0.0	2	0.2
Germany	3	1.0	32	2.7
United Kingdom	0	0.0	5	0.4
Other	3	1.0	18	1.5
Unknown	0	0.0	11	0.9
Event setting				
Own residence	140	48.4	502	41.9
Barracks	53	18.3	476	39.7
Residence of friend or family	23	8.0	39	3.3
Work/jobsite	12	4.2	30	2.5
Automobile	23	8.0	65	5.4
Inpatient medical facility	0	0.0	9	0.8
Hotel	4	1.4	10	0.8
Other	34	11.8	58	4.8
Unknown	0	0.0	10	0.8
Event method ¹				
Drugs/alcohol	6	2.1	697	58.1
Hanging/asphyxiation	86	29.8	154	12.8
Poisoning	6	2.1	50	4.2
Firearm	180	62.3	67	5.6
<i>Military firearm</i>	9		6	
<i>Non-military firearm</i>	170		60	
<i>Firearm of unknown origin</i>	1		1	
Falling/jumping	1	0.3	24	2.0
Sharp/blunt object	7	2.4	138	11.5
Other	3	1.0	56	4.7
Pending/unknown	0	0.0	13	1.1
Used alcohol during event				
Yes	68	23.5	427	35.6
No	113	39.1	721	60.1
Unknown	108	37.4	51	4.3
Used drugs during event				
Yes	17	5.9	630	52.5
Illegal drugs				
<i>Used, overdose</i>	2		45	
<i>Used, no overdose</i>	4		19	
Prescription drugs				
<i>Used, overdose</i>	1		357	
<i>Used, no overdose</i>	8		101	
Non-prescription drugs				
<i>Used, overdose</i>	4		189	
<i>Used, no overdose</i>	3		52	
No	153	52.9	527	44.0
Unknown	119	41.2	42	3.5

Table 13 (cont). Event characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Death-risk gambling				
Yes	3	1.0	25	2.1
No	266	92.0	1,146	95.6
Unknown	20	6.9	28	2.3
Planned/premeditated				
Yes	116	40.1	276	23.0
No	107	37.0	808	67.4
Unknown	66	22.8	115	9.6
Observable				
Yes	80	27.7	483	40.3
No	185	64.0	656	54.7
Unknown	24	8.3	60	5.0
Suicide note left				
Yes	65	22.5	123	10.3
No	176	60.9	1,028	85.7
Unknown	48	16.6	48	4.0
Communicated potential for self-harm (other than suicide note)				
Yes	81	28.0	259	21.6
<i>How communicated²</i>				
Written	10		15	
Verbal	49		163	
Text	30		107	
Other	0		2	
<i>Number of people to whom communicated</i>				
1	65		193	
2	13		46	
3	3		12	
4 or more	0		3	
Unknown	0		5	
<i>To whom communicated²</i>				
Supervisor	9		30	
Chaplain	0		4	
Mental health staff	11		50	
Friend	24		97	
Spouse	36		88	
Family	8		35	
Other	12		29	
No	177	61.2	874	72.9
Unknown	31	10.7	66	5.5
Residence at time of event				
Barracks	74	25.6	505	42.1
BEQ/BOQ	11	3.8	25	2.1
On-base family housing	27	9.3	124	10.3
Off-base	166	57.4	481	40.1
Ship	2	0.7	11	0.9
Other	8	2.8	34	2.8
Unknown	1	0.3	19	1.6
Reside alone at time of event				
Yes	89	30.8	413	34.4
No	190	65.7	751	62.6
Unknown	10	3.5	35	2.9

Table 13 (cont). Event characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Gun in home/immediate environment				
Yes	171	59.2	135	11.3
No	90	31.1	960	80.1
Unknown	28	9.7	104	8.7
Duty environment ²				
Garrison/permanent duty station	236	81.7	982	81.9
Leave	25	8.7	36	3.0
Temporary duty	2	0.7	20	1.7
Training (excluding basic)	15	5.2	49	4.1
Basic training	5	1.7	29	2.4
Psychiatric hospitalization	0	0.0	7	0.6
Medical	6	2.1	28	2.3
Correctional facility	1	0.3	3	0.3
Command observation	3	1.0	10	0.8
Underway	1	0.3	4	0.3
Other	1	0.3	23	1.9
Unknown	4	1.4	35	12.1
Deployed at time of event				
Yes	8	2.8	17	1.4
<i>Location</i>				
<i>Bahrain</i>	2		1	
<i>Djibouti</i>	0		2	
<i>Iraq</i>	1		0	
<i>Kuwait</i>	2		5	
<i>Other/Unknown</i>	2		9	
No	281	97.2	1,182	98.6

¹Data on the cause of the death were provided by AFMES.²Subcategories are not mutually exclusive.

Table 14. Medical and behavioral characteristics of suicide and suicide attempt DoDSEER reports submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Any mental health diagnosis				
Yes ¹	142	49.1	793	66.1
<i>Number of mental health diagnoses</i>				
1	65		299	
2	37		268	
More than 2	40		226	
Mood disorder ¹	57		417	
Bipolar	4		23	
Major depression	36		279	
Dysthymic	5		37	
Other mood disorder	23		108	
Anxiety disorder ¹	55		326	
Posttraumatic stress	24		155	
Panic	3		29	
Generalized anxiety disorder	13		69	
Acute stress	2		12	
Other anxiety disorder	28		118	
Personality disorder	7		80	
Psychotic disorder	5		8	
Adjustment disorder	67		352	
Substance abuse disorder	71		342	
No	145	50.2	390	32.5
Unknown	2	0.7	16	1.3
Sleep disorder				
Yes	32	11.1	149	12.4
No	252	87.2	1,015	84.7
Unknown	5	1.7	35	2.9
History of traumatic brain injury				
Yes	16	5.5	53	4.4
No	266	92.0	1,113	92.8
Unknown	7	2.4	33	2.8
Family history of mental illness				
Yes	24	8.3	340	28.4
No	174	60.2	742	61.9
Unknown	91	31.5	117	9.8
Prior self-injury				
Yes	34	11.8	338	28.2
<i>Number of prior self-injuries</i>				
One	18		170	
More than one	16		163	
Unknown	0		5	
Current event similar to prior	11		173	
No	229	79.2	818	68.2
Unknown	26	9.0	43	3.6
Ever taken psychotropic medications				
Yes	63	21.8	520	43.4
No	204	70.6	632	52.7
Unknown	22	7.6	47	3.9

Table 14 (cont). Medical and behavioral characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Pain medication, last 90 days				
Yes	37	12.8	216	18.0
No	220	76.1	921	76.8
Unknown	32	11.1	62	5.2
Use of opioid medications, last 90 days				
Yes	17	5.9	72	6.0
No	238	82.4	1,058	88.2
Unknown	34	11.8	69	5.8
Polypharmacy at time of event				
Yes	12	4.2	96	8.0
No	252	87.2	1,021	85.2
Unknown	25	8.7	82	6.8
Health/social services, last 90 days				
Yes ¹	185	64.0	833	69.5
<i>Medical Treatment Facility</i>	165		666	
<i>Substance Abuse Services</i>	25		158	
<i>Family Assistance Program</i>	11		71	
<i>Outpatient mental health</i>	76		591	
<i>Inpatient mental health</i>	13		184	
No	102	35.3	355	29.6
Unknown	2	0.7	11	0.9

¹Subcategories are not mutually exclusive.

Table 15. Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Failed or failing relationship, last 90 days				
Yes ¹	119	41.2	504	42.0
<i>Intimate relationship</i>	110		439	
<i>Other relationship</i>	27		141	
No	146	50.5	669	55.8
Unknown	24	8.3	26	2.2
Friend and family stressors, last 90 days				
Yes ¹	14	4.8	116	9.7
<i>Death of spouse or other family member (not suicide)</i>	5		26	
<i>Death of friend (not suicide)</i>	3		25	
<i>Serious illness of friend or family member</i>	6		75	
No	253	87.5	1,058	88.2
Unknown	22	7.6	25	2.1
History of friend or family death by suicide				
Yes ¹	17	5.9	175	14.6
<i>Spouse</i>	1		3	
<i>Family other than spouse</i>	8		68	
<i>Friend</i>	8		119	
No	261	90.3	1,001	83.5
Unknown	11	3.8	23	1.9
Administrative/legal problems, last 90 days				
Yes ¹	91	31.5	364	30.4
<i>Courts martial proceedings</i>	9		18	
<i>Article 15/Non-judicial punishment</i>	24		110	
<i>Administrative separation proceedings</i>	17		111	
<i>Away without leave/deserter status</i>	10		22	
<i>Medical evaluation board proceedings</i>	14		108	
<i>Civil legal proceedings</i>	25		64	
<i>Non-selection for promotion</i>	20		37	
<i>Under investigation</i>	46		107	
No	197	68.2	815	68.0
Unknown	1	0.3	20	1.7
Excessive debt/bankruptcy, last 90 days				
Yes	19	6.6	61	5.1
No	228	78.9	1,076	89.7
Unknown	42	14.5	62	5.2
Workplace, last 90 days				
Yes ¹	64	22.1	420	35.0
<i>Job problems</i>	50		335	
<i>Supervisor/coworker issues</i>	20		225	
<i>Poor performance review</i>	17		119	
<i>Unit/workplace hazing</i>	1		36	
No	211	73.0	752	62.7
Unknown	14	4.8	27	2.3
Abuse, assault, or harassment victimization, last year				
Yes ¹	8	2.8	119	9.9
<i>Physical abuse or assault</i>	3		36	
<i>Sexual abuse or assault</i>	0		48	
<i>Emotional abuse</i>	5		64	
<i>Sexual harassment</i>	0		26	
No	259	89.6	1,049	87.5
Unknown	22	7.6	31	2.6

Table 15 (cont). Psychosocial determinants described in suicide and suicide attempt
DoDSER reports submitted for CY 2015, all Services

	Suicide (n = 289)		Suicide attempt (n = 1,199)	
	No.	%	No.	%
Abuse, assault, or harassment/perpetration, last year				
Yes ¹	32	11.1	76	6.3
<i>Physical abuse or assault</i>	15		42	
<i>Sexual abuse or assault</i>	16		18	
<i>Emotional abuse</i>	8		23	
<i>Sexual harassment</i>	3		6	
No	240	83.0	1,089	90.8
Unknown	17	5.9	34	2.8

¹Subcategories are not mutually exclusive.

CHAPTER 4

U.S. AIR FORCE



DoDSER Results Summary: Air Force

The DoDSER system collects data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component Service members and SELRES Service members who were in a duty status at the time of the event. Please refer to the DoDSER data tables that follow this chapter for specific variables of interest. The findings in this chapter pertain specifically to the United States Air Force. There were no statistical comparisons for data over time within the Air Force. See Chapter 3 for data relevant to all Services combined.

Calendar Year 2015 Incidence of Death Due to Suicide

As of March 31, 2016, the AFMES identified 63 confirmed suicides or suicides pending confirmation among Air Force Active Component Service members and 1 among SELRES Service members who were in a duty status at the time of death. A DoDSER survey was submitted for 62 of these deaths. These DoDSER surveys were used in the generation of the data tables included in this chapter. Two suicide deaths were associated with one or more suicide attempts from CY 2008 – CY 2014. No suicides were associated with a separate DoDSER suicide attempt case in CY 2015.

Calendar Year 2015 Incidence of Suicide Attempts

There were 276 suicide attempts recorded by the Air Force during CY 2015. The reports provided data on 259 unique Service members—245 cases (94.6 percent) reported a single suicide attempt during this time period and 14 cases (5.4 percent) reported two or more suicide attempts. Five DoDSER suicide attempt cases were associated with one or more previous suicide attempt records in the DoDSER system from 2008 – 2014. The median number of days between the last attempt and the CY 2015 attempt report was 444 days.

Demographic Characteristics

Aggregated demographic and military service characteristics for all DoDSER suicide and suicide attempt cases are detailed in Tables 16 and 17. Similar to the summary for all Services, Air Force DoDSER suicide cases were predominantly associated with young, male Service members. This demographic profile is representative of the broader, overall composition of the Air Force. The demographic profile of DoDSER suicide attempt cases were generally younger and had a higher proportion of females compared to DoDSER suicide cases.

Event Information

The data presented in Table 18 provide a descriptive overview of the settings and circumstances surrounding suicides and suicide attempts that occurred within the U.S. Air Force in CY 2015. The use of firearms and hanging/asphyxiation were the most common methods of suicide. Among suicide cases that involved a firearm, the majority of firearms were personal possessions and not military-issued weapons.

Drug and/or alcohol overdose was the most frequently reported mechanism of injury among DoDSER suicide attempt cases. The other two most common mechanisms of injury were hanging/asphyxiation and the use of a sharp or blunt object.

Behavioral Health History

Table 19 provides data on behavioral health variables related to both common diagnoses and treatment utilization. Substance abuse and adjustment disorders were the most frequently identified diagnoses in DoDSER suicide cases. Mood disorders were the most prevalent diagnosis among DoDSER suicide attempt cases.

Psychosocial Stressors

The information collected on psychosocial stressors pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties and alleged abuse victimization or perpetration. Table 20 provides descriptive data for each of these factors. Overall, 41 DoDSER suicide cases reports (66.1 percent) and 222 DoDSER suicide attempt cases (80.4 percent) endorsed at least one of these stressors. The most common individual stressors were relationship, administrative/legal and workplace difficulties. These were also the most frequently endorsed stressors among DoDSER suicide attempt reports.

In addition to data collected from the DoDSER system, cases were matched against records related to the filing of an unrestricted report of sexual assault. According to the analysis of these data, no DoDSER suicide cases or DoDSER suicide attempt cases were associated with an unrestricted report of sexual assault that occurred during the year prior to the suicide related event. Table 20 provides the number of sexual assaults recorded via the DoDSER system. Discrepancies between those cases identified by SAPRO and those identified on the DoDSER surveys could be due to several factors, including utilization of the restricted reporting option.

Table 16. Demographic characteristics¹ of suicide and suicide attempt DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Sex				
Male	60	96.8	180	65.2
Female	2	3.2	96	34.8
Age				
17-19	1	1.6	27	9.8
20-24	24	38.7	128	46.4
25-29	15	24.2	60	21.7
30-34	10	16.1	29	10.5
35-39	5	8.1	18	6.5
40-44	5	8.1	10	3.6
45-59	2	3.2	4	1.4
Race				
American Indian/Alaska Native	0	0.0	5	1.8
Asian/Pacific Islander	6	9.7	12	4.3
Black/African American	7	11.3	48	17.4
White/Caucasian	47	75.8	191	69.2
Other/Unknown	2	3.2	20	7.2
Ethnicity				
Hispanic	2	3.2	16	5.8
Not Hispanic	60	96.8	259	93.8
Unknown	0	0.0	1	0.4
Education				
Less than high school	0	0.0	0	0.0
Alternative high school	0	0.0	1	0.4
High school graduate	41	66.1	221	80.1
Associate's or technical degree	16	25.8	34	12.3
Four-year degree	3	4.8	11	4.0
Postgraduate	1	1.6	8	2.9
Unknown	1	1.6	1	0.4
Marital status				
Never married	35	56.5	130	47.1
Married	22	35.5	115	41.7
<i>Resides with spouse</i>	16		68	
Separated	0	0.0	3	1.1
Divorced	5	8.1	28	10.1
Widowed	0	0.0	0	0.0
Had minor children				
Yes, resided with service member	10	16.1	48	17.4
Yes, did not reside with service member	8	12.9	37	13.4
No	44	71.0	188	68.1
Unknown	0	0.0	3	1.1

¹ Data on demographic characteristics primarily provided by DMDC.

Table 17. Military characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Component				
Active	61	98.4	266	96.4
Reserve	1	1.6	5	1.8
Guard	0	0.0	5	1.8
Rank/grade				
Cadet/midshipman	1	1.6	1	0.4
E1-E4	29	46.8	178	64.5
E5-E9	28	45.2	78	28.3
Enlisted, unknown grade	0	0.0	5	1.8
Warrant	0	0.0	0	0.0
Officer	4	6.5	14	5.1
Occupational group				
Enlisted				
Infantry, gun crews and seamanship specialists	5	8.1	28	10.1
Electronic equipment repairers	3	4.8	17	6.2
Communications and intelligence specialists	11	17.7	23	8.3
Health care specialists	4	6.5	39	14.1
Other technical and allied specialists	1	1.6	10	3.6
Functional support and administration	5	8.1	50	18.1
Electrical/mechanical equipment repairers	16	25.8	44	15.9
Craftworkers	3	4.8	14	5.1
Service and supply handlers	7	11.3	20	7.2
Non-occupational	2	3.2	14	5.1
Unknown	0	0.0	2	0.7
Warrant and commissioned officers				
Tactical operations officers	1	1.6	1	0.4
Intelligence officers	0	0.0	1	0.4
Engineering and maintenance officers	0	0.0	0	0.0
Scientists and professionals	0	0.0	0	0.0
Health care officers	1	1.6	7	2.5
Administrators	0	0.0	4	1.4
Supply, procurement and allied officers	0	0.0	0	0.0
Non-occupational	3	4.8	2	0.7
Unknown	0	0.0	0	0.0
History of deployment				
Yes	33	53.2	88	31.9
Number of deployments				
1	14		46	
2	11		24	
3 or more	8		18	
Specific deployment locations ²				
Afghanistan	12		27	
Iraq	13		25	
Kuwait	3		19	
Kyrgyzstan	9		14	
No	29	46.8	187	67.8
Unknown	0	0.0	1	0.4

¹Data on Military Characteristics provided primarily by DMDC.²Subcategories are not mutually exclusive.

Table 18. Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Event location country				
United States	58	93.5	220	79.7
Iraq	0	0.0	0	0.0
Kuwait	0	0.0	1	0.4
Korea	2	3.2	8	2.9
Other Europe	1	1.6	8	2.9
Japan	1	1.6	13	4.7
Belgium	0	0.0	1	0.4
Germany	0	0.0	14	5.1
United Kingdom	0	0.0	5	1.8
Other	0	0.0	4	1.4
Unknown	0	0.0	2	0.7
Event setting				
Own residence	29	46.8	131	47.5
Barracks	11	17.7	81	29.3
Residence of friend or family	4	6.5	12	4.3
Work/jobsite	1	1.6	6	2.2
Automobile	6	9.7	19	6.9
Inpatient medical facility	0	0.0	5	1.8
Hotel	2	3.2	6	2.2
Other	9	14.5	14	5.1
Unknown	0	0.0	2	0.7
Event method ¹				
Drugs/alcohol	0	0.0	160	58.0
Hanging/asphyxiation	17	27.4	33	12.0
Poisoning	0	0.0	15	5.4
Firearm	43	69.4	9	3.3
<i>Military firearm</i>	2		1	
<i>Non-military firearm</i>	41		8	
<i>Firearm of unknown provenance</i>	0		0	
Falling/jumping	0	0.0	4	1.4
Sharp/blunt object	2	3.2	41	14.9
Other	0	0.0	12	4.3
Pending/unknown	0	0.0	2	0.7
Used alcohol during event				
Yes	19	30.6	100	36.2
No	20	32.3	162	58.7
Unknown	23	37.1	14	5.1
Used drugs during event				
Yes ²	3	4.8	152	55.1
Illegal drugs				
<i>Used, overdose</i>	0		6	
<i>Used, no overdose</i>	1		5	
Prescription drugs				
<i>Used, overdose</i>	0		85	
<i>Used, no overdose</i>	2		22	
Non-prescription drugs				
<i>Used, overdose</i>	0		47	
<i>Used, no overdose</i>	0		11	
No	33	53.2	112	40.6
Unknown	26	41.9	12	4.3

Table 18 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Death-risk gambling				
Yes	1	1.6	8	2.9
No	56	90.3	264	95.7
Unknown		5	8.1	4
Planned/premeditated				
Yes	26	41.9	60	21.7
No	21	33.9	175	63.4
Unknown	15	24.2	41	14.9
Observable				
Yes	12	19.4	103	37.3
No	43	69.4	159	57.6
Unknown	7	11.3	14	5.1
Suicide note left				
Yes	20	32.3	38	13.8
No	33	53.2	223	80.8
Unknown	9	14.5	15	5.4
Communicated potential for self-harm				
Yes	18	29.0	75	27.2
<i>How communicated²</i>				
<i>Written</i>	3		7	
<i>Verbal</i>	8		47	
<i>Text</i>	10		31	
<i>Other</i>	0		0	
<i>Number of people to whom communicated</i>				
1	11		57	
2	4		13	
3	3		3	
4 or more	0		1	
Unknown	0		1	
<i>To whom communicated²</i>				
<i>Supervisor</i>	4		7	
<i>Chaplain</i>	0		2	
<i>Mental health staff</i>	2		21	
<i>Friend</i>	9		28	
<i>Spouse</i>	6		17	
<i>Family</i>	3		10	
<i>Other</i>	4		11	
No	41	66.1	185	67.0
Unknown	3	4.8	16	5.8
Residence at time of event				
Barracks	13	21.0	83	30.1
BEQ/BOQ	2	3.2	8	2.9
On-base family housing	4	6.5	42	15.2
Off-base	40	64.5	130	47.1
Ship	0	0.0	0	0.0
Other	3	4.8	12	4.3
Unknown	0	0.0	1	0.4
Reside alone at time of event				
Yes	22	35.5	143	51.8
No	39	62.9	128	46.4
Unknown	1	1.6	5	1.8

Table 18 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Gun in home/immediate environment				
Yes	41	66.1	35	12.7
No	18	29.0	225	81.5
Unknown	3	4.8	16	5.8
Duty environment ²				
Garrison/permanent duty station	52	83.9	229	83.0
Leave	4	6.5	15	5.4
Temporary duty	2	3.2	8	2.9
Training (excluding basic)	4	6.5	10	3.6
Basic training	1	1.6	3	1.1
Psychiatric hospitalization	0	0.0	5	1.8
Medical	1	1.6	3	1.1
Correctional facility	1	1.6	1	0.4
Command observation	0	0.0	1	0.4
Underway	0	0.0	0	0.0
Other	0	0.0	7	2.5
Unknown	1	1.6	6	2.2
Deployed at time of event				
Yes	0	0.0	2	0.7
Location ¹				
Bahrain	0		0	
Djibouti	0		1	
Kuwait	0		1	
Other/Unknown	0		0	
No	62	100.0	274	99.3

¹Data on the cause of the death were provided by AFMES.²Subcategories are not mutually exclusive.

Table 19. Medical and behavioral characteristics of suicide and suicide attempt DoDSEER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Any mental health diagnosis				
Yes ¹	27	43.5	174	63.0
<i>Number of mental health diagnoses</i>				
1	17		68	
2	6		58	
More than 2	4		48	
Mood disorder ¹	8		98	
Bipolar	1		4	
Major depression	2		62	
Dysthymic	0		12	
Other mood disorder	5		29	
Anxiety disorder ¹	8		76	
Posttraumatic stress	1		32	
Panic	0		0	
Generalized anxiety disorder	1		14	
Acute stress	1		2	
Other anxiety disorder	4		30	
Personality disorder	1		21	
Psychotic disorder	0		2	
Adjustment disorder	16		63	
Substance abuse disorder	10		65	
No	35	56.5	99	35.9
Unknown	0	0.0	3	1.1
Sleep disorder				
Yes	8	12.9	32	11.6
No	53	85.5	241	87.3
Unknown	1	1.6	3	1.1
History of traumatic brain injury				
Yes	2	3.2	3	1.1
No	59	95.2	269	97.5
Unknown	1	1.6	4	1.4
Family history of mental illness				
Yes	6	9.7	88	31.9
No	37	59.7	165	59.8
Unknown	19	30.6	23	8.3
Prior self-injury				
Yes	5	8.1	81	29.3
<i>Number of prior self-injuries</i>				
One	3		40	
More than one	2		41	
Current event similar to prior	0		41	
No	54	87.1	191	69.2
Unknown	3	4.8	4	1.4
Ever taken psychotropic medications				
Yes	14	22.6	121	43.8
No	44	71.0	149	54.0
Unknown	4	6.5	6	2.2

Table 19 (cont). Medical and behavioral characteristics of suicide and suicide attempt
DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Use of psychotropic medications, last 90 days				
Yes ¹	6	9.7	105	38.0
<i>Antidepressants</i>	4		84	
<i>Antianxiety</i>	1		51	
<i>Antimanics</i>	0		4	
<i>Anticonvulsants</i>	0		4	
<i>Antipsychotics</i>	2		18	
<i>Sleep medication</i>	4		52	
No	52	83.9	165	59.8
Unknown	4	6.5	6	2.2
Pain medication, last 90 days				
Yes	11	17.7	59	21.4
No	42	67.7	207	75.0
Unknown	9	14.5	10	3.6
Use of opioid medications, last 90 days				
Yes	5	8.1	21	7.6
No	48	77.4	242	87.7
Unknown	9	14.5	13	4.7
Polypharmacy at time of event				
Yes	1	1.6	28	10.1
No	58	93.5	229	83.0
Unknown	3	4.8	19	6.9
Health/social services, last 90 days				
Yes ¹	46	74.2	209	75.7
<i>Medical Treatment Facility</i>	46		198	
<i>Substance Abuse Services</i>	5		44	
<i>Family Assistance Program</i>	3		18	
<i>Outpatient mental health</i>	10		132	
<i>Inpatient mental health</i>	2		40	
No	16	25.8	65	23.6
Unknown	0	0.0	2	0.7

¹Subcategories are not mutually exclusive.

Table 20. Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Failed or failing relationship, last 90 days				
Yes ¹	23	37.1	136	49.3
<i>Intimate relationship</i>	21		115	
<i>Other relationship</i>	3		46	
No	35	56.5	136	49.3
Unknown	4	6.5	4	1.4
Friend and family stressors, last 90 days				
Yes ¹	6	9.7	27	9.8
<i>Death of spouse or other family member (manner other than suicide)</i>	3		5	
<i>Death of friend (manner other than suicide)</i>	1		6	
<i>Serious illness of friend or family member</i>	2		19	
No	54	87.1	245	88.8
Unknown	2	3.2	4	1.4
History of friend or family death by suicide				
Yes ¹	6	9.7	49	17.8
<i>Spouse</i>	0		2	
<i>Family other than spouse</i>	2		24	
<i>Friend</i>	4		26	
No	56	90.3	223	80.8
Unknown	0	0.0	4	1.4
Administrative/legal problems, last 90 days				
Yes ¹	15	24.2	76	27.5
<i>Courts martial proceedings</i>	4		5	
<i>Article 15/Non-judicial punishment</i>	5		23	
<i>Administrative separation proceedings</i>	2		18	
<i>Away without leave/deserter status</i>	1		4	
<i>Medical evaluation board proceedings</i>	1		25	
<i>Civil legal proceedings</i>	5		15	
<i>Non-selection for promotion</i>	1		7	
<i>Under investigation</i>	12		28	
No	47	75.8	196	71.0
Unknown	0	0.0	4	1.4
Excessive debt/bankruptcy, last 90 days				
Yes	9	14.5	19	6.9
No	46	74.2	250	90.6
Unknown	7	11.3	7	2.5
Workplace, last 90 days				
Yes ¹	12	19.4	109	39.5
<i>Job problems</i>	9		90	
<i>Supervisor/coworker issues</i>	4		57	
<i>Poor performance review</i>	3		30	
<i>Unit/workplace hazing</i>	1		6	
No	49	79.0	164	59.4
Unknown	1	1.6	3	1.1
Abuse, assault, or harassment victimization, last year				
Yes ¹	2	3.2	26	9.4
<i>Physical abuse or assault</i>	0		6	
<i>Sexual abuse or assault</i>	0		12	
<i>Emotional abuse</i>	2		18	
<i>Sexual harassment</i>	0		2	
No	55	88.7	247	89.5
Unknown	5	8.1	3	1.1

Table 20 (cont). Psychosocial determinants described in suicide and suicide attempt
DoDSER reports submitted for CY 2015, Air Force

	Suicide (n = 62)		Suicide attempt (n = 276)	
	No.	%	No.	%
Abuse, assault, or harassment perpetration, last year				
Yes ¹	8	12.9	21	7.6
Physical abuse or assault	4		9	
Sexual abuse or assault	4		5	
Emotional abuse	3		10	
Sexual harassment	0		2	
No	50	80.6	251	90.9
Unknown	4	6.5	4	1.4

¹Subcategories are not mutually exclusive.

CHAPTER 5

U.S. ARMY



DoDSER Results Summary: Army

The DoDSER system collects data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component Service members and SELRES Service members who were in a duty status at the time of the event. Please refer to the DoDSER data tables that follow this chapter for specific variables of interest. The findings in this chapter pertain specifically to the United States Army. There were no statistical comparisons for data over time within the Army. See Chapter 3 for data relevant to all Services combined.

Calendar Year 2015 Incidence of Death Due to Suicide

As of March 31, 2016, the AFMES identified 120 confirmed suicides or suicides pending confirmation among Army Active Component Service members and 23 among SELRES Service members who were in a duty status at the time of death. A DoDSER survey was submitted for all 143 of these deaths. These DoDSER surveys were used in the generation of the data tables included in this chapter. One suicide death was associated with one or more DoDSER suicide attempt cases from CY 2008 to CY 2014. No suicides were associated with a separate DoDSER suicide attempt case in CY 2015.

Calendar Year 2015 Incidence of Suicide Attempts

There were 478 suicide attempts recorded by the Army during CY 2015. The reports provided data on 467 unique Service members—456 (97.6 percent) reporting a single suicide attempt during the time period and 11 (2.3 percent) with two reported attempts. Eight DoDSER suicide attempt cases had one or more previous suicide attempt records in the DoDSER system from 2008 – 2014. The median number of days between the last attempt and the CY 2015 attempt report was 251 days.

Demographic Characteristics

Aggregated demographic and military service characteristics for all DoDSER suicide and suicide attempt cases are detailed in Tables 21 and 22. Similar to the summary for all Services, Army DoDSER suicide cases were predominantly associated with young, male Service members. This is consistent with what would be expected given the overall demographics of the Army population. The cases described in the DoDSER suicide attempt cases were also generally younger, but involved a higher proportion of female Service members compared to the DoDSER suicide cases.

Event Information

The data presented in Table 23 provide a descriptive overview of the settings and circumstances surrounding suicides and suicide attempts that occurred within the U.S. Army in CY 2015. Consistent with the data from CY 2012 – CY 2014, the use of firearms and hanging/asphyxiation were the most common methods of suicide. Among suicide cases that involved a firearm, the majority of firearms were personal possessions and not military-issued weapons.

Drug and/or alcohol overdose continues to be the most frequently reported mechanism of injury among DoDSER suicide attempt cases. The other two most common mechanisms of injury were hanging/asphyxiation and the use of a sharp or blunt object.

Behavioral Health History

Table 24 provides data on behavioral health variables related to both common diagnoses and treatment utilization. Substance abuse and adjustment disorders were the most frequently identified diagnoses in DoDSER suicide cases. Mood disorders were the most prevalent diagnosis among DoDSER suicide attempt cases.

Psychosocial Stressors

The data collected on psychosocial stressors pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties and alleged abuse victimization or perpetration. Table 25 provides descriptive data for each of these factors. Overall, 93 DoDSER suicide cases (65.0 percent) and 363 DoDSER suicide attempt cases (75.9 percent) endorsed at least one of these stressors. The most common individual stressors were relationship, administrative/legal problems and workplace difficulties. These were also the most frequently endorsed stressors among DoDSER suicide attempt cases.

In addition to data collected from the DoDSER system, cases were also matched against records related to the filing of an unrestricted report of sexual assault. According to the analysis of these data, no DoDSER suicide cases and 6 DoDSER suicide attempt cases were associated with an unrestricted report of sexual assault that occurred during the year prior to the suicide related event. Table 25 provides the number of sexual assaults recorded via the DoDSER system. Discrepancies between those cases identified by SAPRO and those identified on the DoDSER surveys could be due to several factors, including utilization of the restricted reporting option.

Table 21. Demographic characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n= 478)	
	No.	%	No.	%
Sex				
Male	134	93.7	341	71.3
Female	9	6.3	137	28.7
Age				
17-19	5	3.5	60	12.6
20-24	35	24.5	222	46.4
25-29	34	23.8	104	21.8
30-34	34	23.8	53	11.1
35-39	20	14.0	20	4.2
40-44	6	4.2	12	2.5
45-59	9	6.3	7	1.5
Race				
American Indian/Alaska Native	4	2.8	5	1.0
Asian/Pacific Islander	4	2.8	16	3.3
Black/African American	30	21.0	117	24.5
White/Caucasian	102	71.3	334	69.9
Other/Unknown	3	2.1	6	1.3
Ethnicity				
Hispanic	14	9.8	58	12.1
Not Hispanic	129	90.2	420	87.9
Unknown	0	0.0	0	0.0
Education				
Less than high school	1	0.7	2	0.4
Alternative high school	17	11.9	30	6.3
High school graduate	98	68.5	407	85.1
Associate's or technical degree	6	4.2	16	3.3
Four-year degree	14	9.8	20	4.2
Postgraduate	6	4.2	3	0.6
Unknown	1	0.7	0	0.0
Marital status				
Never married	44	30.8	218	45.6
Married	89	62.2	219	45.8
<i>Resides with spouse</i>	53		151	
Separated	0	0.0	3	0.6
Divorced	9	6.3	38	7.9
Widowed	1	0.7	0	0.0
Had minor children				
Yes, resided with service member	38	26.6	88	18.4
Yes, did not reside with service member	27	18.9	70	14.6
No	66	46.2	313	65.5
Unknown	12	8.4	7	1.5

¹Data on demographic characteristics primarily provided by DMDC.

Table 22. Military characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n= 478)	
	No.	%	No.	%
Component				
Active	120	83.9	440	92.1
Reserve	8	5.6	19	4.0
Guard	15	10.5	19	4.0
Rank/grade				
Cadet/midshipman	1	0.7	0	0.0
E1-E4	51	35.7	326	68.2
E5-E9	71	49.7	116	24.3
Enlisted, unknown grade	0	0.0	26	5.4
Warrant	6	4.2	2	0.4
Officer	14	9.8	8	1.7
Occupational group				
Enlisted				
Infantry, gun crews and seamanship specialists	48	33.6	168	35.1
Electronic equipment repairers	2	1.4	5	1.0
Communications and intelligence specialists	19	13.3	90	18.8
Health care specialists	9	6.3	77	16.1
Other technical and allied specialists	5	3.5	11	2.3
Functional support and administration	15	10.5	58	12.1
Electrical/mechanical equipment repairers	15	10.5	36	7.5
Craftsworkers	2	1.4	2	0.4
Service and supply handlers	6	4.2	15	3.1
Non-occupational	1	0.7	6	1.3
Unknown	0	0.0	0	0.0
Warrant and commissioned officers				
Tactical operations officers	9	6.3	6	1.3
Intelligence officers	1	0.7	1	0.2
Engineering and maintenance officers	2	1.4	1	0.2
Scientists and professionals	1	0.7	0	0.0
Health care officers	3	2.1	1	0.2
Administrators	2	1.4	1	0.2
Supply, procurement and allied officers	2	1.4	0	0.0
Non-occupational	1	0.7	0	0.0
Unknown	0	0.0	0	0.0
History of deployment				
Yes	100	69.9	197	41.2
<i>Number of deployments</i>				
1	39		103	
2	23		42	
3 or more	38		52	
<i>Specific deployment locations²</i>				
Afghanistan	69		138	
Iraq	59		86	
Kuwait	76		132	
Kyrgyzstan	37		70	
No	43	30.1	281	58.8
Unknown	0	0.0	0	0.0

¹Data on military characteristics provided primarily by DMDC.²Subcategories are not mutually exclusive.

Table 23. Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Event location country				
United States	134	93.7	430	90.0
Iraq	1	0.7	0	0.0
Kuwait	1	0.7	2	0.4
Korea	5	3.5	19	4.0
Other Europe	0	0.0	0	0.0
Japan	0	0.0	1	0.2
Belgium	0	0.0	1	0.2
Germany	2	1.4	18	3.8
United Kingdom	0	0.0	0	0.0
Other	0	0.0	4	0.8
Unknown	0	0.0	3	0.6
Event setting				
Own residence	76	53.1	222	46.4
Barracks	23	16.1	190	39.7
Residence of friend or family	11	7.7	9	1.9
Work/jobsite	6	4.2	13	2.7
Automobile	12	8.4	21	4.4
Inpatient medical facility	0	0.0	2	0.4
Hotel	1	0.7	2	0.4
Other	14	9.8	16	3.3
Unknown	0	0.0	3	0.6
Event method ¹				
Drugs/alcohol	5	3.5	287	60.0
Hanging/asphyxiation	37	25.9	57	11.9
Poisoning	4	2.8	22	4.6
Firearm	93	65.0	31	6.5
<i>Military firearm</i>	3		2	
<i>Non-military firearm</i>	89		28	
<i>Firearm of unknown provenance</i>	1		1	
Falling/jumping	0	0.0	11	2.3
Sharp/blunt object	2	1.4	45	9.4
Other	2	1.4	20	4.2
Pending/unknown	0	0.0	5	1.0
Used alcohol during event				
Yes	29	20.3	167	34.9
No	67	46.9	301	63.0
Unknown	47	32.9	10	2.1
Used drugs during event				
Yes	9	6.3	269	56.3
Illegal drugs				
<i>Used, overdose</i>	2		21	
<i>Used, no overdose</i>	2		8	
Prescription drugs				
<i>Used, overdose</i>	1		146	
<i>Used, no overdose</i>	2		63	
Non-prescription drugs				
<i>Used, overdose</i>	4		64	
<i>Used, no overdose</i>	1		30	
No	84	58.7	196	41.0
Unknown	50	35.0	13	2.7

Table 23 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Death-risk gambling				
Yes	2	1.4	13	2.7
No	128	89.5	456	95.4
Unknown	13	9.1	9	1.9
Planned/premeditated				
Yes	57	39.9	102	21.3
No	52	36.4	347	72.6
Unknown	34	23.8	29	6.1
Observable				
Yes	47	32.9	186	38.9
No	82	57.3	278	58.2
Unknown	14	9.8	14	2.9
Suicide note left				
Yes	29	20.3	54	11.3
No	90	62.9	412	86.2
Unknown	24	16.8	12	2.5
Communicated potential for self-harm				
Yes	38	26.6	117	24.5
<i>How communicated²</i>				
<i>Written</i>	6		7	
<i>Verbal</i>	24		79	
<i>Text</i>	13		47	
<i>Other</i>	0		2	
<i>Number of people to whom communicated</i>				
1	33		89	
2	5		18	
3	0		7	
4 or more	0		2	
Unknown	0		1	
<i>To whom communicated²</i>				
<i>Supervisor</i>	4		17	
<i>Chaplain</i>	0		1	
<i>Mental health staff</i>	2		22	
<i>Friend</i>	7		39	
<i>Spouse</i>	22		48	
<i>Family</i>	3		14	
<i>Other</i>	5		13	
No	84	58.7	338	70.7
Unknown	21	14.7	23	4.8
Residence at time of event				
Barracks	33	23.1	199	41.6
BEQ/BOQ	2	1.4	6	1.3
On-base family housing	13	9.1	58	12.1
Off-base	91	63.6	196	41.0
Ship	0	0.0	0	0.0
Other	3	2.1	12	2.5
Unknown	1	0.7	7	1.5
Reside alone at time of event				
Yes	40	28.0	167	34.9
No	95	66.4	306	64.0
Unknown	8	5.6	5	1.0

Table 23 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Gun in home/immediate environment				
Yes	88	61.5	58	12.1
No	34	23.8	386	80.8
Unknown	21	14.7	34	7.1
Duty environment ²				
Garrison/permanent duty station	117	81.8	401	83.9
Leave	15	10.5	9	1.9
Temporary duty	0	0.0	2	0.4
Training (excluding basic)	6	4.2	17	3.6
Basic training	0	0.0	16	3.3
Psychiatric hospitalization	0	0.0	2	0.4
Medical	2	1.4	9	1.9
Correctional facility	0	0.0	0	0.0
Command observation	0	0.0	0	0.0
Underway	0	0.0	0	0.0
Other	0	0.0	7	1.5
Unknown	1	0.7	15	3.1
Deployed at time of event				
Yes	4	2.8	6	1.3
Location ¹				
Bahrain	0		1	
Djibouti	0		1	
Kuwait	2		3	
Other/Unknown	0		1	
No	139	97.2	472	98.7

¹Data on the cause of the death were provided by AFMES.²Subcategories are not mutually exclusive.

Table 24. Medical and behavioral characteristics of suicide and suicide attempt DoDSEER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Any mental health diagnosis				
Yes ¹	81	56.6	349	73.0
<i>Number of mental health diagnoses</i>				
1	33		125	
2	23		120	
More than 2	25		104	
Mood disorder ¹	34		189	
Bipolar	1		16	
Major depression	24		146	
Dysthymic	4		16	
Other mood disorder	14		32	
Anxiety disorder ¹	33		153	
Posttraumatic stress	19		74	
Panic	3		21	
Generalized anxiety disorder	7		41	
Acute stress	0		7	
Other anxiety disorder	19		54	
Personality disorder	4		24	
Psychotic disorder	5		4	
Adjustment disorder	36		178	
Substance abuse disorder	41		140	
No	60	42.0	124	25.9
Unknown	2	1.4	5	1.0
Sleep disorder				
Yes	16	11.2	75	15.7
No	123	86.0	388	81.2
Unknown	4	2.8	15	3.1
History of traumatic brain injury				
Yes	12	8.4	35	7.3
No	127	88.8	432	90.4
Unknown	4	2.8	11	2.3
Family history of mental illness				
Yes	12	8.4	133	27.8
No	86	60.1	303	63.4
Unknown	45	31.5	42	8.8
Prior self-injury				
Yes	21	14.7	140	29.3
<i>Number of prior self-injuries</i>				
One	10		72	
More than one	11		65	
Unknown	0		3	
Current event similar to prior	7		78	
No	104	72.7	317	66.3
Unknown	18	12.6	21	4.4
Ever taken psychotropic medications				
Yes	37	25.9	226	47.3
No	96	67.1	225	47.1
Unknown	10	7.0	27	5.6

Table 24 (cont). Medical and behavioral characteristics of suicide and suicide attempt
DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Use of psychotropic medications, last 90 days				
Yes ¹	25	17.5	163	34.1
<i>Antidepressants</i>	23		140	
<i>Antianxiety</i>	13		80	
<i>Antimanics</i>	2		7	
<i>Anticonvulsants</i>	1		5	
<i>Antipsychotics</i>	1		14	
<i>Sleep medication</i>	15		96	
No	108	75.5	287	60.0
Unknown	10	7.0	28	5.9
Pain medication, last 90 days				
Yes	17	11.9	95	19.9
No	110	76.9	357	74.7
Unknown	16	11.2	26	5.4
Use of opioid medications, last 90 days				
Yes	9	6.3	32	6.7
No	117	81.8	419	87.7
Unknown	17	11.9	27	5.6
Polypharmacy at time of event				
Yes	7	4.9	39	8.2
No	122	85.3	407	85.1
Unknown	14	9.8	32	6.7
Health/social services, last 90 days				
Yes ¹	88	61.5	333	69.7
<i>Medical Treatment Facility</i>	76		239	
<i>Substance Abuse Services</i>	12		60	
<i>Family Assistance Program</i>	6		32	
<i>Outpatient mental health</i>	44		258	
<i>Inpatient mental health</i>	7		78	
No	53	37.1	142	29.7
Unknown	2	1.4	3	0.6

¹Subcategories are not mutually exclusive.

Table 25. Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Failed or failing relationship, last 90 days				
Yes ¹	64	44.8	182	38.1
<i>Intimate relationship</i>	60		156	
<i>Other relationship</i>	18		51	
No	62	43.4	286	59.8
Unknown	17	11.9	10	2.1
Friend and family stressors, last 90 days				
Yes ¹	5	3.5	61	12.8
<i>Death of spouse or other family member (manner other than suicide)</i>	2		15	
<i>Death of friend (manner other than suicide)</i>	2		12	
<i>Serious illness of friend or family member</i>	1		40	
No	123	86.0	409	85.6
Unknown	15	10.5	8	1.7
History of friend or family death by suicide				
Yes ¹	5	3.5	86	18.0
<i>Spouse</i>	0		1	
<i>Family other than spouse</i>	2		27	
<i>Friend</i>	3		67	
No	128	89.5	384	80.3
Unknown	10	7.0	8	1.7
Administrative/legal problems, last 90 days				
Yes ¹	47	32.9	164	34.3
<i>Courts martial proceedings</i>	5		5	
<i>Article 15/Non-judicial punishment</i>	11		47	
<i>Administrative separation proceedings</i>	10		54	
<i>Away without leave/deserter status</i>	4		8	
<i>Medical evaluation board proceedings</i>	10		53	
<i>Civil legal proceedings</i>	16		26	
<i>Non-selection for promotion</i>	8		19	
<i>Under investigation</i>	24		43	
No	95	66.4	309	64.6
Unknown	1	0.7	5	1.0
Excessive debt/bankruptcy, last 90 days				
Yes	6	4.2	26	5.4
No	113	79.0	435	91.0
Unknown	24	16.8	17	3.6
Workplace, last 90 days				
Yes ¹	35	24.5	190	39.7
<i>Job problems</i>	27		142	
<i>Supervisor/coworker issues</i>	12		114	
<i>Poor performance review</i>	9		61	
<i>Unit/workplace hazing</i>	0		23	
No	96	67.1	280	58.6
Unknown	12	8.4	8	1.7
Abuse, assault, or harassment victimization, last year				
Yes ¹	2	1.4	64	13.4
<i>Physical abuse or assault</i>	1		19	
<i>Sexual abuse or assault</i>	0		20	
<i>Emotional abuse</i>	1		32	
<i>Sexual harassment</i>	0		16	
No	128	89.5	405	84.7
Unknown	13	9.1	9	1.9

Table 25 (cont). Psychosocial determinants described in suicide and suicide attempt
DoDSER reports submitted for CY 2015, Army

	Suicide (n = 143)		Suicide attempt (n = 478)	
	No.	%	No.	%
Abuse, assault, or harassment perpetration, last year				
Yes ¹	16	11.2	30	6.3
<i>Physical abuse or assault</i>	8		16	
<i>Sexual abuse or assault</i>	8		9	
<i>Emotional abuse</i>	4		8	
<i>Sexual harassment</i>	2		2	
No	118	82.5	439	91.8
Unknown	9	6.3	9	1.9

¹Subcategories are not mutually exclusive.

CHAPTER 6

U.S. MARINE CORPS



DoDSER Results Summary: Marine Corps

The DoDSER system collects data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component Service members and SELRES Service members who were in a duty status at the time of the event. Please refer to the DoDSER data tables that follow this chapter for specific variables of interest. The findings in this chapter pertain specifically to the United State Marine Corps. There were no statistical comparisons for data over time within the Marine Corps. See Chapter 3 for data relevant to all Services combined.

Calendar Year 2015 Incidence of Death Due to Suicide

As of March 31, 2016, the AFMES identified 39 confirmed suicides or suicides pending confirmation among Marine Corps Active Component Service members and 0 among SELRES Service members who were in a duty status at the time of death. A DoDSER survey was submitted for all 39 of these deaths. These DoDSER surveys were used in the generation of the data tables included in this chapter. One suicide death was associated with one or more suicide attempts from CY 2008 to CY 2014 and one suicide was associated with a previous DoDSER suicide attempt case in CY 2015.

Calendar Year 2015 Incidence of Suicide Attempts

There were 308 suicide attempts recorded by the Marine Corps during CY 2015. The reports provided data on 287 unique Service members—266 (92.7 percent) reporting a single suicide attempt during this time period and 21 Service members (7.3 percent) with two reported attempts. Two DoDSER suicide attempt cases were associated with one or more previous suicide attempt records in the DoDSER system from CY 2008 – CY 2014.

Demographic Characteristics

Aggregated demographic and military service characteristics for all suicide and suicide attempt DoDSER cases are detailed in Tables 26 and 27. Similar to the summary for all Services, Marine Corps DoDSER suicide cases were predominantly associated with young, male Service members. The distribution of characteristics among DoDSER suicide and suicide attempt cases was consistent with the general demographic composition of the U.S. Marine Corps. The cases described in the DoDSER suicide attempt cases were generally younger and included a higher proportion of females compared to DoDSER suicide reports.

Event Information

The data presented in Table 28 provide a descriptive overview of the settings and circumstances surrounding suicides and suicide attempts that occurred within the U.S. Marine Corps in CY 2015. The use of firearms and hanging/asphyxiation were the most common methods of suicide. Among suicide cases that involved a firearm, the majority of firearms were personal possessions and not military-issued weapons.

Drug and/or alcohol overdose was the most frequently reported mechanism of injury among DoDSER suicide attempt cases. The other two most common mechanisms of injury were hanging/asphyxiation and the use of a sharp or blunt object.

Behavioral Health History

Table 29 provides data on behavioral health variables related to both common diagnoses and treatment utilization. Substance abuse was the most frequently identified diagnosis in DoDSER suicide cases. It was also the most frequently identified diagnosis in DoDSER suicide attempt cases.

Psychosocial Stressors

The information collected on psychosocial stressors pertain to information about relationships, family issues, legal or administrative problems, work and financial difficulties and alleged abuse victimization or perpetration. Table 30 provides descriptive data for each of these factors. Overall, 27 DoDSER suicide cases (69.2 percent) and 227 DoDSER suicide attempt cases (73.7 percent) reported at least one of these stressors. The most common individual stressors were relationship, administrative/legal and workplace difficulties. These were also the most frequently endorsed stressors among DoDSER suicide attempt cases.

In addition to data collected from the DoDSER system, cases were also matched against records related to the filing of an unrestricted report of sexual assault. According to the analysis of these data, no DoDSER suicide cases and 9 DoDSER suicide attempt cases were associated with an unrestricted report of sexual assault that occurred during the year prior to the suicide related event. Table 30 provides the number of sexual assaults recorded via the DoDSER system. Discrepancies between those cases identified by SAPRO and those identified on the DoDSER surveys could be due to several factors, including utilization of the restricted reporting option.

Table 26. Demographic characteristics¹ of suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Sex				
Male	37	94.9	241	78.2
Female	2	5.1	67	21.8
Age				
17-19	5	12.8	72	23.4
20-24	22	56.4	165	53.6
25-29	5	12.8	51	16.6
30-34	2	5.1	14	4.6
35-39	4	10.3	4	1.3
40-44	1	2.6	2	0.7
45-59	0	0.0	0	0.0
Race				
American Indian/Alaska Native	1	2.6	5	1.6
Asian/Pacific Islander	1	2.6	14	4.5
Black/African American	3	7.7	46	14.9
White/Caucasian	34	87.2	237	76.9
Other/Unknown	0	0.0	6	1.9
Ethnicity				
Hispanic	5	12.8	69	22.4
Not Hispanic	34	87.2	239	77.6
Unknown	0	0.0	0	0.0
Education				
Less than high school	0	0.0	1	0.3
Alternative high school	0	0.0	10	3.2
High school graduate	36	92.3	290	94.2
Associate's or technical degree	1	2.6	2	0.6
Four-year degree	2	5.1	5	1.6
Postgraduate	0	0.0	0	0.0
Unknown	0	0.0	0	0.0
Marital status				
Never married	19	48.7	169	54.9
Married	17	43.6	116	37.7
<i>Resides with spouse</i>	7		65	
Separated	0	0.0	3	1.0
Divorced	3	7.7	19	6.2
Widowed	0	0.0	1	0.3
Had minor children				
Yes, resided with service member	6	15.4	30	9.7
Yes, did not reside with service member	6	15.4	28	9.1
No	25	64.1	248	80.5
Unknown	2	5.1	2	0.6

¹Data on demographic characteristics primarily provided by DMDC.

Table 27. Military characteristics¹ of suicide and suicide attempt DoDSERs submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Component				
Active	39	100.0	303	98.4
Reserve	0	0.0	5	1.6
Guard	0	0.0	0	0.0
Rank/grade				
Cadet/midshipman	0	0.0	0	0.0
E1-E4	28	71.8	248	80.5
E5-E9	9	23.1	52	16.9
Enlisted, unknown grade	0	0.0	6	1.9
Warrant	0	0.0	0	0.0
Officer	2	5.1	2	0.6
Occupational group				
Enlisted				
Infantry, gun crews and seamanship specialists	6	15.4	85	27.6
Electronic equipment repairers	3	7.7	9	2.9
Communications and intelligence specialists	7	17.9	24	7.8
Health care specialists	0	0.0	0	0.0
Other technical and allied specialists	2	5.1	7	2.3
Functional support and administration	3	7.7	46	14.9
Electrical/mechanical equipment repairers	5	12.8	34	11.0
Craftsworkers	3	7.7	33	10.7
Service and supply handlers	5	12.8	50	16.2
Non-occupational	3	7.7	18	5.8
Unknown	0	0.0	0	0.0
Warrant and commissioned officers				
Tactical operations officers	1	2.6	0	0.0
Intelligence officers	0	0.0	0	0.0
Engineering and maintenance officers	1	2.6	0	0.0
Scientists and professionals	0	0.0	0	0.0
Health care officers	0	0.0	0	0.0
Administrators	0	0.0	1	0.3
Supply, procurement and allied officers	0	0.0	0	0.0
Non-occupational	0	0.0	1	0.3
Unknown	0	0.0	0	0.0
History of deployment				
Yes	11	28.2	56	18.2
<i>Number of deployments</i>				
1	5		32	
2	4		9	
3 or more	2		15	
<i>Specific deployment locations²</i>				
Afghanistan	7		44	
Iraq	9		21	
Kuwait	7		28	
Kyrgyzstan	5		14	
No	28	71.8	251	81.5
Unknown	0	0.0	1	0.3

¹Data on military characteristics provided primarily by DMDC.²Subcategories are not mutually exclusive.

Table 28. Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Event location country				
United States	35	89.7	265	86.0
Iraq	0	0.0	0	0.0
Kuwait	0	0.0	0	0.0
Korea	0	0.0	1	0.3
Other Europe	0	0.0	1	0.3
Japan	3	7.7	38	12.3
Belgium	0	0.0	0	0.0
Germany	1	2.6	0	0.0
United Kingdom	0	0.0	0	0.0
Other	0	0.0	2	0.6
Unknown	0	0.0	1	0.3
Event setting				
Own residence	11	28.2	87	28.2
Barracks	14	35.9	165	53.6
Residence of friend or family	6	15.4	10	3.2
Work/jobsite	0	0.0	8	2.6
Automobile	1	2.6	17	5.5
Inpatient medical facility	0	0.0	2	0.6
Hotel	1	2.6	2	0.6
Other	6	15.4	17	5.5
Unknown	0	0.0	0	0.0
Event method ¹				
Drugs/alcohol	0	0.0	162	52.6
Hanging/asphyxiation	18	46.2	50	16.2
Poisoning	0	0.0	8	2.6
Firearm	18	46.2	23	7.5
<i>Military firearm</i>	2		3	
<i>Non-military firearm</i>	16		20	
<i>Firearm of unknown provenance</i>	0		0	
Falling/jumping	1	2.6	7	2.3
Sharp/blunt object	2	5.1	41	13.3
Other	0	0.0	16	5.2
Pending/unknown			1	0.3
Used alcohol during event				
Yes	8	20.5	115	37.3
No	9	23.1	180	58.4
Unknown	22	56.4	13	4.2
Used drugs during event				
Yes ¹	2	5.1	139	45.1
Illegal drugs				
<i>Used, overdose</i>	0		9	
<i>Used, no overdose</i>	0		6	
Prescription drugs				
<i>Used, overdose</i>	0		84	
<i>Used, no overdose</i>	2		9	
Non-prescription drugs				
<i>Used, overdose</i>	0		50	
<i>Used, no overdose</i>	0		8	
No	9	23.1	161	52.3
Unknown	28	71.8	8	2.6

Table 28 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Death-risk gambling				
Yes	0	0.0	4	1.3
No	37	94.9	302	98.1
Unknown	2	5.1	2	0.6
Planned/premeditated				
Yes	11	28.2	81	26.3
No	14	35.9	202	65.6
Unknown	14	35.9	25	8.1
Observable				
Yes	9	23.1	147	47.7
No	27	69.2	148	48.1
Unknown	3	7.7	13	4.2
Suicide note left				
Yes	5	12.8	19	6.2
No	21	53.8	282	91.6
Unknown	13	33.3	7	2.3
Communicated potential for self-harm				
Yes	12	30.8	47	15.3
<i>How communicated²</i>				
<i>Written</i>	0		0	
<i>Verbal</i>	9		29	
<i>Text</i>	3		20	
<i>Other</i>	0		0	
<i>Number of people to whom communicated</i>				
1	9		35	
2	3		9	
3	0		1	
4 or more	0		0	
Unknown	0		2	
<i>To whom communicated²</i>				
<i>Supervisor</i>	0		4	
<i>Chaplain</i>	0		1	
<i>Mental health staff</i>	4		6	
<i>Friend</i>	5		21	
<i>Spouse</i>	3		16	
<i>Family</i>	1		5	
<i>Other</i>	2		3	
No	22	56.4	249	80.8
Unknown	5	12.8	12	3.9
Residence at time of event				
Barracks	19	48.7	180	58.4
BEQ/BOQ	5	12.8	8	2.6
On-base family housing	5	12.8	16	5.2
Off-base	9	23.1	90	29.2
Ship	0	0.0	0	0.0
Other	1	2.6	8	2.6
Unknown	0	0.0	6	1.9
Reside alone at time of event				
Yes	12	30.8	57	18.5
No	26	66.7	233	75.6
Unknown	1	2.6	18	5.8

Table 28 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Gun in home/immediate environment				
Yes	17	43.6	33	10.7
No	20	51.3	244	79.2
Unknown	2	5.1	31	10.1
Duty environment ²				
Garrison/permanent duty station	33	84.6	256	83.1
Leave	2	5.1	5	1.6
Temporary duty	0	0.0	7	2.3
Training (excluding basic)	6	15.4	14	4.5
Basic training	4	10.3	9	2.9
Psychiatric hospitalization	0	0.0	0	0.0
Medical	2	5.1	9	2.9
Correctional facility	0	0.0	1	0.3
Command observation	2	5.1	8	2.6
Underway	0	0.0	0	0.0
Other	0	0.0	6	1.9
Unknown	0	0.0	5	1.6
Deployed at time of event				
Yes	0	0.0	6	1.9
<i>Location¹</i>				
<i>Bahrain</i>	0		0	
<i>Djibouti</i>	0		0	
<i>Kuwait</i>	0		0	
<i>Other/Unknown</i>	0		6	
No	39	100.0	302	98.1

¹Data on the cause of the death were provided by AFMES.²Subcategories are not mutually exclusive.

Table 29. Medical and behavioral characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Any mental health diagnosis				
Yes ¹	19	48.7	182	59.1
<i>Number of mental health diagnoses</i>				
1	7		72	
2	5		66	
More than 2	7		44	
Mood disorder ¹	8		82	
Bipolar	2		2	
Major depression	4		41	
Dysthymic	1		4	
Other mood disorder	4		33	
Anxiety disorder ¹	9		66	
Posttraumatic stress	2		34	
Panic	0		6	
Generalized anxiety disorder	2		9	
Acute stress	1		2	
Other anxiety disorder	3		25	
Personality disorder	1		18	
Psychotic disorder	0		1	
Adjustment disorder	8		74	
Substance abuse disorder	14		94	
No	20	51.3	126	40.9
Unknown	0	0.0	0	0.0
Sleep disorder				
Yes	3	7.7	28	9.1
No	36	92.3	276	89.6
Unknown	0	0.0	4	1.3
History of traumatic brain injury				
Yes	0	0.0	13	4.2
No	38	97.4	289	93.8
Unknown	1	2.6	6	1.9
Family history of mental illness				
Yes	5	12.8	75	24.4
No	21	53.8	203	65.9
Unknown	13	33.3	30	9.7
Prior self-injury				
Yes	5	12.8	80	26.0
<i>Number of prior self-injuries</i>				
One	4		39	
More than one	1		39	
Unknown	0		2	
Current event similar to prior	3		44	
No	29	74.4	222	72.1
Unknown	5	12.8	6	1.9
Ever taken psychotropic medications				
Yes	6	15.4	114	37.0
No	26	66.7	192	62.3
Unknown	7	17.9	2	0.6

Table 29. Medical and behavioral characteristics of suicide and suicide attempt DoDSERs submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Use of psychotropic medications, last 90 days				
Yes ¹	3	7.7	94	30.5
<i>Antidepressants</i>	3		82	
<i>Antianxiety</i>	2		30	
<i>Antimanics</i>	0		2	
<i>Anticonvulsants</i>	0		9	
<i>Antipsychotics</i>	1		6	
<i>Sleep medication</i>	2		47	
No	28	71.8	210	68.2
Unknown	8	20.5	4	1.3
Pain medication, last 90 days				
Yes	5	12.8	41	13.3
No	29	74.4	257	83.4
Unknown	5	12.8	10	3.2
Use of opioid medications, last 90 days				
Yes	3	7.7	16	5.2
No	31	79.5	280	90.9
Unknown	5	12.8	12	3.9
Polypharmacy at time of event				
Yes	3	7.7	22	7.1
No	30	76.9	272	88.3
Unknown	6	15.4	14	4.5
Health/social services, last 90 days				
Yes ¹	25	64.1	208	67.5
<i>Medical Treatment Facility</i>	20		169	
<i>Substance Abuse Services</i>	7		37	
<i>Family Assistance Program</i>	2		14	
<i>Outpatient mental health</i>	13		135	
<i>Inpatient mental health</i>	2		45	
No	14	35.9	100	32.5
Unknown	0	0.0	0	0.0

¹Subcategories are not mutually exclusive.

Table 30. Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Failed or failing relationship, last 90 days				
Yes ¹	14	35.9	130	42.2
<i>Intimate relationship</i>	13		121	
<i>Other relationship</i>	2		25	
No	22	56.4	176	57.1
Unknown	3	7.7	2	0.6
Friend and family stressors, last 90 days				
Yes ¹	3	7.7	21	6.8
<i>Death of spouse or other family member (manner other than suicide)</i>	0		4	
<i>Death of friend (manner other than suicide)</i>	0		5	
<i>Serious illness of friend or family member</i>	3		12	
No	32	82.1	284	92.2
Unknown	4	10.3	3	1.0
History of friend or family death by suicide				
Yes ¹	3	7.7	24	7.8
<i>Spouse</i>	1		0	
<i>Family other than spouse</i>	2		9	
<i>Friend</i>	0		18	
No	35	89.7	284	92.2
Unknown	1	2.6	0	0.0
Administrative/legal problems, last 90 days				
Yes ¹	15	38.5	84	27.3
<i>Courts martial proceedings</i>	0		7	
<i>Article 15/Non-judicial punishment</i>	3		24	
<i>Administrative separation proceedings</i>	2		26	
<i>Away without leave/deserter status</i>	3		8	
<i>Medical evaluation board proceedings</i>	3		22	
<i>Civil legal proceedings</i>	3		13	
<i>Non-selection for promotion</i>	4		5	
<i>Under investigation</i>	5		21	
No	24	61.5	224	72.7
Unknown	0	0.0	0	0.0
Excessive debt/bankruptcy, last 90 days				
Yes	2	5.1	11	3.6
No	29	74.4	277	89.9
Unknown	8	20.5	20	6.5
Workplace, last 90 days				
Yes ¹	9	23.1	78	25.3
<i>Job problems</i>	6		62	
<i>Supervisor/coworker issues</i>	2		39	
<i>Poor performance review</i>	4		17	
<i>Unit/workplace hazing</i>	0		6	
No	29	74.4	226	73.4
Unknown	1	2.6	4	1.3
Abuse, assault, or harassment victimization, last year				
Yes ¹	2	5.1	16	5.2
<i>Physical abuse or assault</i>	1		6	
<i>Sexual abuse or assault</i>	0		12	
<i>Emotional abuse</i>	1		4	
<i>Sexual harassment</i>	0		6	
No	34	87.2	285	92.5
Unknown	3	7.7	7	2.3

Table 30 (cont). Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, Marine Corps

	Suicide (n = 39)		Suicide attempt (n = 308)	
	No.	%	No.	%
Abuse, assault, or harassment/perpetration, last year				
Yes ¹	4	10.3	16	5.2
<i>Physical abuse or assault</i>	1		10	
<i>Sexual abuse or assault</i>	2		4	
<i>Emotional abuse</i>	1		3	
<i>Sexual harassment</i>	0		1	
No	32	82.1	285	92.5
Unknown	3	7.7	7	2.3

¹Subcategories are not mutually exclusive.

CHAPTER 7

U.S. NAVY



DoDSER Results Summary: Navy

The DoDSER system collects data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component Service members and SELRES Service members who were in a duty status at the time of the event. Please refer to the DoDSER data tables that follow this chapter for specific variables of interest. The findings in this chapter pertain specifically to the United State Navy. There were no statistical comparisons for data over time within the Navy. See Chapter 3 for data relevant to all Services combined.

Calendar Year 2015 Incidence of Death Due to Suicide

As of March 31, 2016, the AFMES identified 43 confirmed suicides or suicides pending confirmation among Navy Active Component Service members and 2 among SELRES Service members who were in a duty status at the time of death. A DoDSER survey was submitted for all 45 of these deaths. These DoDSER surveys were used in the generation of the data tables included in this chapter. No suicide deaths were associated with suicide attempts from CY 2008 – CY 2014 and one suicide was associated with a previous DoDSER suicide attempt case in CY 2015.

Calendar Year 2015 Incidence of Suicide Attempt

There were 137 suicide attempts recorded by the Navy during CY 2015. The reports provided data on 134 unique Service members—131 (97.7 percent) with one reported attempt and 3 (2.2 percent) with two reported attempts. Three DoDSER suicide attempt cases had one or more previous suicide attempt records in the DoDSER system from CY 2008 – CY 2014.

Demographic Characteristics

Aggregated demographic and military service characteristics for all suicide and suicide attempt DoDSER cases are detailed in Tables 31 and 32. Similar to the summary for all Services, Navy DoDSER suicide cases were predominantly associated with young, male Service members. The distribution of characteristics among DoDSER suicide and suicide attempt cases was consistent with the general demographic composition of the U.S. Navy. The cases described in the DoDSER suicide attempt cases were generally younger and included a higher proportion of females compared to DoDSER suicide cases.

Event Information

The data presented in Table 33 provide a descriptive overview of the settings and circumstances surrounding suicides and suicide attempts that occurred within the U.S. Navy in CY 2015. The use of firearms and hanging/asphyxiation were the most common methods of suicide. Among suicide cases that involved a firearm, the majority of firearms were personal possessions and not military-issued weapons.

Drug and/or alcohol overdose was the most frequently reported mechanism of injury among DoDSER suicide attempt cases. The other two most common mechanisms of injury were hanging/asphyxiation and the use of a sharp or blunt object.

Behavioral Health History

Table 34 provides data on behavioral health variables related to both common diagnoses and treatment utilization. Mood disorders were the most frequently identified diagnoses in DoDSER suicide cases. It was also the most frequently identified diagnosis in DoDSER suicide attempt cases.

Psychosocial Stressors

The information collected on psychosocial stressors pertains to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties and alleged abuse victimization or perpetration. Table 35 provides descriptive data for each of these factors. Overall, 31 DoDSER suicide cases (68.9 percent) and 98 DoDSER suicide attempt cases (71.53 percent) endorsed at least one of these stressors. The most common individual stressors were relationship, administrative/legal problems and workplace difficulties. These were also the most frequently endorsed stressors among DoDSER suicide attempt cases.

In addition to data collected from the DoDSER system, cases were also matched against records related to the filing of an unrestricted report of sexual assault. According to the analysis of these data, no DoDSER suicide cases and 2 DoDSER suicide attempt cases were associated with an unrestricted report of sexual assault that occurred during the year prior to the suicide related event. Table 35 provides the number of sexual assaults recorded via the DoDSER system. Discrepancies between those cases identified by SAPRO and those identified on the DoDSER surveys could be due to several factors, including utilization of the restricted reporting option.

Table 31. Demographic characteristics¹ of suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Sex				
Male	42	93.3	85	62.0
Female	3	6.7	52	38.0
Age				
17-19	2	4.4	15	11.0
20-24	17	37.8	59	43.1
25-29	13	28.9	39	28.5
30-34	3	6.7	13	9.5
35-39	4	8.9	7	5.1
40-44	5	11.1	4	2.9
45-49	1	2.2	0	0.0
Race				
American Indian/Alaska Native	0	0.0	3	2.2
Asian/Pacific Islander	2	4.4	9	6.6
Black/African American	9	20.0	26	19.0
White/Caucasian	29	64.4	75	54.7
Other/Unknown	5	11.1	24	17.5
Ethnicity				
Hispanic	8	17.8	23	16.8
Not Hispanic	37	82.2	113	82.5
Unknown	0	0.0	1	0.7
Education				
Less than high school	0	0.0	2	1.5
Alternative high school	3	6.7	6	4.4
High school graduate	36	80.0	110	80.3
Associate's or technical degree	1	2.2	6	4.4
Four-year degree	4	8.9	9	6.6
Postgraduate	1	2.2	3	2.2
Unknown	0	0.0	1	0.7
Marital status				
Never married	23	51.1	72	52.6
Married	22	48.9	63	46.0
<i>Resides with spouse</i>	12		28	
Separated	0	0.0	1	0.7
Divorced	0	0.0	1	0.7
Widowed	0	0.0	0	0.0
Had minor children				
Yes, resided with service member	9	20.0	14	10.2
Yes, did not reside with service member	7	15.6	15	10.9
No	29	64.4	103	75.2
Unknown	0	0.0	5	3.6

¹Data on demographic characteristics primarily provided by DMDC.

Table 32. Military characteristics¹ of suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Component				
Active	43	95.6	131	95.6
Reserve	2	4.4	6	4.4
Guard	0	0.0	0	0.0
Rank/grade				
Cadet/midshipman	0	0.0	0	0.0
E1-E4	24	53.3	87	63.5
E5-E9	19	42.2	41	29.9
Enlisted, unknown grade	0	0.0	1	0.7
Warrant	0	0.0	0	0.0
Officer	2	4.4	8	5.8
Occupational group				
Enlisted				
Infantry, gun crews and seamanship specialists	3	6.7	10	7.3
Electronic equipment repairers	6	13.3	12	8.8
Communications and intelligence specialists	2	4.4	7	5.1
Health care specialists	6	13.3	38	27.7
Other technical and allied specialists	0	0.0	0	0.0
Functional support and administration	3	6.7	10	7.3
Electrical/mechanical equipment repairers	10	22.2	31	22.6
Craftsworkers	1	2.2	6	4.4
Service and supply handlers	9	20.0	11	8.0
Non-occupational	2	4.4	4	2.9
Unknown	1	2.2	0	0.0
Warrant and commissioned officers				
Tactical operations officers	2	4.4	0	0.0
Intelligence officers	0	0.0	0	0.0
Engineering and maintenance officers	0	0.0	3	2.2
Scientists and professionals	0	0.0	0	0.0
Health care officers	0	0.0	2	1.5
Administrators	0	0.0	0	0.0
Supply, procurement and allied officers	0	0.0	0	0.0
Non-occupational	0	0.0	3	2.2
Unknown	0	0.0	0	0.0
History of deployment				
Yes	22	48.9	49	35.8
<i>Number of deployments</i>				
1	6		23	
2	8		16	
3 or more	8		10	
<i>Specific deployment locations²</i>				
Afghanistan	7		15	
Iraq	4		7	
Kuwait	4		10	
Kyrgyzstan	2		9	
No	23	51.1	87	63.5
Unknown	0	0	1	0.7

¹Data on military characteristics provided primarily by DMDC.²Subcategories are not mutually exclusive.

Table 33. Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Event location country				
United States	38	84.4	116	84.7
Iraq	0	0.0	0	0.0
Kuwait	0	0.0	0	0.0
Korea	0	0.0	0	0.0
Other Europe	2	4.4	4	2.9
Japan	2	4.4	4	2.9
Belgium	0	0.0	0	0.0
Germany	0	0.0	0	0.0
United Kingdom	0	0.0	0	0.0
Other	3	6.7	8	5.8
Unknown	0	0.0	5	3.6
Event setting				
Own residence	24	53.3	62	45.3
Barracks	5	11.1	40	29.2
Residence of friend or family	2	4.4	8	5.8
Work/jobsite	5	11.1	3	2.2
Automobile	4	8.9	8	5.8
Inpatient medical facility	0	0.0	0	0.0
Hotel	0	0.0	0	0.0
Other	5	11.1	11	8.0
Unknown	0	0.0	5	3.6
Event method ¹				
Drugs/alcohol	1	2.2	88	64.2
Hanging/asphyxiation	14	31.1	14	10.2
Poisoning	2	4.4	5	3.6
Firearm	26	57.8	4	2.9
<i>Military firearm</i>	2		0	
<i>Non-military firearm</i>	24		4	
<i>Firearm of unknown provenance</i>	0		0	
Falling/jumping	0	0.0	2	1.5
Sharp/blunt object	1	2.2	11	8.0
Other	1	2.2	8	5.8
Pending/unknown	0	0.0	5	3.6
Used alcohol during event				
Yes	12	26.7	45	32.8
No	17	37.8	78	56.9
Unknown	16	35.6	14	10.2
Used drugs during event				
Yes ¹	3	6.7	70	51.1
Illegal drugs				
<i>Used, overdose</i>	0		9	
<i>Used, no overdose</i>	1		0	
Prescription drugs				
<i>Used, overdose</i>	0		42	
<i>Used, no overdose</i>	2		7	
Non-prescription drugs				
<i>Used, overdose</i>	0		28	
<i>Used, no overdose</i>	2		3	
No	27	60.0	58	42.3
Unknown	15	33.3	9	6.6

Table 33 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Death-risk gambling				
Yes	0	0.0	0	0.0
No	45	100.0	124	90.5
Unknown	0	0.0	13	9.4
Planned/premeditated				
Yes	22	48.9	33	24.1
No	20	44.4	84	61.3
Unknown	3	6.7	20	14.5
Observable				
Yes	12	26.7	47	34.3
No	33	73.3	71	51.8
Unknown	0	0.0	19	13.9
Suicide note left				
Yes	11	24.4	12	8.8
No	32	71.1	111	81.0
Unknown	2	4.4	14	10.2
Communicated potential for self-harm				
Yes	13	28.9	20	14.6
<i>How communicated²</i>				
<i>Written</i>	1		1	
<i>Verbal</i>	8		8	
<i>Text</i>	4		9	
<i>Other</i>	0		0	
<i>Number of people to whom communicated</i>				
1	12		12	
2	1		6	
3 or more	0		1	
Unknown	0		1	
<i>To whom communicated²</i>				
<i>Supervisor</i>	1		2	
<i>Chaplain</i>	0		0	
<i>Mental health staff</i>	3		1	
<i>Friend</i>	3		9	
<i>Spouse</i>	5		7	
<i>Family</i>	1		6	
<i>Other</i>	1		2	
No	30	66.7	102	74.5
Unknown	2	4.4	15	10.9
Residence at time of event				
Barracks	9	20.0	43	31.4
BEQ/BOQ	2	4.4	3	2.2
On-base family housing	5	11.1	8	5.8
Off-base	26	57.8	65	47.4
Ship	2	4.4	11	8.0
Other	1	2.2	2	1.5
Unknown	0	0.0	5	3.6
Reside alone at time of event				
Yes	15	33.3	46	33.6
No	30	66.7	84	61.3
Unknown	0	0.0	7	5.1

Table 33 (cont). Event characteristics of suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Gun in home/immediate environment				
Yes	25	55.6	9	6.6
No	18	40.0	105	76.6
Unknown	2	4.4	23	16.8
Duty environment ²				
Garrison/permanent duty station	34	75.6	96	70.1
Leave	4	8.9	7	5.1
Temporary duty	0	0.0	3	2.2
Training (excluding basic)	3	6.7	8	5.8
Basic training	0	0.0	1	0.7
Psychiatric hospitalization	0	0.0	0	0.0
Medical	1	2.2	7	5.1
Correctional facility	0	0.0	1	0.7
Command observation	1	2.2	1	0.7
Underway	1	2.2	4	2.9
Other	1	2.2	3	2.2
Unknown	2	4.4	9	6.6
Deployed at time of event				
Yes	4	8.9	3	2.2
Location ¹				
Bahrain	2		0	
Djibouti	0		0	
Kuwait	0		0	
Other/Unknown	2		3	
No	41	91.1	134	97.8

¹Data on the cause of the death were provided by AFMES.²Subcategories are not mutually exclusive.

Table 34. Medical and behavioral characteristics of suicide and suicide attempt DoDSEER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Any mental health diagnosis				
Yes ¹	15	33.3	88	64.2
<i>Number of mental health diagnoses</i>				
1	8		34	
2	3		24	
More than 2	4		30	
Mood disorder ¹	7		48	
Bipolar	0		1	
Major depression	6		30	
Dysthymic	0		5	
Other mood disorder	0		14	
Anxiety disorder ¹	5		31	
Posttraumatic stress	2		15	
Panic	0		2	
Generalized anxiety disorder	3		5	
Acute stress	0		1	
Other anxiety disorder	2		9	
Personality disorder	1		17	
Psychotic disorder	0		1	
Adjustment disorder	7		37	
Substance abuse disorder	6		43	
No	30	66.7	41	29.9
Unknown	0	0.0	8	5.8
Sleep disorder				
Yes	5	11.1	14	10.2
No	40	88.9	110	80.3
Unknown	0	0.0	13	9.5
History of traumatic brain injury				
Yes	2	4.4	2	1.5
No	42	93.3	123	89.8
Unknown	1	2.2	12	8.8
Family history of mental illness				
Yes	1	2.2	44	32.1
No	30	66.7	71	51.8
Unknown	14	31.1	22	16.1
Prior self-injury				
Yes	3	6.7	37	27.0
<i>Number of prior self-injuries</i>				
One	1	2.2	19	13.9
More than one	2	4.4	18	13.1
Current event similar to prior	1	2.2	10	7.3
No	42	93.3	88	64.2
Unknown	0	0.0	12	8.8
Ever taken psychotropic medications				
Yes	6	13.3	59	43.1
No	38	84.4	66	48.2
Unknown	1	2.2	12	8.8

Table 34 (cont). Medical and behavioral characteristics of suicide and suicide attempt
DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Use of psychotropic medications, last 90 days				
Yes ¹	3	6.7	51	37.2
<i>Antidepressants</i>	3		38	
<i>Antianxiety</i>	1		25	
<i>Antimanics</i>	0		2	
<i>Anticonvulsants</i>	0		1	
<i>Antipsychotics</i>	0		3	
<i>Sleep medication</i>	0		26	
No	41	91.1	73	53.3
Unknown	1	2.2	13	9.5
Pain medication, last 90 days				
Yes	4	8.9	21	15.3
No	39	86.7	100	73.0
Unknown	2	4.4	16	11.7
Use of opioid medications, last 90 days				
Yes	0	0.0	3	2.2
No	42	93.3	117	85.4
Unknown	3	6.7	17	12.4
Polypharmacy at time of event				
Yes	1	2.2	7	5.1
No	42	93.3	113	82.5
Unknown	2	4.4	17	12.4
Health/social services, last 90 days				
Yes ¹	26	57.8	83	60.6
<i>Medical Treatment Facility</i>	23		60	
<i>Substance Abuse Services</i>	1		17	
<i>Family Assistance Program</i>	0		7	
<i>Outpatient mental health</i>	9		66	
<i>Inpatient mental health</i>	2		21	
No	19	42.2	48	35.0
Unknown	0	0.0	6	4.4

¹Subcategories are not mutually exclusive.

Table 35. Psychosocial determinants described in suicide and suicide attempt DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Failed or failing relationship, last 90 days				
Yes ¹	18	40.0	56	40.9
<i>Intimate relationship</i>	16		47	
<i>Other relationship</i>	4		19	
No	27	60.0	71	51.8
Unknown	0	0.0	10	7.3
Friend and family stressors, last 90 days				
Yes ¹	0	0.0	7	5.1
<i>Death of spouse or other family member (manner other than suicide)</i>	0		2	
<i>Death of friend (manner other than suicide)</i>	0		2	
<i>Serious illness of friend or family member</i>	0		4	
No	44	97.8	120	87.6
Unknown	1	2.2	10	7.3
History of friend or family death by suicide				
Yes ¹	3	6.7	16	11.7
<i>Spouse</i>	0		0	
<i>Family other than spouse</i>	2		8	
<i>Friend</i>	1		8	
No	42	93.3	110	80.3
Unknown	0	0.0	11	8.0
Administrative/legal problems, last 90 days				
Yes ¹	14	31.1	40	29.2
<i>Courts martial proceedings</i>	0		1	
<i>Article 15/Non-judicial punishment</i>	5		16	
<i>Administrative separation proceedings</i>	3		13	
<i>Away without leave/deserter status</i>	2		2	
<i>Medical evaluation board proceedings</i>	0		8	
<i>Civil legal proceedings</i>	1		10	
<i>Non-selection for promotion</i>	7		6	
<i>Under investigation</i>	5		15	
No	31	68.9	86	62.8
Unknown	0	0.0	11	8.0
Excessive debt/bankruptcy, last 90 days				
Yes	2	4.4	5	3.6
No	40	88.9	114	83.2
Unknown	3	6.7	18	13.1
Workplace, last 90 days				
Yes ¹	8	17.8	43	31.4
<i>Job problems</i>	8		41	
<i>Supervisor/coworker issues</i>	2		15	
<i>Poor performance review</i>	1		11	
<i>Unit/workplace hazing</i>	0		1	
No	37	82.2	82	59.9
Unknown	0	0.0	12	8.8
Abuse, assault, or harassment victimization, last year				
Yes ¹	2	4.4	13	9.5
<i>Physical abuse or assault</i>	1		5	
<i>Sexual abuse or assault</i>	0		4	
<i>Emotional abuse</i>	1		10	
<i>Sexual harassment</i>	0		2	
No	42	93.3	112	81.8
Unknown	1	2.2	12	8.8

Table 35 (cont). Psychosocial determinants described in suicide and suicide attempt
DoDSER reports submitted for CY 2015, Navy

	Suicide (n = 45)		Suicide attempt (n = 137)	
	No.	%	No.	%
Abuse, assault, or harassment/perpetration, last year				
Yes ¹	4	8.9	9	6.6
<i>Physical abuse or assault</i>	2		7	
<i>Sexual abuse or assault</i>	2		0	
<i>Emotional abuse</i>	0		2	
<i>Sexual harassment</i>	1		1	
No	40	88.9	114	83.2
Unknown	1	2.2	14	10.2

¹Subcategories are not mutually exclusive.

CHAPTER 8

SELECTED RESERVE NON DUTY STATUS

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among Active Component members of the Armed Forces of the United States as well as Service members in the Reserves and National Guard who were in a duty status at the time of the event. However, policies related to suicide are evolving to incorporate surveillance and reporting of suicide events that occur among members of the Reserve Component who are not in a duty status at the time of their death. Pursuant to that goal, this report presents information on suicide-related deaths among the sub-population of the SELRES Service members who were not in a duty status at the time of their death.

Data on demographic variables were obtained from the DMDC after suicide cases were provided by the Services to the AFMES. Over the course of CY 2015, 187 deaths due to suicide were recorded among Service members in the Reserve and Guard Components who were not in a duty status at the time of their death. Table 36 displays the demographic and Service characteristics of these Service members who died by suicide. These distributions were qualitatively similar to those for Service members who died by suicide in an active duty status (Tables 11 and 12).

Table 36. Characteristics of suicide cases reported from the Services to the AFMES from among SELRES Service members not in a duty status at the time of death

	Count	%
Service		
Air Force	30	16.0
Army	134	71.7
Marine Corps	11	5.9
Navy	12	6.4
Component		
Reserve	79	42.2
Guard	108	57.8
Sex		
Male	170	90.9
Female	17	9.1
Age		
17-19	9	4.8
20-24	67	35.8
25-29	42	22.5
30-34	37	19.8
35-39	14	7.5
40-44	10	5.3
45-59	8	4.3
Education		
Less than high school	6	3.2
Alternative high school	15	8.0
High school graduate	137	73.3
Associate's or technical degree	8	4.3
Four-year degree	14	7.5
Postgraduate	6	3.2
Unknown	1	0.5
Ethnicity		
Hispanic	23	12.3
Not Hispanic	163	87.2
Unknown	1	0.5
Race		
American Indian/Alaska Native	0	0.0
Asian/Pacific Islander	10	5.3
Black/African American	17	9.1
White/Caucasian	153	81.8
Other/Unknown	7	3.7
Marital status		
Never married	108	57.8
Married	64	34.2
Legally separated	0	0.0
Divorced	14	7.5
Widowed	1	0.5
Rank/grade		
E1-E4	107	57.2
E5-E9	65	34.8
Officer	14	7.5
Warrant officer	1	0.5

¹Demographic and Service characteristics provided by the DMDC.

APPENDIX A

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.”
Article 15	A provision under the Uniform Code of Military Justice that gives commanding officers the ability to impose non-judicial 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.”
deployment	Per the Office of the Chairman, the Joint Chiefs of Staff, a deployment is defined as “a troop movement resulting from a Joint Chiefs of Staff (JCS)/combatant command deployment order for 30 continuous days or greater to a land-based location outside the United States. This deployment location does not have permanent U.S. military medical treatment facilities (i.e., funded by the Defense Health Program) and may or may not be directly supported by deployed medical forces.” Service members who deployed and had at one location identified as part of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) or Operation New Dawn (OND) were considered to have been OEF/OIF/OND-deployed. Per the RAND report, “Army Deployments to OIF and OEF,” published in 2010, the identified locations included: Afghanistan, Bahrain, Djibouti, Iraq, Kuwait, Kyrgyzstan, Oman, Qatar, Saudi Arabia and Uzbekistan. Additionally, the sea boundaries of the Red Sea, the Gulf of Aden, the Gulf of Oman and the Arabian Sea, north of the 10°N latitude and west of the 68°E longitude and the air space over all countries and sea boundaries listed here.
DoDSER Annual Report	A yearly summary providing a descriptive report of data from the United States (U.S.) Armed Forces on the incidence of suicides and suicide attempts between January 1, 2015 and December 31, 2015. This report is prepared and published by the National Center for Telehealth and Technology.
DoDSER survey	The DoDSER data collection form utilized by each Service to collect a core set of standardized data elements, as well as a set of Service specific items, regarding cases of suicide and attempted suicide
DoDSER system	A secure Web-based data collection program, available at https://dodser.t2.health.mil , through which DoDSER surveys are completed and submitted.
duty status	Service members are considered to be in a duty status if they are members of the Active Component and are not identified as being AWOL or in a deserter status. Per the Office of the Assistant Secretary of Defense for Reserve Affairs, Service members of the Selected Reserve are also considered to be in a duty status if they are identified

	as currently engaged in Drill or Training, or in the Simultaneous Membership Program, Active Guard/Reserve or Full-Time Support roles.
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.
protective factor	Factors that stem from physical, psychological, spiritual, family, social, financial, vocational, and emotional well-being. Factors that make it less likely those individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.
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 disorder.
risk factor	Factors caused by stress, trauma, or other circumstances that cause a schism in protective factors. Factors that make it more likely those individuals will develop a disorder or pre-dispose one to high-risk for self-injurious behaviors. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.
Selected Reserve	Per the Office of the Assistant Secretary of Defense for Reserve Affairs, the Selected Reserve “consists of those units and individuals within the Ready Reserve designated by their respective Services and approved by the Chairman, Joint Chiefs of Staff, as so essential to initial wartime missions that they have priority over all other Reserves. All selected Reservists are in an active status, but not necessarily a duty status. This category includes all Guard and Reserve personnel who have Selected Reserve agreements, whether trained or not.
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).
sexual assault	The use of physical force to compel a person to engage in a sexual act against his or her will, regardless of whether or not the act is completed. Or, an attempted or completed sex act involving a person who is unable

	to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure).
suicidal ideation	Any self-reported thoughts of engaging in suicide-related behaviors.
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.
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 these 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 due to a transient intracranial lesion used to treat disorders such as depression or bipolar disorder.
unrestricted report of sexual assault	Within the DoD, a formal report of the occurrence of a sexual assault in which the victim desires medical treatment, counseling, legal assistance, SARC/SHARP Specialist assistance and an official investigation of the crime.

APPENDIX B

ACRONYMS

AFMES	Armed Forces Medical Examiner System
AWOL	absent without official leave
BEQ	Bachelor Enlisted Quarters
BOQ	Bachelor Officer Quarters
CDC	Centers for Disease Control and Prevention
CI	confidence interval
CTS	contingency tracking system
CY	calendar year
DCIPS	Defense Casualty Information Processing System
DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DEERS	Defense Enrollment Eligibility Reporting System
DoDSER	Department of Defense Suicide Event Report
DSPO	Defense Suicide Prevention Office
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
SAPRO	Sexual Assault Prevention and Response Office
SELRES	Selected Reserve
SMR	standardized mortality ratio
SPARRC	Suicide Prevention and Risk Reduction Committee
SPPM	Suicide Prevention Program Manager
T2	National Center for Telehealth & Technology
WISQARS	Web-based Injury Statistics Query and Reporting System

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APPENDIX D

FEEDBACK & SUGGESTIONS

In a continuing effort to provide a DoDSER Annual Report 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:

Dr. Larry D. Pruitt
 National Center for Telehealth & Technology (T2)
 9933 West Hayes, Joint Base Lewis-McChord, WA 98431
 Fax: 253.968.4192
 Email: [Click here for e-mail contact](#)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I found the information in the 2015 DoDSER Annual Report helpful					
What other statistics or comparisons would you like to have in future DoDSER Annual Reports?					
How did/will you use this report (e.g., inform leadership, policy, processes, etc.)?					
Do you have any other feedback or suggestions?					

Optional:

Name: _____ Title: _____

Organization: _____

Email: _____ Phone: _____



DoD SER

**Department of Defense
Suicide Event Report
Calendar Year 2015 Annual Report**



**National Center for Telehealth & Technology (T2)
Defense Centers of Excellence for Psychological
Health & Traumatic Brain Injury (DCoE)
T2health.dcoe.mil**