Department of Defense Suicide Event Report (DoDSER)

CALENDAR YEAR 2008 ANNUAL REPORT

National Center for Telehealth & Technology (T2)

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

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PERSONNEL AND READINESS

Dear Military Leadership and Community Members:

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

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

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

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

Dr. Samuel Kleinman
Deputy Assistant Secretary of Defense
Readiness

EXECUTIVE SUMMARY

This is the first calendar year (CY) summary of Department of Defense (DoD) Suicide Event Report (DoDSER) data. This report summarizes data collected on DoD suicide events for Calendar Year (CY) 2008 as reported and submitted by 15 April 2009. The report presents DoD combined suicide data, as well as statistics for Service-specific (Air Force, Army, Navy, and Marine Corps) data that are presented in individual annexes.

Purpose:
The DoDSER is a surveillance program designed to gather standardized risk and protective factor information for suicide events across multiple domains. The DoDSER standardizes data collected on suicide events and allows for detailed statistical reports on suicide events that can be aggregated across the Services. The DoDSER is an integral part of the DoD's suicide prevention efforts.

Method:
A DoDSER submission was required for military suicide deaths that occurred in CY 2008. DoDSERs are submitted by behavioral health providers (psychologist, psychiatrist, psychiatric nurse, or social worker), health care providers, supervised designated technicians, or a command appointed representative. DoDSER responses are derived from a review of all relevant records, and interviews are conducted in some cases. DoDSER data are submitted via a secure website.

Summary of Results:
There were a total of 268 Service Member suicides in CY 2008, including cases pending final determination but strongly suspected to be suicides (Army = 140; Air Force = 45; Navy = 41; Marine Corps = 42). DoDSERs were received for 90% of confirmed CY 2008 suicides as of 15 April 2009. The majority of CY2008 suicide cases were males (95%). Individuals who were White/Caucasian, under the age of 25, junior enlisted (E1-E4), and had a GED/less than high school education were at increased risk for suicide relative to their respective demographic comparison groups. Although the suicide rate among married persons was similar to never married persons, divorced persons were 74% more likely to die by suicide than married persons. The majority of suicides were completed by Active Duty personnel (88%, n = 235) and the suicide rate for Regular Active Duty personnel was 31% higher than Reserve and National Guard combined. For all Services, non-military firearms were the most frequently reported suicide method (41%, n = 98). There was no association between calendar month of the year and suicide. Of the 268 confirmed suicides, 35 (13%) occurred in Operation Iraqi Freedom (OIF), and 7 (3%) in Operation Enduring Freedom (OEF). Thirteen percent of Service Members who died by suicide had a history of multiple deployments to Iraq and/or Afghanistan. History of experiencing direct combat operations was reported for 15% (n = 37) of individuals who died by suicide. Failed marital/intimate relationships were reported for 51% (n = 123) of Service Members who died by suicide. The most common legal problems were Article 15 proceedings (15%) and civil legal problems (13%). Fourteen percent of Service Members that died by suicide had a known history of prior self-injurious behavior and 30% of individuals who died by suicide (n = 72) were known to communicate their potential for self-harm prior to the event. The majority of suicides (64%) did *not* have a diagnosed psychiatric disorder reported. Eleven percent (n = 26) had been diagnosed with an Anxiety Disorder, including 4% diagnosed with PTSD (n = 10). Forty-nine percent of decedents reportedly received medical, behavioral health, substance abuse, family or chaplaincy services within 30-days prior to the death. A total of 27% of submitted DoDSERs reported alcohol and/or drug use during the event. Conclusions and interpretations regarding noted patterns must be made cautiously, as it is not possible in most cases to statistically determine if a given DoDSER variable is a true risk factor for suicide.

ACKNOWLEDGEMENTS

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BACKGROUND

This report presents results from the first calendar year of data collection for the DoD Suicide Event Report (DoDSER). The DoDSER is a new suicide surveillance program that is intended to standardize retrospective suicide surveillance efforts across the Services. Historically, the Services have collected suicide surveillance data through separate processes. The Army used the Army Suicide Event Report (ASER), the Air Force utilized the Suicide Event Surveillance System (SESS), and the Navy and Marine Corps have used the Department of the Navy Suicide Incident Report (DONSIR). A major limitation of these disparate systems was that aggregate DoD-level analyses were not possible since the same data points were not collected with standardized items. In addition, each system had its own strengths and limitations; for example, not all of the Services benefitted from an automated, web form data collection process.

The DoD's Suicide Prevention and Risk Reduction Committee (SPARRC) provides a venue for collaboration among the Services' Suicide Prevention Program Managers (SPPMs) and other stakeholders in the DoD's suicide prevention mission. A standardized DoD suicide surveillance system was identified as a key goal. SPARRC developed a collaborative plan to synchronize surveillance efforts across Services while also seeking to maintain flexibility to address Service-specific needs. A web-based data collection process was identified as a key goal, and in 2007, a project plan was collaboratively developed with suicide surveillance program managers of all Services (Army, Navy, Air Force and Marine Corps). An effort was made to develop a DoD system that built on the best characteristics from each of the Service-specific programs while also mapping, where possible, to the Centers for Disease Control's (CDC's) National Violent Death Reporting System (NVDRS) to facilitate comparisons between military and civilian data. The resulting DoDSER uses an epidemiological data collection form to collect standardized data on suicide behaviors among Service Members. The DoDSER was launched 1 January 2008. All the Services are collecting DoDSERs on military suicide deaths [4]. The Army is also collecting DoDSERs on non-fatal suicide behaviors (see Annex B).

This report provides statistics for Calendar Year (CY) 2008, with detailed tables presented for DoDSER items. Annexes and Appendices include a copy of the DoDSER 2008 items, Service-specific data summaries, and additional analyses conducted on deployment status (Army only).

METHOD

DoDSER Items

Development of the current DoDSER content evolved from structured reviews of the Services' historical surveillance items, a number of committee meetings with representation from all Services, including the SPPMs, and a systematic review of the literature. Feedback from the Services' historical efforts to develop the best possible item content was also available during the development process. For example, feedback on item content from nationally recognized civilian and military (e.g. Mental Health Advisory Team) experts was available. In addition, past suggestions from senior leaders and other stakeholders were provided by some workgroup members. The complete DODSER 2008 can be found in Appendix B.

For a theoretically meaningful presentation, risk variables are organized into categories. While multiple alternatives were available for this organization, a relevant prototype successfully implemented in the violence risk assessment literature [1] was selected. Categories are organized as follows: (1) dispositional or personal factors (e.g., demographics), (2) historical or developmental (e.g., family history, prior suicide behaviors, life events), (3)

contextual or situational (e.g., access to firearms, place of residence), and (4) clinical or symptom factors (e.g., post-traumatic stress disorder, other psychiatric disorders or symptoms). These factors were combined with a section on deployment history and a comprehensive set of questions related to the event to form the current DoDSER.

Data Collection Process

The DoDSER is a web form that is available via the Internet and submitted via a secure website. The DoDSER data presented here are a descriptive compilation of DoDSERs as they have been completed and submitted by DoDSER respondents across the DoD. DoDSER data included in this report are for suicide behaviors that occurred in CY 2008 as reported and submitted by 15 April 2009. This date was selected with an acknowledgement that there is a tension between the competing values of timely reporting and complete data collection. Consideration has been given to extending this date to obtain additional DoDSERs, as it may take as long as one year to determine a suicide as cause of death. The Centers for Disease Control (CDC) has addressed this with longer timeframes for reporting (about a two year delay) [2]. However, the DoD represents a much smaller population, and the vast majority of CY suicides are determined by 1 April of each year (about 90%). The April date was established to maintain consistency with guidance provided by the Under Secretary of Defense (Personnel and Readiness) which requires 90 days between the end of the calendar year and calculation of CY suicide data [3].

DoDSERs are submitted for all Active component, Active Guard Reserve, and activated Reserve and Guard suicides in the DoD. In addition, consistent with requirements for standardized DoD suicide rate calculation [3], DoDSERs are submitted for deaths when a Service's SPPM strongly suspects suicide, but the case is still awaiting final determination. This is intended to provide leaders and preventionists the most up-to-date information possible. Since up to 90% of suicides are confirmed by the Armed Forces Medical Examiner System (AFMES) by the April deadline, the risk of overestimation is low. Variation between final confirmed and suspected suicides is generally 1-2 cases per year, DoD-wide. DoDSERs are also submitted for some non-fatal suicide behaviors. In CY 2008, the Army was the only Service to collect this data, although several Services are implementing similar procedures for non-fatal suicide behaviors.

DoDSERs are submitted by behavioral health providers (psychologist, psychiatrist, psychiatric nurse, or social worker), health care providers, or a command appointed representative. Technicians may submit DoDSERs under the supervision of one of the aforementioned professionals.

DoDSER responses are derived from a review of all relevant records. In addition, interviews are conducted in some cases. Following a suicide, respondents review medical and behavioral health records, personnel records, responsible investigative agency records, and records related to the manner of death. Information is also often collected from co-workers, the responsible investigative agency officer, and other professionals or family members (for some Services). For non-fatal suicide behaviors (Army only for CY 2008), DoDSER respondents frequently conduct an interview with the Soldier to collect some of the required information.

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

Calendar Year 2008 was the first year of DoDSER collection, and the program was initiated quickly. Therefore, some Services were still refining data collection procedures as the DoDSER program was launched. In an effort to contribute to the shared DoD goals of the DoDSER initiative, some Services implemented special procedures this year to collect their data. For example, the Navy SPPM completed a minority of their DoDSERs internally. The Air Force's SPPM leveraged their existing SESS data collection system to transfer data to the DoDSER system. Inconsistencies in the data points collected in these systems resulted in missing AF DoDSER data.

Data Quality Control Procedures

Four primary quality control procedures are conducted. First, the data submission website has been developed to minimize the possibility of data entry errors. The software utilizes form field validation to request user clarification when data is not logically possible (e.g., impossible dates). Radio buttons and checkboxes are utilized to further reduce the chances of data entry errors.

Second, each submitted DODSER is individually reviewed to ensure that it is face valid. The DODSER website is a secure site (HTTPS). However, in order to maximize access for DODSER respondents, the website does not currently require user authentication for data submission. (Changes to improve user authentication are being finalized at the time of this writing). Therefore, each submitted DoDSER was reviewed to identify erroneous submissions. These are extremely rare; in the history of SRMSO, only three such cases have been identified.

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

Fourth, all DoDSERs are reviewed to ensure that two or more DoDSERs were not submitted for the same event. When duplicates are identified, the local DoDSER respondent is contacted in an attempt to determine which submission represents the most complete data, and this DoDSER is used in analyses.

Statistical Analysis

DoDSER Submission Compliance

DODSER submission compliance rates were calculated for each Service. In the DOD, suicides are officially defined by the AFMES in collaboration with the SPPMs. The number of DODSER submissions for each Service is compared to the number of AFMES-confirmed suicides.

Demographic Risk Factors

The DoDSER collects data on a variety of demographic variables. However, since DoDSERs are not available for 100% of cases, demographic data was obtained from the Defense Manpower Data Center (DMDC). This also provided the opportunity to analyze demographic variables as suicide risk factors with the use of DMDC population data. Procedures for calculating rates followed standard DoD reporting procedures [3]. DMDC rates were based on September end strength reports from DMDC and were obtained by the Mortality Surveillance Division of the AFMES. Unknown counts in gender were excluded. Race data in the DMDC report is obtained from a self-report source. This report reflects the most current data available at the time of writing, but some data is subject to variation over time due to updates from the various sources used to populate the database. In most cases, DMDC data is used in this report for demographic analyses. In a few analyses where DMDC data was not available (e.g. non-fatal suicide-related behaviors in the Army Annex), DoDSER demographics were used. Suicide rates based on

fewer than 20 cases may be unstable and are therefore suppressed. Suicide rate ratios (RR), based on population rates provided by DMDC data, are calculated to compare groups based on demographic characteristics.

Interpretive Considerations

The purpose of this report is to provide a broad presentation of DoDSER items to support a wide variety of possible needs. Therefore, exploratory analyses were conducted without corrections for multiple comparisons. This increases the probability of finding statistically significant results by chance, even when no real difference exists.

Most DoDSER data should be considered descriptive. That is, with a few exceptions, it is not possible to statistically determine if a given DoDSER variable is a risk factor for suicide. In order to determine risk, additional data is required about the rate of the variable in the population. For example, it is not possible to determine if owning a firearm is a risk factor for suicide without examining the rate of owning a firearm in the military population. A pilot study to collect control DoDSER data is underway, and similar efforts to improve the interpretive value of the DoDSER data are being pursued.

When interpreting the results, it is also important to note the effect of the "Don't Know" option that is provided for many DODSER items. The information required to answer some DoDSER items may only be available for some respondents who benefitted from detailed medical records or interviews with knowledgeable persons familiar with the decedent's history. Therefore, "Don't Know" responses are expected for some items. Percentages were often calculated based on the total number of responses, including "Don't Know" responses. If one group has a higher "Don't Know" response rate than comparison groups, it affects the way the data appear. For example, a group that is really 50% male would show about a 40% male rate (and 40% female rate) where a 20% "Don't Know" response rate is observed and randomly distributed.

Interpretation of the results should take into account the nature of the item of interest. Some DoDSER items are highly objective, while others are more subjective. Some results are likely very reliable, while others may present the best data available on a topic that is difficult to study, by a respondent who is knowledgeable about the case. Reliability and validity of DoDSER items is not known at this time. Standardized coding guidance was available to respondents for many DoDSER items, and a more detailed coding manual is currently under development for future years.

Despite the best efforts of the multi-Service DoDSER development team, a few DoDSER items have been identified in this first year of the program with Service-specific terminology. This may have affected response patterns for some Service's POCs. These will be corrected in future years of the program.

Analyses with small sample sizes should always be interpreted with caution due to random error or potential outlier biases inherent in small samples. Further, analysis results that are not statistically reliable because of limited statistical power do not necessarily indicate the absence of an association between variables or group differences.

RESULTS

DoDSER Submissions and POC Compliance

There were a total of 268 Service Member suicides in CY 2008 (Army = 140; Air Force = 45; Navy = 41; Marine Corps = 42). This includes 12 Reservists and 21 National Guard members on Active Duty (Army = 24; Air Force = 6; Navy = 1; Marine Corps = 2). The total of 268 cases includes cases that are pending final determination by the AFMES but are strongly suspected to be suicides by the DoD's Suicide Prevention and Risk Reduction Committee (SPARRC).

In CY 2008 there were a total of 239 DoDSERs submitted for suicides (Army = 121; Air Force = 35; Navy = 41; Marine Corps = 42). DoDSER submission compliance was calculated based only on the number of AFMES confirmed suicides at the time data collection was closed for analysis (15 April 2009) because some Services do not require a DoDSER until a case is confirmed as a suicide death. As of 15 April 2009, there were a total of 260 AFMES confirmed suicides (Army = 135; Air Force = 45; Navy = 39; Marine Corps = 41). Therefore, the overall DoDSER submission compliance rate for completed suicide events that occurred in CY 2008 was 90% with 89% compliance rate for Army, 78% for Air Force, 100% for Navy, and 100% for the Marine Corps. There were a total of 4 additional DoDSERs pending AFMES confirmation. All suspected suicides pending AFMES determination were included in analyses described in this report, as described in the Methods.

Table 1. **CY 2008 DoDSER AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED**

	Total DoDSERs Received	Total AFMES Confirmed and Pending Suicides	AFMES Confirmed Suicides (as of 15 April 2009)	DoDSER Submission Compliance (as of 15 April 2009)	Additional DoDSERs Pending AFMES Confirmation
ARMY	121	140	135	120 (89%)	1
AIR FORCE	35	45	45	35 (78%)	0
NAVY	41	41	39	39 (100%)	2
MARINE CORPS	42	42	41	41 (100%)	1
Total DoD	239	268	260	235 (90%)	4

CY 2008 Suicide Rates

The DoDSER is not used to calculate DoD suicide rates. Suicide rates are maintained by the AFMES. However, these data were provided for inclusion in this report to provide a context for interpreting DoDSER data. The total Active Duty crude suicide rate (including Active Duty Guard and Reserve) was 15.8 per 100,000. CY 2008 crude rates by Service were Army = 18.5, Navy = 11.6, Marine Corps = 19.5, and Air Force = 12.1.

Dispositional/Personal Factors

Demographics

Table 2 displays CY 2008 suicide demographic data based on DMDC data provided by AFMES as described in the Methods. Ninety-five percent (n = 255) of suicides were completed by males. Although the number of female suicides was too low for calculation of a stable rate, exploratory examination suggested that the risk of suicide was higher for males. The majority of suicides were completed by Whites/Caucasians (76%, n = 204), followed by Black/African Americans (12%, n = 33). Whites/Caucasians were 46% more likely to die by suicide compared to Black/African Americans (RR = 1.46). It was not possible to compare other race groups due to the small cell sizes. Suicide was more common among persons under age 25 (53%, n = 142). The group that was under the age of 25 had a 50% higher risk of suicide compared to all other age groups combined (RR = 1.50). On average, most suicides

(51%, n = 138) were completed by junior enlisted (E1-E4) personnel followed by middle to senior (E5-E9) enlisted personnel (38%, n = 102). Junior enlisted (E1-E4) personnel were 36% more likely to die by suicide compared to more senior enlisted personnel (RR = 1.36). Also, enlisted personnel (E1-E9) were 70% more likely to die by suicide than officers, (RR = 1.70). The highest level of education for the majority of decedents in CY 2008 was high school

Table 2. **CY 2008 DoDSER ALL SERVICES MILITARY DEMOGRAPHICS**

		ARMY		AIR FORCE		NAVY		MARINE CORPS		DoD TOTAL		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Rate
	Total	140	100%	45	100%	41	100%	42	100%	268	100%	
GENDER	Male	132	94%	43	96%	40	98%	40	95%	255	95%	18.2
	Female	8	6%	2	4%	1	2%	2	5%	13	5%	N/A
RACE	American Indian/ Alaskan Native	3	2%	4	9%	2	5%	0	0%	9	3%	N/A
	Asian/Pacific Islander	7	5%	1	2%	3	7%	0	0%	11	4%	N/A
	Black/African American	20	14%	4	9%	7	17%	2	5%	33	12%	11.9
	White/Caucasian	109	78%	30	67%	28	68%	37	88%	204	76%	17.4
	Other/DK	1	1%	6	13%	1	2%	3	7%	11	4%	N/A
AGE RANGE	Under 25	70	50%	20	44%	21	51%	31	74%	142	53%	20.1
	26 – 29	22	16%	4	9%	6	15%	6	14%	38	14%	13.7
	30 – 39	30	21%	11	24%	9	22%	3	7%	53	20%	12.1
	40 +	18	13%	10	22%	5	12%	2	5%	35	13%	15.7
RANK	Unknown Enlisted	0	0%	0	0%	0	0%	0	0%	0	0%	N/A
	E1 – E4	78	56%	15	33%	18	44%	27	64%	138	51%	20.1
	E5 – E9	46	33%	23	51%	20	49%	13	31%	102	38%	14.8
	Officer	13	9%	7	16%	3	7%	2	5%	25	9%	10.2
	Warrant Officer	2	1%	0	0%	0	0%	0	0%	2	1%	N/A
	Cadet/Midshipman	1	1%	0	0%	0	0%	0	0%	1	< 1%	N/A
EDUCATION	Below HS	4	3%	0	0%	2	5%	3	7%	9	3%	N/A
	GED	22	16%	0	0%	1	2%	1	2%	24	9%	24.1
	HS graduate	81	58%	27	60%	29	71%	33	79%	170	63%	16.4
	Some college/tech, no degree	0	0%	0	0%	4	10%	0	0%	4	1%	N/A
	College degree/tech cert < 4 yrs	15	11%	8	18%	0	0%	2	5%	25	9%	25.1
	Four-year degree	10	7%	5	11%	3	7%	2	5%	20	7%	9.8
	Master's degree or greater	8	6%	5	11%	2	5%	1	2%	16	6%	N/A
	Don't Know	0	0%	0	0%	0	0%	0	0%	0	0%	N/A
MARITAL STATUS	Never married (Single)	54	39%	12	27%	15	37%	19	45%	100	37%	15.2
	Married	77	55%	26	58%	23	56%	18	43%	144	54%	15.9
	Legally separated	0	0%	0	0%	0	0%	0	0%	0	0%	N/A
	Divorced	8	6%	7	16%	3	7%	3	7%	21	8%	27.6
	Widowed	0	0%	0	0%	0	0%	0	0%	0	0%	N/A
	Don't Know	1	1%	0	0%	0	0%	2	5%	3	1%	N/A
COMPONENT	Regular	116	83%	39	87%	40	98%	40	95%	235	88%	16.9
	Reserve	8	6%	1	2%	1	2%	2	5%	12	4%	N/A
	National Guard	16	11%	5	11%	N/A	N/A	N/A	N/A	21	8%	14.4

NOTE: Rates are per 100,000. Suicide rates were not calculated for cell sizes less than 20.

graduate (63%, n = 170). The risk for suicide for persons with less than high school education (GED/below HS) was 77% higher compared to persons with a high school education (RR = 1.77). As can be seen in Table 2, most suicides (54%, n = 144) were completed by married persons. Although the suicide rate among married persons was similar to never married persons (RR = 1.04), divorced persons were 74% more likely to die by suicide than married persons (RR = 1.74). The majority of suicides were by Active Duty personnel (88%, n = 235) and the risk for suicide for Regular Active Duty personnel was 31% higher compared to Reserve and National Guard combined (RR = 1.31). Comparisons were not conducted within individual Services because the vast majority of cell sizes were too small to permit calculation of stable suicide rates.

Event Setting

Table 3 below displays the settings in which the suicides occurred. Suicides occurred most commonly in the decedents' personal residences (including their military place of residence; 57%, n = 137). Nine percent (n = 22) occurred at places of work/job sites. The "Other" category included a variety of settings ranging from outdoor locations (e.g. countryside), to hotels, to other residences.

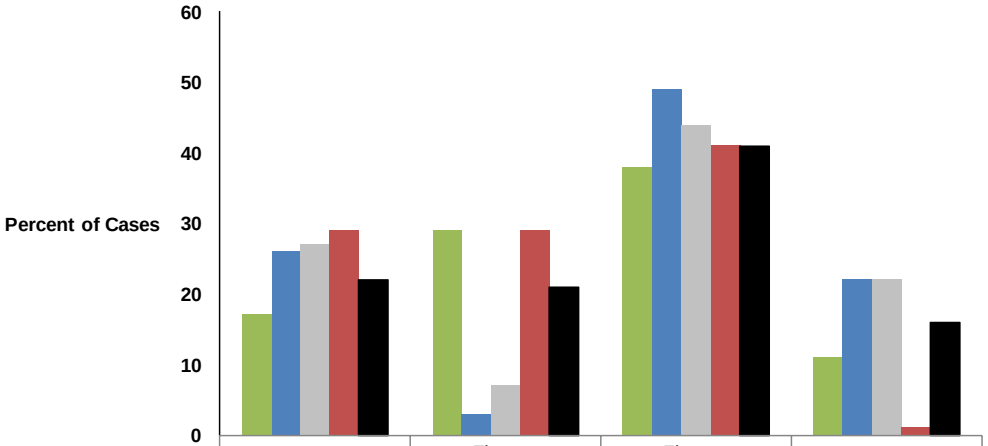
Table 3. **CY 2008 DoDSER EVENT SETTING**

	Total DoD	
	Count	Percent
Residence (personal)	137	57%
Residence (friend/family)	17	7%
Work/jobsite	22	9%
Automobile (away from residence)	15	6%
Inpatient medical facility	1	<1%
Other	47	20%
Total DoD	239	100%

Event Method

Figure 1 displays the differential methods of suicide by Service Branch. For all Services, non-military firearms were the most commonly reported method for completed suicides (DoD Total = 41%, n = 98). Military firearms were used in 21% (n = 51) of suicides with higher incidence in the Army and Marines Corps compared to the Air Force and Navy. Twenty-two percent (n = 52) of suicides were by hanging, strangulation or suffocation. Additional methods utilized in 2008 suicides included overdose (5%, n = 11 for drugs; .4%, n = 1 for alcohol), vehicle exhaust (3%, n = 6), jumping (1%, n = 3), use of a sharp or blunt object (.8%, n = 2), lying in front of a moving vehicle (.4%, n = 1), drowning (.4%, n = 1), crashing a motor vehicle (.4%, n = 1), fire/steam (.4%, n = 1), other (2%, n = 4), and "Don't Know" (3%, n = 6).

Figure 1. **CY 2008 DoDSER SUICIDE METHODS**



	Hanging	Firearm (Military)	Firearm (Non-Military)	Other
Army	17	29	38	11
Air Force	26	3	49	22
Navy	27	7	44	22
Marine Corps	29	29	41	1
Total DoD	22	21	41	16

NOTE: Other = Jumping, motor vehicle crash, drowning, poisoning by exhaust, poisoning by utility gas, poisoning by substance, lying in front of moving vehicle, sharp/blunt object, fire/steam, and "don't know".

Additional Event Details

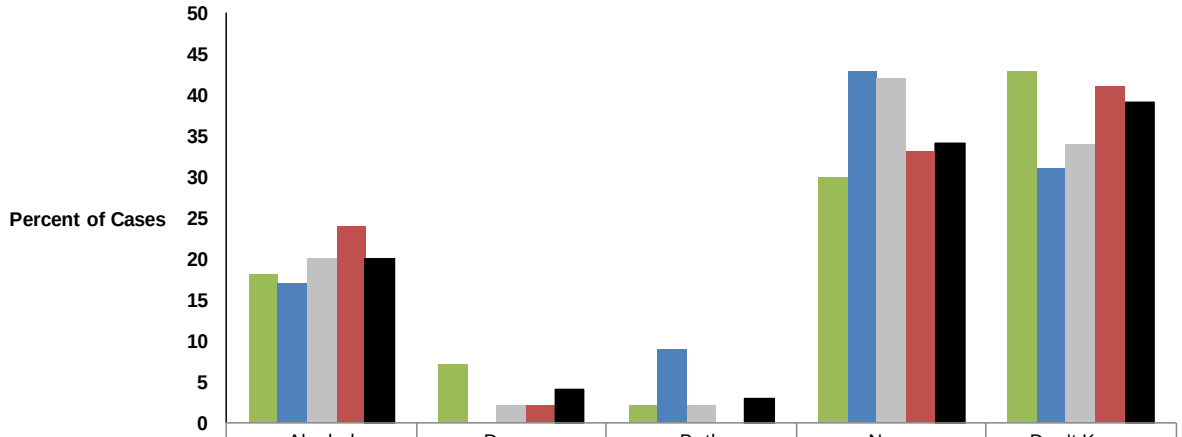
In addition to method, location, and motivation associated with the suicide event, detailed information is gathered as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm), whether the Service Member intended to die, and whether the decedent communicated potential for self-harm. Additional items in this section pertain to evidence of death-risk gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicide events were performed in areas or under circumstances in which the behavior is likely to be observed by others.

Substance Use During the Event

A total of 27% of submitted DoDSERs reported that alcohol and/or drugs were used during the event (see Figure 2)[1]. This percentage is likely an underestimate, as a significant number of cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the DoDSER submission. This is the first year of the DoDSER program, and this rate of "Don't Know" responses suggests that procedural improvements may be needed to ensure that DoDSER respondents have access to autopsy results. Alternatively, a closer collaboration with the AFMES may be needed to improve data quality for this topic. After excluding cases containing "Don't Know" responses in order to calculate a "valid" percentage, 43% of DoDSERs submitted for a suicide reported alcohol and/or drug use during the event.

[1] Six suicide cases used both drugs and alcohol during the event. Six of the total 17 drug-use cases reportedly represented over-the-counter (n = 2) or prescription medication (n = 4) use "without overdose." The intent of this response is ambiguous, as the DoDSER item does not differentiate between appropriate therapeutic drug use and drug abuse. Given the wording of the item ("During the event, were drugs used?"), these cases were included in the numbers reported above.

Figure 2. **CY 2008 DoDSER SUBSTANCE USE DURING EVENTS**

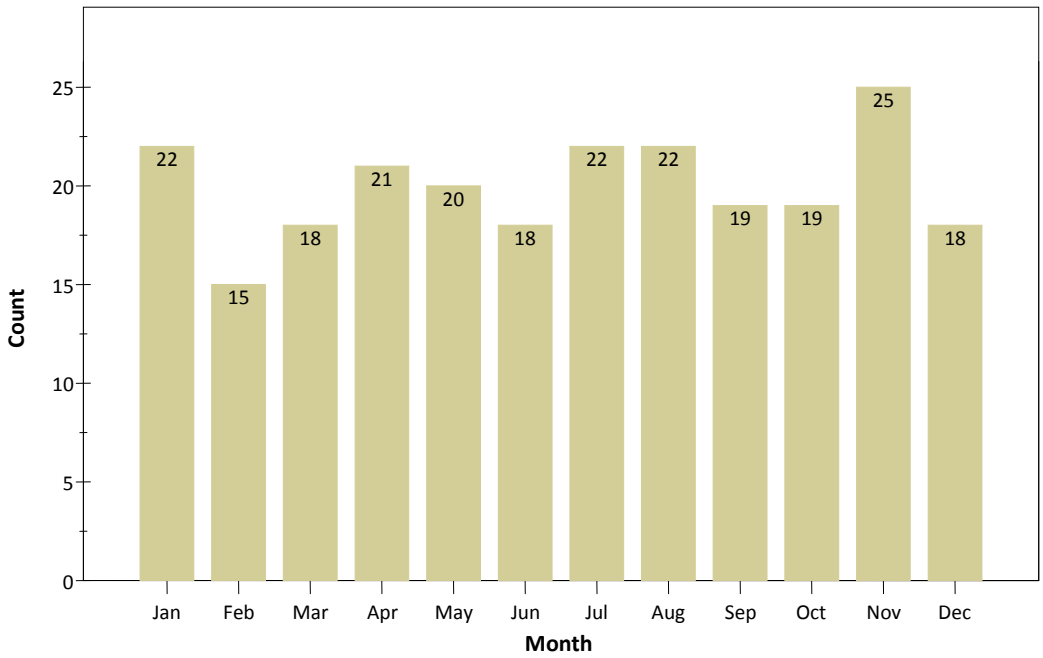


	Alcohol	Drugs	Both	None	Don't Know
Army	18	7	2	30	43
Air Force	17	0	9	43	31
Navy	20	2	2	42	34
Marine Corps	24	2	0	33	41
Total DoD	20	4	3	34	39

Suicide Completions by Month

Figure 3 displays CY 2008 suicide counts by month for the combined Services. The highest number of suicides was observed in November (n = 25), followed by January, July, and August (each n = 22). The lowest number of suicides occurred in February (n = 15). There was no association between month and suicide (p = .97).

Figure 3. **CY 2008 DoDSER SUICIDE COMPLETIONS BY MONTH**



Additional Event Information

DoDSERS also include information to indicate whether potential for self-harm was communicated prior to the event, or whether there was evidence that the suicide was planned. As can be seen in Table 4, DoDSER respondents judged that 70% of decedents (n = 167) intended to die, with an additional 24% of respondents unable to determine this based on the evidence from the case. Thirty-eight percent (n = 91) showed evidence that the event was planned or premeditated. Suicide notes were found in 23% of suicides (n = 54). Evidence of death risk gambling (e.g., Russian roulette) was fairly rare (2%). Nineteen percent (n = 45) of suicides were performed under circumstances where it would likely be observed and intervened in by others.

Table 4. **CY 2008 DoDSER ADDITIONAL EVENT INFORMATION**

		Total DoD	
		Count	Percent
INTENT TO DIE	Yes	167	70%
	No	15	6%
	Don't Know	57	24%
DEATH RISK/GAMBLING	Yes	4	2%
	No	167	70%
	Don't Know	68	28%
PLANNED/PREMEDITATED	Yes	91	38%
	No	64	27%
	Don't Know	84	35%
OBSERVABLE	Yes	45	19%
	No	141	59%
	Don't Know	53	22%
SUICIDE NOTE LEFT	Yes	54	23%
	No	110	46%
	Don't Know	75	31%

The majority of decedents had no known history of communicating their potential for self-harm prior to the event. Thirty percent of individuals who died by suicide (n = 72) were known to communicate their potential for self-harm prior to the event. At least 20 Service Members who died by suicide (8%) reported their potential to multiple people. However, these percentages are probably an underestimate, as DoDSER POCs responded “Don’t Know” to 28% of completions (n = 67). In addition, false-negative response errors are likely. Of the 72 cases known to communicate their potential for self-harm prior to the event, 52 (72%) communicated the message verbally.

Examination of the type of individuals with whom decedents shared their potential for self-harm may be helpful for informing suicide prevention efforts. Service Members most commonly shared their potential for self-harm with Spouses, Other, and Friends (see Table 5). The majority of the “Other” responses reflected a variety of co-workers and family members.

Table 5. **CY 2008 DoDSER COMMUNICATED INTENT**

	Total DoD	
	Count	Percent
FRIEND	19	8%
MENTAL HEALTH STAFF	11	5%
SUPERVISOR	7	3%
SPOUSE	28	12%
CHAPLAIN	4	2%
OTHER	26	11%

Note: Not all cases communicated intent, thus the percentages do not add up to 100%.

Situational/Contextual Factors

Situational Factors

These items pertain to the individual's current situation, such as place of residence, current living situation, and factors that are subject to change over time. As can be seen in Table 6, Service Members that died by suicide most frequently resided in off-post family housing (39%, n = 93). An additional 29% (n = 69) of Service Members that died by suicide resided in barracks or other shared military housing. Five percent (n = 13) of decedents lived in Bachelor Enlisted Quarters or Bachelor Officer Quarters (BEQ/BOQ), and 2% (n = 5) were on a ship. Four percent (n = 10) resided in on-base family housing. Eight percent lived in "other" housing. Twenty-four percent (n= 57) of decedents lived alone. Thirty-two percent of decedents (n = 77) reportedly had minor children; the majority of those did not live with their children at the time of the event. A gun was present in the home or immediate environment for 54% (n = 130) of suicide cases.

Table 6. **CY 2008 DoDSER SITUATIONAL INFORMATION**

		Total DoD	
		Count	Percent
RESIDENCE	Barracks or other shared military	69	29%
	BEQ/BOQ	13	5%
	On-base family housing	10	4%
	Off-base family housing	93	39%
	Ship	5	2%
	Other	18	8%
	Don't Know	31	13%
	Total	239	100%
RESIDES WITH SPOUSE	Resides with spouse	52	22%
	Separated, relationship issues	30	13%
	Separated, other	23	10%
	Don't Know	12	5%
RESIDES ALONE	Yes	57	24%
	No	146	61%
	Don't Know	36	15%
MINOR CHILDREN	Yes	77	32%
	No	113	47%
	Don't Know	48	20%
CHILDREN RESIDE WITH	Yes	32	13%
	No	43	18%
	Don't Know	3	1%
GUN IN IMMEDIATE ENVIRONMENT	Yes	130	54%
	No	36	15%
	Don't Know	73	31%

NOTE: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Duty Status/Environment

As shown in Table 7, Garrison was the most frequently reported duty environment for decedents (36%, n = 86), followed by Deployed (18%, n = 42), and Leave (11%, n = 26). Additional information regarding deployment status is provided in each Service annex.

Table 7. **CY 2008 DoDSER DUTY ENVIRONMENT**

	Total DoD	
	Count	Percent
GARRISON	86	36%
PSYCH HOSPITALIZATION	1	<1%
LEAVE	26	11%
MEDICAL HOLD	5	2%
TDY	4	2%
IN EVAC CHAIN	1	<1%
AWOL	6	3%
UNDER CMD OBS	1	<1%
DEPLOYED	42	18%
OTHER	14	6%
TRAINING	8	3%

NOTE: Options are not discrete and respondents selected options that applied; thus percentages do not add up to 100%.

Clinical/Symptom Factors

Diagnoses

Thirty-six percent of suicide cases (n = 86) had a history of at least one mental disorder. Eighteen percent (n = 44) had been diagnosed with a Mood Disorder in the past, including Major Depression (n = 13), Dysthymic Disorder (n = 3), and Other Mood Disorders (n = 21). Eight of these cases were diagnosed within 30 days prior to the suicide event. Eleven percent (n = 26) had been diagnosed with any Anxiety Disorder, including 4% diagnosed with PTSD (n = 10). Three of the PTSD cases were diagnosed within 30 days prior to the suicide event. One percent (n = 2) were diagnosed with a Psychotic Disorder. In addition, 5% (n = 12) were diagnosed with a Personality Disorder, and 20% (n = 47) had a history of Substance Abuse.

Table 8. **CY 2008 DoDSER SYMPTOM FACTORS**

		Total DoD	
		Count	Percent
ANY DX MOOD DISORDER	Yes	44	18%
	No	139	58%
	Don't Know	56	23%
DX BIPOLAR DISORDER	Yes	3	1%
	No	169	71%
	Don't Know	67	28%
DX MAJOR DEPRESSION	Yes	13	5%
	No	162	68%
	Don't Know	64	27%

Note: Table continues on next page

Table 8. **CY 2008 DoDSER SYMPTOM FACTORS (CONT.)**

		Total DoD	
		Count	Percent
DX DYSTHYMIC DISORDER	Yes	3	1%
	No	170	71%
	Don't Know	66	28%
DX OTHER MOOD DISORDER	Yes	21	9%
	No	151	63%
	Don't Know	67	28%
DX PERSONALITY DISORDER	Yes	12	5%
	No	170	71%
	Don't Know	57	24%
DX PSYCHOTIC DISORDER	Yes	2	1%
	No	182	76%
	Don't Know	55	23%
HX SUBSTANCE ABUSE	Yes	47	20%
	No	131	55%
	Don't Know	61	26%
ANY DX ANXIETY DISORDER	Yes	26	11%
	No	159	67%
	Don't Know	54	23%
DX PTSD	Yes	10	4%
	No	167	70%
	Don't Know	62	26%
DX PANIC DISORDER	Yes	3	1%
	No	172	72%
	Don't Know	64	27%
DX GENERAL ANXIETY DISORDER	Yes	4	2%
	No	172	72%
	Don't Know	63	26%
DX ACUTE STRESS DISORDER	Yes	4	2%
	No	173	72%
	Don't Know	62	26%
DX OTHER ANXIETY DISORDER	Yes	8	3%
	No	167	70%
	Don't Know	64	27%

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

Treatment

Table 9 displays the history of visits to treatment programs and clinics prior to the event. Of suicide cases, 40% (n = 95) had been seen at a medical treatment facility (MTF) within three months prior to the event and 30% within 30 days prior to the death. Individuals who died by suicide had an Outpatient Mental Health visit within 3 months prior to the event in 22% (n = 53) of cases; 17% (n = 40) had an outpatient mental health visit within 30 days of the event. Eleven percent of suicide cases had visits to Substance Abuse Services (SAS). History of an Inpatient Mental Health stay was reported in 4% (n = 9) of suicides and 4% received inpatient services within 30 days of the event. Forty-nine percent of suicide cases (n = 118) had been seen in at least one of the programs/clinics within 30 days of the event; 62 of these cases had sought broadly-defined mental health resources (i.e., Substance Abuse Services, Outpatient Mental Health, Inpatient Mental Health, Family Advocacy Program, Chaplain visits) 30 days prior to completed suicides.

Table 9. **CY 2008 DoDSER TREATMENT HISTORY**

		Total DoD	
		Count	Percent
SEEN BY MTF	Yes	125	52%
	Within 30 days	71	30%
	Within 90 days (inclusive)[a]	95	40%
	No	62	26%
	Don't Know	52	22%
SEEN BY SUBSTANCE ABUSE SERVICES	Yes	27	11%
	Within 30 days	10	4%
	Within 90 days (inclusive)[a]	15	6%
	No	159	67%
	Don't Know	53	22%
SEEN BY FAP	Yes	15	6%
	Within 30 days	8	3%
	Within 90 days (inclusive)[a]	9	4%
	No	165	69%
	Don't Know	59	25%
SEEN BY CHAPLAIN	Yes	33	14%
	Within 30 days	19	8%
	Within 90 days (inclusive)[a]	25	10%
	No	100	42%
	Don't Know	106	44%
SEEN BY OP MH	Yes	80	33%
	Within 30 days	40	17%
	Within 90 days (inclusive)[a]	53	22%
	No	120	50%
	Don't Know	39	16%

[a] Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.
NOTE: MTF = Medical Treatment Facility; FAP = Family Advocacy Program; OP MH = Outpatient Mental Health; IP MH = Inpatient Mental Health.
Note: Table continues on next page

Table 9. **CY 2008 DoDSER TREATMENT HISTORY (CONT)**

		Total DoD	
		Count	Percent
SEEN BY IP MH	Yes	24	10%
	Within 30 days	9	4%
	Within 90 days (inclusive)[a]	12	5%
	No	162	68%
	Don't Know	53	22%
TAKEN PSYCHOTROPIC MEDS	Yes	49	21%
	No	124	52%
	Don't Know	66	28%
HX PHYSICAL HEALTH PROBLEM	Yes	49	21%
	No	132	55%
	Don't Know	58	24%
HX PRIOR SELF-INJURY	Yes	34	14%
	No	106	44%
	Don't Know	99	41%

[a] Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.
Note: IP MH = Inpatient Mental Health.

History of psychotropic medication use was reported for 21% (n = 49) of individuals who completed suicide. Of those, 17% (n = 41) had taken antidepressants; 7% (n = 16) anti-anxiety medications; 3% (n = 6) anti-psychotics; and 2% (n = 5) anti-convulsants. Ten percent (n = 24) of suicides had reportedly taken psychotropic medication within 30 days of the event.

History of prior self-inflicted injury was documented for 14% (n = 34) of decedents. Thirty-one cases had a known history of one such event, and 3 cases had a history of two or more prior self-injurious behaviors. The mean age of the first self-injurious event was 22 with a standard deviation of 8 years.

Mental Health Resources Within 30-days of Death
Additional analyses were conducted to describe the group of 62 cases that obtained mental health resources shortly before the suicide. Although it is arguable whether Chaplain visits should be included in this grouping, they were included because of the culture that exists around Chaplain use in at least some of the Services.

The mean age for these Service Members was 29.0 (*SD* = 8.7). The majority were male (94%; n = 58), and four were female (6%). Sixty-six percent were White (n = 41), 21% were African American (n = 13), 3% (n = 2) were Hispanic, 5% were Asian/Pacific Islander (n = 3), and 5% were identified as "Other" or "Unknown (n = 3). The majority were married (60%; n = 37), 27% (n = 17) were never married, 7% (n = 4) were legally separated, and 5% (n = 3) were divorced.

Military (21%; n = 13) and non-military (32%; n = 20) firearms, followed by hanging (25%; n = 16), were the most commonly reported method for suicide completions. Ten percent (n = 6) of the suicides were reported to be attributable to drugs, 2% to alcohol (n = 1), 3% to automobile exhaust (n = 2), and 2% to jumping (n = 1).

As expected for a group with mental health treatment history, diagnoses of mental disorders were fairly common. Diagnoses included 42% (n = 26) with a mood disorder, and 26% (n = 16) with an anxiety disorder, including 12.9% (n = 8) with PTSD. Thirty-nine percent (n = 24) had a history of substance abuse, and 15% (n = 9) had been diagnosed with a personality disorder. Forty-eight percent (n = 30) were reported to have been taking psychotropic medications.

Historical/Developmental Factors

Family & Relationship History

Failed marital/intimate relationships were reported for 51% (n = 123) of individuals who died by suicide. In addition, other failed relationships (non-intimate) were reported for 14% (n = 33) of suicide cases. Ten percent (n = 23) of decedents reportedly had a history of both intimate and other failed relationships prior to the death.

Most of these failed relationships occurred close in time to the suicide behaviors. For suicide cases, 32% (n = 76) of the total sample had a failed intimate relationship within 30 days of the suicide. Similarly, other failed relationships occurred within 30 days of the events in 5% (n =13) of suicides.

There was also a reported history of recent spousal or family death in 7% (n = 17) of suicide cases. There was a reported history of a chronic spousal or family severe illness in 5% (n = 11) of decedents. Family history of mental illness or suicide was reported for 9% (n = 21) of individuals who died by suicide. These rates are probably underestimates, as "Don't Know" responses were fairly common for all of these risk factors.

Table 10. **CY 2008 DoDSER FAMILY HISTORY**

		Total DoD	
		Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	123	51%
	No	58	24%
	Don't Know	58	24%
FAILED OTHER RELATIONSHIP	Yes	33	14%
	No	104	44%
	Don't Know	102	43%
HX SPOUSE SUICIDE	Yes	0	0%
	No	174	73%
	Don't Know	65	27%
HX FAMILY SUICIDE	Yes	11	5%
	No	117	49%
	Don't Know	111	46%
HX FRIEND SUICIDE	Yes	3	1%
	No	120	50%
	Don't Know	116	49%
HX FAMILY DEATH	Yes	17	7%
	No	114	48%
	Don't Know	108	45%
HX FRIEND DEATH	Yes	12	5%
	No	98	41%
	Don't Know	129	54%
HX CHRONIC FAMILY ILLNESS	Yes	11	5%
	No	108	45%
	Don't Know	120	50%
HX FAMILY MENTAL ILL/SUICIDE	Yes	21	9%
	No	45	19%
	Don't Know	173	72%

Administrative & Legal History

History of Article 15 proceedings were reported in 15% of decedents (n = 35). Civil legal problems were reported among 13% of completions (n = 31). Six percent of decedents (n = 14), were reportedly the subjects of administrative separation proceedings and 5% (n = 13) were subjects of AWOL/Desertion proceedings. Other administrative and legal risk factors were less commonly reported as shown in Table 11.

Table 11. **CY 2008 DoDSER ADMIN/LEGAL HISTORY**

		Total DoD	
		Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	3	1%
	No	196	82%
	Don't Know	40	17%
ARTICLE 15 PROCEEDINGS	Yes	35	15%
	No	161	67%
	Don't Know	43	18%
ADMIN SEP PROCEEDINGS	Yes	14	6%
	No	177	74%
	Don't Know	48	20%
AWOL/DESERTION PROCEEDINGS	Yes	13	5%
	No	180	75%
	Don't Know	46	19%
MEB PROCEEDINGS	Yes	9	4%
	No	182	76%
	Don't Know	48	20%
CIVIL LEGAL PROBLEMS	Yes	31	13%
	No	149	62%
	Don't Know	59	25%

Abuse History

Of suicide cases, 4% (n = 10) had a reported history of Physical Abuse, 3% (n = 6) had a history of Sexual Abuse, and 5% (n = 11) had a history of Emotional Abuse. History of Sexual Harassment was not reported for any suicide cases. Abuse in which the decedent was the perpetrator was not frequently indicated, although DoDSERs for 5% (n = 13) of decedents reported alleged or confirmed Perpetration of Physical Abuse and 4% (n = 9) for alleged or confirmed Perpetration of Sexual Abuse in the past. See Table 12 for CY 2008 DoDSER abuse history.

Table 12. **CY 2008 DoDSER ABUSE HISTORY**

		Total DoD	
		Count	Percent
VICTIM PHYSICAL ABUSE	Yes	10	4%
	No	112	47%
	Don't Know	117	49%
VICTIM SEXUAL ABUSE	Yes	6	3%
	No	119	50%
	Don't Know	114	48%

Note: Table continues on next page

Table 12. **CY 2008 DoDSER ABUSE HISTORY (CONT)**

		Total DoD	
		Count	Percent
VICTIM EMOTIONAL ABUSE	Yes	11	5%
	No	110	46%
	Don't Know	118	49%
VICTIM SEXUAL HARASSMENT	Yes	0	0%
	No	123	51%
	Don't Know	116	49%
PERP PHYSICAL ABUSE	Yes	13	5%
	No	114	48%
	Don't Know	112	47%
PERP SEXUAL ABUSE	Yes	9	4%
	No	122	51%
	Don't Know	108	45%
PERP EMOTIONAL ABUSE	Yes	8	3%
	No	120	50%
	Don't Know	111	46%
PERP SEXUAL HARASSMENT	Yes	3	1%
	No	127	53%
	Don't Know	109	46%

Financial and Workplace Difficulties

Excessive debt or bankruptcy was reported for 10% (n = 24) of completed suicides. History of job problems were reported for 18% (n = 42) of decedents. Additional information related to job or employment difficulties are presented below.

Table 13. **CY 2008 DoDSER ADDITIONAL HISTORY**

		Total DoD	
		Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	24	10%
	No	123	51%
	Don't Know	92	38%
HX JOB PROBLEMS	Yes	42	18%
	No	148	62%
	Don't Know	49	21%
SUPV/COWORKER ISSUES	Yes	25	10%
	No	134	56%
	Don't Know	80	33%
POOR PERFORMACE EVAL	Yes	26	11%
	No	143	60%
	Don't Know	70	29%
HX WORKPLACE HAZING	Yes	1	<1%
	No	156	65%
	Don't Know	82	34%

Deployment Factors

Deployment History

The DoDSER 2008 gathered detailed information pertaining to the Service Member's most recent three deployments. Fifty-three percent of decedents (n = 126) had a history of at least one deployment. The following table summarizes this information for the most commonly reported deployment locations: Afghanistan, Iraq, and Kuwait. Iraq was the most common deployment location reported for suicide decedents (36%, n = 85), followed by Kuwait (7%, n = 16), and Afghanistan (5%, n = 11). Thirteen percent of decedents (n = 32) reportedly had histories of multiple deployments to Iraq and/or Afghanistan. See the individual Service annexes for additional information on suicide and deployment data.

Table 14. **CY 2008 DoDSER HISTORY EVER DEPLOYED TO OIF/OEF**

	Total	
	Count	Percent
AFGHANISTAN	11	5%
IRAQ	85	36%
KUWAIT	16	7%

NOTE: Respondents did not indicate that all cases reported deployment to OIF/OEF, thus the percentages do not add up to 100%.

Suicides During OIF-OEF Deployment

Table 15 shows counts and percentages of suicides that occurred during OIF-OEF deployment in CY 2008. There were a total of 38 DoDSERs submitted for OIF-OEF suicide deaths (32 for Army and 6 for Marine Corps). Since DoDSERs were not received for 100% of suicides, quality control procedures were conducted by cross-checking DoDSER data with the AFMES' data. That Office showed a total of 42 OIF-OEF suicides (0 for Air Force, 34 for Army, 1 for Navy, and 7 for Marine Corps). There were 35 suicides that occurred in OIF and seven that occurred in OEF.

Table 15. **CY 2008 OIF-OEF Suicides**

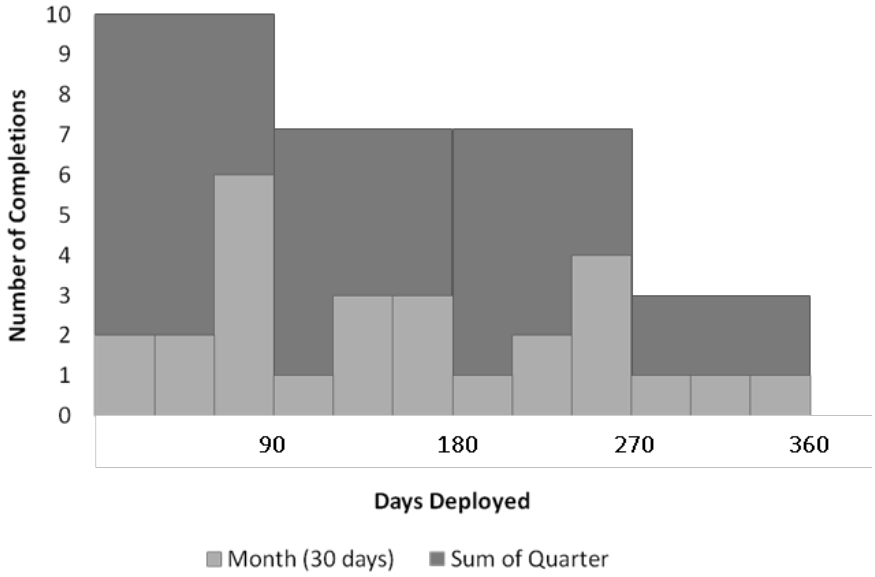
		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
SERVICE	ARMY	106	76%	34	24%
	AIR FORCE	45	100%	0	0%
	NAVY	40	98%	1	2%
	MARINE CORPS	35	83%	7	17%
	Total DoD	226	84%	42	16%

Days Deployed

Suicides completed in OIF or OEF were analyzed to determine whether there was a relationship between number of days deployed and suicide. Deployment start date was subtracted from the DoDSER event date to determine days deployed prior to event.

Figure 5 shows the results of this analysis. When suicides were grouped in 30-day bins, expected cell sizes were too small for analysis. Therefore, completion frequencies were grouped by quarter (90-day bins). Despite the visual trend, the obtained frequencies did not statistically differ from what would be expected by chance. However, power to detect effects was limited. In the future, multiple years of data will be available to analyze this relationship.

Figure 5. **CY 2008 DoDSER Days Deployed**



Combat History

History of experiencing direct combat operations was reported in 15% (n = 37) of decedents. The percentages of Service Members for whom specific combat experiences were reported were generally low. However, these numbers reflect both the response rate and the fact that the denominator includes those with and without any combat experiences.

Table 16. **CY 2008 DoDSER COMBAT HISTORY**

		Total DoD	
		Count	Percent
EXP DIRECT COMBAT	Yes	37	15%
	No	120	50%
	Don't Know	82	34%
SAW CASUALTIES IN COMBAT		21	9%
INJURED IN COMBAT		7	3%
WITNESSED KILLING IN COMBAT		19	8%
SAW DEAD BODIES IN COMBAT		16	7%
KILLED OTHERS IN COMBAT		8	3%

SUMMARY

This annual statistical report of the DoDSER provides statistics and analyses for DoD suicides that occurred in CY 2008.

There were a total of 268 Service Member suicides in CY 2008 (Army = 140; Air Force = 45; Navy = 41; Marine Corps = 42). A total of 239 DoDSERs were received in CY 2008 for a DoDSER submission compliance rate of 90% (based on 260 suicides confirmed when data collection was closed for this report). Individuals who were White/Caucasian, under the age of 25, junior enlisted (E1-E4), and had a GED/less than high school education were at increased risk for suicide relative to demographic comparison groups. Divorced individuals were 74% more likely to die by suicide than married persons. There was no association between calendar month of the year and suicide.

Across Services, non-military firearms were the most frequently utilized method for suicide (41%, n = 98). Military firearms were used in 21% (n = 51) of suicides with higher incidence in the Army and Marines Corps compared to the Air Force and Navy. Eighteen percent of cases occurred in a deployed environment, including 16% (n = 42) that died in OIF/OEF. Eleven percent occurred while Service Members were on leave. Thirteen percent of Service Members who died by suicide had a history of multiple deployments to Iraq and/or Afghanistan. A history of direct combat operations was reported for 15% (n = 37) of decedents. Forty percent of Service Members (n = 95) had been seen at a military treatment facility within three months prior to suicide (30% within 30 days of the suicide).

Failed marital/intimate relationships were reported for 51% (n = 123) of suicide cases and other failed relationships (non-intimate) were reported for 14% (n = 33) of decedents. The most common legal problems were Article 15 proceedings (15%) and civil legal problems (13%). Fourteen percent of Service Members that died by suicide had a known history of prior self-injurious behavior. Thirty percent (n = 72) communicated their potential for self-harm prior to the event. Most decedents (64%) did *not* have a diagnosed psychiatric disorder reported. A total of 27% of decedents reportedly used alcohol and/or drugs during the event. A history of job problems was reported for 18% (n = 42) of decedents.

This was the first year of the DoDSER; therefore it was not possible to make comparisons to previous years. Future DoDSERs will provide such analyses; many DoDSER items were comparable to Army items used for their Service last year, so 2007-2008 Army comparisons are provided, where possible, in Annex 1. Most of the results described in this report are descriptive and do not permit conclusions about suicide risk. Additional data about base rates of DoDSER variables would be needed to improve analytic approaches.

ANNEX 1: Army DoDSER

CALENDAR YEAR 2008 REPORT

National Center for Telehealth and Technology (T2)

Defense Centers of Excellence
For Psychological Health and Traumatic Brain Injury (DCoE)

ANNEX 1: Army DoDSER

This Annex presents a summary of CY 2008 Army DoDSER data. Most of the methods used to collect this data are summarized in the main report. However, several Army-specific methodological details are described below.

DoDSERs Submitted for Non-fatal Suicide Events (Army Only for CY 2008)

In addition to suicides, Army DoDSERs were collected for any suicide-related behavior that resulted in hospitalization and/or evacuation from theater. Army DoDSER data are presented separately for suicide attempts, self-harm without intent to die, and suicidal ideation only. While there is debate regarding what types of events should be classified as a suicide attempt, the Army DoDSER process has adopted the following definition: "A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die." A suicide attempt may or may not result in injury.[1] Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries. For example, if someone wrestled a gun away from a Soldier with intent to die, this would be classified as a suicide attempt even though there were no injuries. Self harm without intent to die is defined as 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). Persons engage in these self-harm behaviors when they wish to use the appearance of intending to kill themselves in order to attain some other end (e.g. to seek help, punish others, to receive attention, or to regulate negative mood). Suicidal ideation only (without an attempt/self-harm) is defined as any self-reported thoughts of engaging in suicide-related behaviors.[1]

Data collection processes following a suicide are described in the Method section of the main report. Data collection processes for Army DoDSERs following a non-fatal suicide event differ somewhat. The data sources used to complete an Army DoDSER for a non-fatal event include medical and behavioral health records, and an interview with the patient is frequently used to collect the required information.

For Army events submitted on the basis of a non-fatal suicide behavior, the reporting process requires the Army DoDSER POC for each MTF to track these events and ensure DoDSER submission. A DoDSER POC is required to submit monthly reports on suicide-related hospitalizations for each MTF by the 5th working day of the following calendar month to identify the number of hospitalizations or evacuations for that MTF. DoDSERs are then expected for events based on these reports. This generally involves coordination with inpatient psychiatric personnel and outpatient behavioral health clinic(s) personnel. Appendix A displays the Army DoDSER Command POC list.

Army DoDSER Annex Compared to Other Services' DoDSER Annexes

The Army Annex is significantly longer and more detailed than the other Services' Annexes. This is due to two factors. First, the Army's old system, the ASER, was already collecting information on non-fatal suicide behaviors. Thus, this system was seamlessly transferred to the new DoDSER, providing significantly more data to analyze. Second, many of the ASER items were selected for inclusion as DoDSER items. This provided a unique opportunity to compare Army DoDSER results for this year to ASER 2007 results wherever those items are comparable. Other Services will benefit from such a comparison in CY 2009 after a second year of data collection.

RESULTS

Data are presented in detail by event type: Suicides, Suicide Attempts, Self-Harm Without Intent to Die, and Suicidal Ideation only. Statistical comparisons among these categories must be interpreted with caution, as DoDSER compliance rates are not necessarily randomly distributed, and analyses of such patterns are difficult to interpret with no event base rates determined for non-fatal suicide behaviors. In addition, the different data collection methods described above for suicides and non-fatal suicidal behaviors may impact the results. Enough data are provided to allow the reader to calculate some comparisons, when of interest.

Army DoDSER Submissions and POC Compliance

2008 Reported Suicide Events

A total of 2104 Army DoDSERs were submitted for CY 2008. Of these, 121 (6%) were submitted for Suicides, 570 (27%) for Suicide Attempts, 410 (20%) for Self-harm Without Intent to Die, and 1003 (48%) for Suicidal Ideation only (see Table 1).

Table 1. **CY 2008 ARMY DoDSERS SUBMITTED**

	Count	Percent
Suicide	121	6%
Suicide Attempt	570	27%
Self Harm (W/O intent to die)	410	20%
Ideation Only	1003	48%

Submission Rates

Table 2 displays the number of AFMES confirmed Army suicides and the compliance rate for Army DoDSER submissions at the time of this report. As shown in the table, 135 suicide cases were confirmed by the AFMES as of 15 April 2009, with five additional cases pending confirmation. A DoDSER was received for one of the pending cases. DoDSER submission compliance was calculated as described in the main report above. The compliance rate for AFMES confirmed suicide in CY 2008 was 89% (Table 2).

Table 2. **CY 2008 ARMY DoDSER SUBMISSIONS**

	AFMES Confirmed Suicides as of 15 April 2009	Cases Pending AFMES Confirmation as of 15 April 2009
Male	127	5
Female	8	0
Total Suicides	135	5
DoDSERs Received	120	1
Compliance Rate	89%	-

Hospitalization/Evacuation

There is not a “gold standard” for tracking non-fatal suicide-related behaviors. Therefore, it is not possible to calculate a true response rate for this DoDSER category at this time (e.g. some may go unreported or undetected). However, submissions were compared to reported MTF hospitalization and evacuation data, as described above. These CY 2008 compliance rates by MTF are also presented in Army Appendix B.

Dispositional/Personal Factors

Demographics

Table 3 displays demographic data for Suicide Attempts, Self-Harm Without Intent to Die, and Suicidal Ideation Only for CY 2008 (demographic characteristics of Army suicide cases are available in the main report above). In general, similar proportions of demographic characteristics were observed across categories of non-fatal suicide events. Additional details are summarized in Table 3.

Table 3. **CY 2008 ARMY DoDSER DEMOGRAPHICS FOR NON-FATAL EVENTS**

		EVENT TYPE					
		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
GENDER	Male	432	76%	303	74%	810	81%
	Female	138	24%	107	26%	193	19%
RACE	American Indian/Alaskan Native	7	1%	8	2%	11	1%
	Asian/Pacific Islander	12	2%	7	2%	27	3%
	Black/African American	74	13%	45	11%	125	12%
	White/Caucasian	402	71%	293	71%	699	70%
	Hispanic	42	7%	29	7%	72	7%
	Other	14	2%	10	2%	22	2%
	Don't Know	19	3%	18	4%	47	5%
AGE RANGE	Under 25	367	64%	285	70%	643	64%
	25-29	100	18%	82	20%	172	17%
	30-39	79	14%	36	9%	144	14%
	40 +	24	4%	7	2%	44	4%
RANK	E1-E3	310	54%	248	60%	569	57%
	E4-E6	221	39%	151	37%	377	38%
	E7-E9	17	3%	6	1%	29	3%
	Officer (Includes Warrant Officer)	19	3%	5	1%	20	2%
	Cadet/Midshipman	1	<1%	0	0%	5	<1%
EDUCATION	GED	105	18%	53	13%	145	14%
	HS graduate	229	40%	209	51%	435	43%
	Some college/tech, no degree	102	18%	76	19%	201	20%
	College degree/tech cert < 4 yrs	25	4%	10	2%	37	4%
	Four-year degree	26	5%	6	1%	23	2%
	Master's degree or greater	7	1%	3	1%	11	1%
	Don't Know	69	12%	46	11%	137	14%
MARITAL STATUS	Never married	253	44%	197	48%	472	47%
	Married	246	43%	167	41%	419	42%
	Legally separated	20	4%	9	2%	28	3%
	Divorced	36	6%	26	6%	55	5%
	Widowed	4	1%	3	1%	2	<1%
	Don't Know	11	2%	8	2%	27	3%

Event Setting

Both Suicides and Suicide Attempts occurred most commonly in the Soldiers' personal residences (60%, n = 72 and 79%, n = 452, respectively; Table 4). Self-Harm Without Intent to Die and Ideation Only also most commonly occurred in the Soldiers' residences. Additional data on Event Setting across Event Types are also shown in Table 4.

Table 4. **CY 2008 ARMY DoDSER EVENT SETTING**

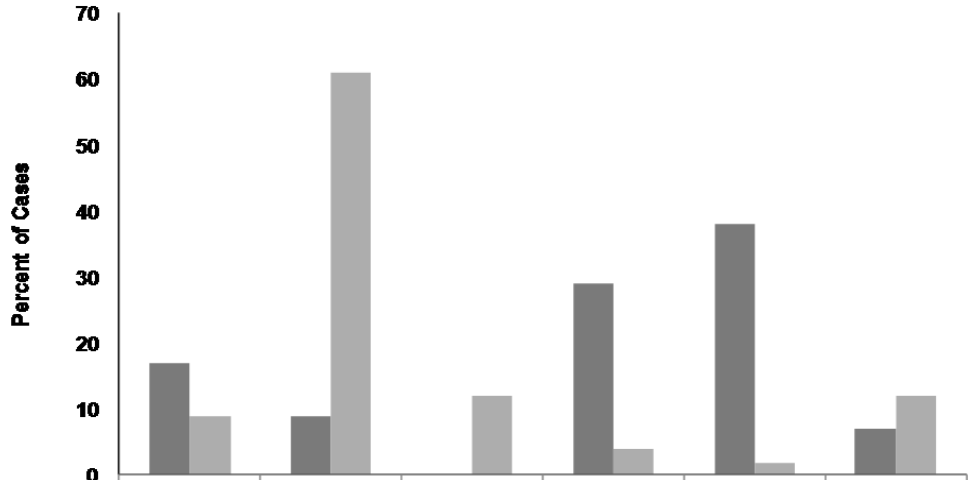
	EVENT TYPE							
	Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Residence (personal)	72	60%	452	79%	351	86%	726	72%
Residence (friend/family)	9	7%	27	5%	11	3%	25	2%
Work/jobsite	11	9%	22	4%	16	4%	129	13%
Automobile (away from residence)	6	5%	18	3%	7	2%	18	2%
Inpatient medical facility	1	1%	4	1%	0	0%	7	1%
Other	22	18%	47	8%	25	6%	98	10%

Data from 1/1/2008 through 12/31/2008 as of 4/14/2009

Figure 1 displays the differential methods used by type of event. Firearms were the most commonly reported method for completed suicides (29%, n = 35 for Military Firearm; 38%, n = 46 for Non-military Firearm; 67%, n = 81 for Total Combined), followed by Hanging (17%, n = 20). Additional methods utilized in 2008 suicides included Overdose, Vehicle Exhaust, Jumping, Fire/Steam, and Unknown.

Overdose (58%, n = 326 for Drugs; 3%, n = 18 for Alcohol) and Cutting (12%, n = 66) were the most common methods for attempted suicides (Figure 1). Attempted suicides also utilized means such as Hanging (9%, n = 53), and Firearms (6%, n = 38). Other methods used for suicide attempts not displayed in the figure include Crashing a Motor Vehicle (1%, n = 6), Jumping (1%, n = 6), and "Other" methods not listed (6%, n = 35).

Figure 1. **CY 2008 ARMY DoDSER EVENT METHOD**



	Hanging	Overdose	Cutting/ Piercing Instrument	Firearm (Military)	Firearm (Non-Military)	Other
Suicide Completions	17	9	0	29	38	7
Attempts	9	61	12	4	2	12

* Other = Overdose, Vehicle Exhaust, Jumping, Fire/Steam, and "Unknown."

Event Motivation

The Army DoDSER POCs are asked to subjectively identify the patient or decedent's primary motivation for performing the self-harm event after reviewing all relevant records and conducting appropriate interviews. Although this item attempts to document what might have motivated Army suicide behaviors, it is important to note that in doing so it simplifies an extremely complex behavior. Due to the subjectivity of the content, results for this item should be interpreted with caution. These data are summarized in Table 5.

For Suicides, 20% (n = 24) reported Emotion Relief (e.g., to stop bad feelings, self-hatred, anxiety relief), 12% (n = 14) reported Avoidance /Escape, and 10% (n = 12) reported Hopelessness as the primary Event Motivation. For 30% (n = 36) of the completed suicides, the motivation was unknown or unreported. Proportions and frequencies for the remainder of the primary Event Motivations for completed suicides are displayed in Table 5.

Event Motivation for Suicide Attempts, in order of frequency, was reported as follows: Emotion Relief, 31% (n = 175), Depression 15% (n = 87), Hopelessness, 11% (n = 63), Avoidance/Escape, 8% (n = 47), Impulsivity, 8% (n = 43), Interpersonal Influence, 6% (n = 35), Individual Reasons, 3% (n = 17), Other Psychiatric Symptoms, 3% (n = 17), and Feeling generation < 1% (n = 2). Collectively, "Other" or "Unknown" was cited as the primary motivation for 14% of the attempts (Table 5).

Event Motivation for Self-Harm Without Intent to Die are also presented in Table 5. As seen in the Table, Emotion Relief (39%, n = 158) was the most commonly reported motivation for Self-Harm Without Intent to Die. Impulsivity (14%, n = 56) and Avoidance/Escape (9%; n = 38) were the next most commonly cited motivations for the self harm event. The remainder of proportions and frequencies for primary motivation for Self-harm Event Without Intent to Die are displayed in Table 5.

Table 5. **CY 2008 ARMY DoDSER EVENT MOTIVATION**

	EVENT TYPE					
	Suicide		Suicide Attempt		Self Harm (W/O intent to die)	
	Count	Percent	Count	Percent	Count	Percent
Emotion relief	24	20%	175	31%	158	39%
Interpersonal influence	3	2%	35	6%	42	10%
Feeling generation	0	0%	2	<1%	2	<1%
Avoidance/escape	14	12%	47	8%	38	9%
Individual reasons	3	2%	17	3%	12	3%
Hopelessness	12	10%	63	11%	6	1%
Depression	5	4%	87	15%	26	6%
Other psychiatric symptoms	3	2%	17	3%	15	4%
Impulsivity	10	8%	43	8%	56	14%
Other	11	9%	40	7%	32	8%
Don't Know	36	30%	39	7%	20	5%

Post-Event Actions

The Army DoDSER asked respondents to indicate actions taken as a consequence of the current event. Table 6 displays the proportions of Soldiers who were hospitalized, evacuated, or referred to outpatient services following Suicide Attempts, Self-Harm Without Intent to Die, and Ideation Only. As shown in the table, the majority of Soldiers exhibiting these behaviors were hospitalized. DoDSERs submitted for non-fatal behaviors may be completed shortly after the event. Therefore, it is very likely that more patients were referred for outpatient services after a hospitalization.

Table 6. **CY 2008 ARMY DoDSER POST-EVENT ACTIONS**

	Suicide Attempt	Self Harm (W/O intent to die)	Ideation Only
HOSPITALIZED	534 (94%)	386 (94%)	960 (96%)
OUTPATIENT	33 (6%)	15 (4%)	25 (3%)
EVACUATED	37 (7%)	27 (7%)	33 (3%)

Additional Event Details

In addition to motivation associated with the suicide event, detailed information is gathered as to whether the Soldier intended to die or communicated the potential for self-harm. Other items in this section pertain to evidence of death risk/gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicide events were performed in areas or under circumstances in which Soldiers are likely to be observed by others. These data are presented in Table 7.

As shown in Table 7, 83% of suicide cases (n = 101) showed evidence to suggest intent to die. Forty-three percent of completed suicides showed evidence that the event was Planned or Premeditated (n = 52). Suicide notes were found in 27% of suicides (n = 33). Twenty-two percent (n = 27) of the suicides were reported to have been completed through means that are typically observable by others. There was only one report of a suicide related to Death Risk/Gambling.

A significant subgroup of suicide attempts appeared to represent dangerous behaviors with a high possibility of death, as evidence of Intent to Die was noted for 65% (n = 369) of attempt cases. Suicide notes were not common among those Soldiers who attempted suicide (15%, n = 85). In contrast, 41% (n = 229) of reported attempts were

performed under circumstances where it would likely be observed and intervened in by others. Evidence of Death Risk/Gambling (e.g., Russian roulette) was rare (1% of attempts) resulting in 8 non-fatal events. This figure is likely an underestimate, as a number of such attempts probably went undetected.

Table 7 also summarizes data for Self-Harm Events Without Intent to Die. Over half of the Self-Harm Events Without Intent to Die were reported to have occurred under circumstances that would typically be Observed by others (52%; n = 213) and a very small proportion of cases were reported to have left a Suicide Note (2%; n = 10). Very few Self-Harm Events Without Intent to Die were reported to have involved Death Risk/Gambling.

Table 7. **CY 2008 ARMY DoDSER ADDITIONAL EVENT INFORMATION**

		EVENT TYPE					
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)	
		Count	Percent	Count	Percent	Count	Percent
INTENT TO DIE	Yes	101	83%	369	65%	15	4%
	No	7	6%	75	13%	323	79%
	Don't Know	13	11%	121	21%	69	17%
DEATH RISK/GAMBLING	Yes	1	1%	8	1%	12	3%
	No	97	80%	520	92%	374	92%
	Don't Know	23	19%	37	7%	21	5%
PLANNED/PREMEDITATED	Yes	52	43%	151	27%	42	10%
	No	39	32%	311	55%	320	79%
	Don't Know	30	25%	103	18%	45	11%
OBSERVABLE	Yes	27	22%	229	41%	213	52%
	No	81	67%	250	44%	139	34%
	Don't Know	13	11%	86	15%	55	14%
SUICIDE NOTE LEFT	Yes	33	27%	85	15%	10	2%
	No	59	49%	410	73%	363	89%
	Don't Know	29	24%	70	12%	34	8%

Substance Use During the Event

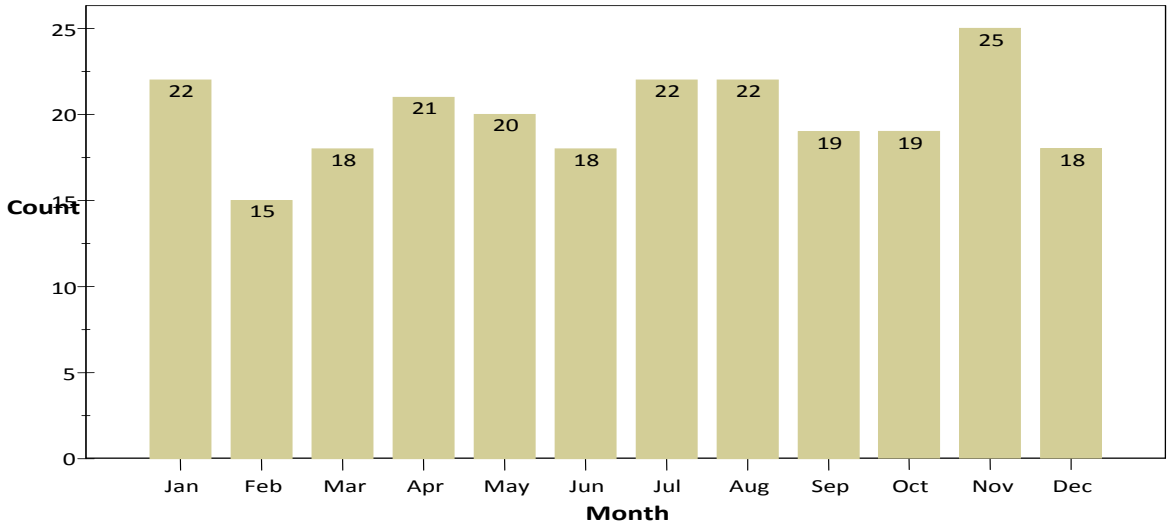
The DoDSER collects information as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm). In 27% of the suicide cases, alcohol and/or drugs were reportedly used (i.e., 18% alcohol, 7% drugs, 2% both). Two suicide cases used both drugs and alcohol during the event. One of the total 11 drug-use cases reportedly represented “Over-the-Counter” use “Without Overdose.” The intent of this response is ambiguous, as the DoDSER item does not differentiate between appropriate therapeutic drug use and drug abuse. Given the wording of the item (“During the event, were drugs used?”), these cases were included in the numbers reported above. For 30% of the suicide cases, neither drugs nor alcohol were reported to have been used. This percentage might be an underestimate, as 43% of the cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the Army DoDSER submission.

For suicide attempts, drugs were reported to have been used in 44% of the cases. Both alcohol and drugs were reported to have been used in 16% of the cases. In 25% of the attempt cases, no substances were reported to have been used during the event, and in a minority of cases, there was no information available (5%). Reported data reflects the fact that 89 cases reportedly used both drugs and alcohol during the event. There were 13 cases of “Illicit/Illegal” drug use, 39 cases of “Prescription” drug use, and 20 cases of “Over-the-Counter” drug use “Without Overdose.” There were similar concerns regarding the Army DoDSER POC’s intent here, but these cases were included.

Suicide Completions by Month

Figure 2 displays CY 2008 Suicide Completions by Month. As shown in the figure, August had the highest number of reported suicides for the entire year (n = 14), followed by April (n = 12). Eleven suicides occurred each month in February, June, September, and November. The lowest number of suicide completions occurred in January (n = 5). There was no association between calendar month and suicide (p = .91).

Figure 2. **CY 2008 ARMY DoDSER SUICIDE COMPLETIONS BY MONTH**



Communication of Intent

The majority of Soldiers did not communicate their potential for self-harm prior to the event, as displayed in Table 8. Thirty-one percent of Soldiers who attempted suicide (n = 174), and 39% of Soldiers who completed suicide (n = 47) were known to communicate their potential for self-harm prior to the event. At least 11 Soldiers who died by suicide (9%) reported their potential for self-harm to multiple people. These percentages may be an underestimate, as it is possible that some Soldiers did communicate their potential for self-harm, but this information might not have been available to the DoDSER POC. In almost all cases, information about potential for self-harm was communicated verbally (109 of the attempts and 30 of the completions).

Suicide decedents most commonly shared their intent with their Spouses (12%, n = 15) and Friends (7%, n = 9). “Other” (7%, n = 8) individuals with whom decedents communicated their intent included, “police”, “mother”, “roommate”, “911”, and “sister.” One decedent was reported to communicate suicidal intent to a bar employee. Soldiers who attempted suicide most commonly shared their potential for self-harm with Friends (8%, n = 47) and Mental Health Staff (6%, n = 37), Supervisors (5%, n = 26), and Spouses (4%, n = 25). Self-Harm Without Intent to Die cases most commonly communicated intent to Mental Health Staff (6%, n = 24), Supervisors (4%, n = 16), and Friends (3%, n = 14). Additional details are summarized in Table 8.

Table 8. **CY 2008 ARMY DoDSER RECIPIENTS OF COMMUNICATED INTENT**

	EVENT TYPE					
	Suicide		Suicide Attempt		Self Harm (W/O intent to die)	
	Count	Percent	Count	Percent	Count	Percent
FRIEND	9	7%	47	8%	14	3%
MENTAL HEALTH STAFF	7	6%	37	6%	24	6%
SUPERVISOR	5	4%	26	5%	16	4%
SPOUSE	15	12%	25	4%	11	3%
CHAPLAIN	3	2%	10	2%	5	1%
OTHER	8	7%	29	5%	5	1%

Note: Respondents did not indicate that all cases communicated intent, thus the percentages do not add up to 100%.

Situational Factors

Items pertaining to the individual's situation at the time of the event, such as residence, living situation, presence of minor children in the home, and firearms in the immediate living environment are shown in Table 9. For the majority of suicides (47%, n = 57) and attempts (67%, n = 380), Soldiers resided in barracks or similar shared military housing. Off-base Family Housing was the second most prevalent response for both groups (36%, n = 44, and 21%, n = 117, for suicides and suicide attempts, respectively). Twenty-seven percent (n = 33) of suicide cases and 28% (n = 157) of suicide attempt cases resided alone at the time of the event. Smaller proportions of suicide and suicide attempt cases were reported to have resided with their spouses at the time of the event (19%, n = 23, and 17%, n = 99, respectively). One third of decedents (n = 40) and 31% of the attempt cases (n = 178) reportedly had minor children; the majority of those did not live with their children at the time of the event. A gun was present in the home or immediate environment for 63% (n = 76) of completed suicides and 18% (n = 100) of attempts.

A similar pattern was observed for Self-harm Events Without Intent to Die and Suicidal Ideation, as displayed in Table 9. Consistent with suicide attempt data, guns were present in the immediate environment in a minority of the reported Self-Harm Without Intent to Die and Suicidal Ideation cases.

Table 9. **CY 2008 DoDSER ARMY SITUATIONAL INFORMATION**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	57	47%	380	67%	264	64%	633	63%
	BEQ/BOQ	0	0%	7	1%	3	1%	5	<1%
	On-base family housing	4	3%	26	5%	30	7%	58	6%
	Off-base family housing	44	36%	117	21%	93	23%	210	21%
	Ship	0	0%	0	0%	0	0%	0	0%
	Other	9	7%	18	3%	10	2%	39	4%
	Don't Know	7	6%	22	4%	10	2%	58	6%
RESIDES WITH SPOUSE	Resides with spouse	23	19%	99	17%	88	21%	197	20%
	Separated, relationship issues	15	12%	49	9%	30	7%	85	8%
	Separated, other	16	13%	94	16%	47	11%	108	11%
	Don't Know	2	2%	5	1%	2	<1%	31	3%
RESIDES ALONE	Yes	33	27%	157	28%	95	23%	195	19%
	No	70	58%	350	61%	286	70%	718	72%
	Don't Know	18	15%	63	11%	29	7%	90	9%
MINOR CHILDREN	Yes	40	33%	178	31%	87	21%	271	27%
	No	56	46%	348	61%	286	70%	624	62%
	Don't Know	25	21%	44	8%	37	9%	108	11%
CHILDREN RESIDE WITH	Yes	13	11%	62	11%	25	28%	100	10%
	No	26	21%	115	20%	62	15%	166	17%
	Don't Know	1	1%	3	1%	1	<1%	8	1%
GUN IN IMMEDIATE ENVIRONMENT	Yes	76	63%	100	18%	55	13%	137	14%
	No	13	11%	337	59%	272	66%	638	64%
	Don't Know	32	26%	133	23%	83	20%	228	23%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Duty Environment

Data pertaining to the duty environment is provided in Table 10. Garrison was the most commonly reported duty environment for both suicides (49%, n = 59) and suicide attempts (65%, n = 372). Deployment was the second most common duty environment for decedents, with 24% (n = 34) of suicides having been reported as occurring during a deployment.

For suicide attempts, the second most commonly reported duty environment was Training (16%, n = 93), followed by Deployment (14%, n = 79). For Self-Harm Without Intent to Die and Suicidal Ideation Only, Garrison was also the most commonly reported duty environment, and Training was the second most commonly reported duty environment, as shown in Table 10.

Table 10. **CY 2008 ARMY DoDSER DUTY ENVIRONMENT**

	EVENT TYPE							
	Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
GARRISON	59	49%	372	65%	281	69%	665	66%
PSYCH HOSPITALIZATION	1	1%	4	1%	1	<1%	4	<1%
LEAVE	12	10%	18	3%	7	2%	13	1%
MEDICAL HOLD	3	2%	24	4%	12	3%	24	2%
TDY	0	0%	0	0%	3	1%	1	<1%
IN EVAC CHAIN	1	1%	2	<1%	0	0%	2	<1%
AWOL	2	2%	6	1%	3	1%	16	2%
UNDER CMD OBS	1	1%	5	1%	7	2%	7	1%
DEPLOYED	34	24%	79	14%	36	9%	63	6%
OTHER	9	7%	31	5%	19	5%	50	5%
TRAINING	3	2%	93	16%	69	17%	195	19%

Note: Respondents selected options that applied to each case. Thus the percentages do not add up to 100%.

Clinical/Symptom Factors

Diagnoses

Forty percent (n = 48) of decedents had a history of at least one mental health disorder. As shown in Table 11, 25% (n = 30) of the decedents were reported to have been diagnosed with a Mood Disorder, including Bipolar Disorder (n = 3), Major Depression (n = 10), Dysthymic Disorder (n = 2), and Other Mood Disorders (n = 17). Twelve percent of suicides (n = 15) had been diagnosed with an Anxiety Disorder, including with Posttraumatic Stress Disorder (PTSD), 7% (n = 8). One suicide case had reportedly been diagnosed with a Psychotic Disorder (diagnosed within 30 days of the suicide). Seven percent (n = 8) of suicide cases were identified with a Personality Disorder, and 22% (n = 27) had a history of Substance Abuse.

Of suicide attempts, 58% of submissions (n = 333) had a history of at least one mental disorder. Forty-one percent (n = 236) of Soldiers who attempted suicide had been diagnosed with a Mood Disorder, including Bipolar Disorder (n = 29), Major Depression (n = 162), Dysthymic Disorder (n = 10), and Other Mood Disorders (n = 62). Twenty-three percent (n = 133) had been diagnosed with any Anxiety Disorder, including 15% diagnosed with PTSD (n = 84). Of these cases, 5% (n = 29) were diagnosed within one month of the suicide attempt. Two percent (n = 12) were diagnosed with a Psychotic Disorder (8 within one month of the suicide attempt). In addition, 8% (n = 44) were diagnosed with a Personality Disorder, and 27% (n = 155) had a history of Substance Abuse. Symptom factor information regarding Self-Harm Events Without Intent to Die and Ideation Only is also displayed in Table 11.

Symptom factor information regarding Self-Harm Events Without Intent to Die and Ideation Only is also displayed in Table 11. As shown in the table, the largest reported diagnoses for these cases were Mood, Anxiety, and Substance Abuse Disorders. The proportion of diagnoses for each of the diagnostic categories was similar across Self-Harm Without Intent to Die and Ideation Only cases.

Table 11. **CY 2008 ARMY DoDSER SYMPTOM FACTORS**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
ANY DX MOOD DISORDER[a]	Yes	30	25%	236	41%	150	37%	339	34%
	No	65	54%	261	46%	218	53%	523	52%
	Don't Know	26	21%	73	13%	42	10%	141	14%
DX BIPOLAR DISORDER[b]	Yes	3	2%	29	5%	33	8%	53	5%
	No	90	74%	444	78%	326	80%	791	79%
	Don't Know	29	24%	100	18%	54	13%	163	16%
DX MAJOR DEPRESSION[b]	Yes	10	8%	162	28%	76	19%	201	20%
	No	85	70%	324	57%	284	69%	643	64%
	Don't Know	27	22%	89	16%	51	12%	162	16%
DX DYSTHYMIC DISORDER[b]	Yes	2	2%	10	2%	9	2%	22	2%
	No	92	76%	462	81%	345	84%	816	81%
	Don't Know	28	23%	101	18%	57	14%	168	17%
DX OTHER MOOD DISORDER[b]	Yes	17	14%	62	11%	46	11%	93	9%
	No	76	63%	408	72%	314	77%	750	75%
	Don't Know	29	24%	104	18%	50	12%	164	16%
DX PERSONALITY DISORDER	Yes	8	7%	44	8%	41	10%	62	6%
	No	83	69%	428	75%	315	77%	787	78%
	Don't Know	30	25%	98	17%	54	13%	154	15%
DX PSYCHOTIC DISORDER	Yes	1	1%	12	2%	8	2%	19	2%
	No	93	77%	482	85%	356	87%	844	84%
	Don't Know	27	22%	76	13%	46	11%	140	14%
HX SUBSTANCE ABUSE	Yes	27	22%	155	27%	103	25%	247	25%
	No	65	54%	336	59%	256	62%	618	62%
	Don't Know	29	24%	79	14%	51	12%	138	14%
ANY DX ANXIETY DISORDER[a]	Yes	15	12%	133	23%	66	16%	199	20%
	No	79	65%	352	62%	295	72%	655	65%
	Don't Know	27	22%	85	15%	49	12%	149	15%

Table 11. **CY 2008 ARMY DoDSER SYMPTOM FACTORS (CON'T)**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
DX PTSD[b]	Yes	8	7%	84	15%	36	9%	108	11%
	No	5	4%	45	8%	26	6%	84	8%
	Don't Know	2	2%	6	1%	5	1%	12	1%
DX PANIC DISORDER[b]	Yes	2	2%	13	2%	3	1%	26	3%
	No	10	8%	107	19%	57	14%	164	16%
	Don't Know	3	3%	14	3%	7	2%	12	1%
DX GENERAL ANXIETY DISORDER[b]	Yes	0	0%	27	5%	10	2%	51	5%
	No	11	9%	93	16%	52	13%	138	14%
	Don't Know	4	3%	14	3%	6	2%	13	1%
DX ACUTE STRESS DISORDER[b]	Yes	1	1%	6	1%	2	1%	8	1%
	No	10	8%	109	19%	59	14%	178	18%
	Don't Know	4	3%	19	3%	6	2%	16	2%
DX OTHER ANXIETY DISORDER[b]	Yes	6	5%	33	6%	25	6%	54	5%
	No	5	4%	85	15%	39	10%	140	14%
	Don't Know	4	3%	16	3%	4	1%	8	1%

a. "Any Mood Disorder," "Any Anxiety Disorder," and specific mood and anxiety diagnoses are not mutually exclusive.
b. Indented items were only asked in cases where the respondent indicated that the decedent had a Mood or Anxiety Disorder.

Treatment

Table 12 displays the history of visits to treatment programs and clinics prior to the event. The table displays the number of Soldiers who had ever been seen in a program or clinic (i.e., "Yes/No"), had been seen within 30 days of the event, and had been seen within 90 days of the event. DoDSER POCs were instructed to select all categories that apply, thus they are not mutually exclusive.

As shown in Table 12, 50% (n = 61) of completed suicide cases were seen in MTFs within 90 days of the completion (40%, n = 48, within 30 days). Twenty-nine percent (n = 35) of suicide cases were seen in Outpatient Mental Health within 90 days of the suicide (21%, n = 25, within 30 days). For Soldiers with suicide attempts, 41% (n = 231) were seen in MTFs within 90 days prior to the event (33%, n = 186, within 30 days). Nearly half (48%, n = 273) of suicide attempts were seen in Outpatient Mental Health within 90 days of the event (40%, n = 228, within 30 days). Likewise, similar proportions of Self-Harm Without Intent to Die and Ideation Only cases were seen in MTFs and Outpatient Mental Health within 90 and 30 days the events. Table 12 also summarizes information about visits to the other programs and broadly-defined mental health resources (i.e., Chaplain, FAP, ASAP, and Inpatient Mental Health) within 30 and 90 days across all categories of suicide events.

Prior history of Self-Injury and Physical Health Problems are also summarized in Table 12. Twenty-five percent (n = 30) of suicide cases had a history of a Physical Health Problem, compared to 18% (n = 104) for suicide attempts. Seventeen percent (n = 21) of suicide cases, and 37% (n = 210) of suicide attempt cases had a history of Self-Injury. Additional analyses showed that for suicide cases, 9 cases (7%) had a known history of one self-injury event, and 12 cases (10%) had known histories of two or more prior self-injury events. Eighty-nine suicide attempt cases (16%) had a known history of one self-injury event, and 118 (21%) had known histories of two or more self-injury events. The mean age of the first self-injurious event for completed and attempted suicides was 23.3 (*SD* = 9.2) and 18.41 (*SD* = 7.0), respectively. Information on prior Self-Injury and Physical Health Problems for Self-Harm Without Intent and Ideation Only are summarized in Table 12.

Table 12. **CY 2008 ARMY DoDSER TREATMENT HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
SEEN BY MTF	Yes	73	60%	252	44%	176	43%	480	48%
	Within 30 days	48	40%	186	33%	135	33%	321	32%
	Within 90 days (inclusive)[a]	61	50%	231	41%	168	41%	415	41%
	No	24	20%	262	46%	195	48%	416	41%
	Don't Know	24	20%	56	10%	39	10%	107	11%
SEEN BY ASAP	Yes	19	16%	95	17%	65	16%	127	13%
	Within 30 days	8	7%	45	8%	30	7%	52	5%
	Within 90 days (inclusive)[a]	12	10%	61	11%	46	11%	80	8%
	No	77	64%	412	72%	303	74%	762	76%
	Don't Know	25	21%	63	11%	42	10%	114	11%
SEEN BY FAP	Yes	8	7%	25	4%	23	6%	43	4%
	Within 30 days	4	3%	7	1%	9	2%	21	2%
	Within 90 days (inclusive)[a]	4	3%	14	2%	16	4%	29	3%
	No	88	73%	473	83%	341	83%	816	81%
	Don't Know	25	21%	72	13%	46	11%	144	14%
SEEN BY CHAPLAIN	Yes	18	15%	95	17%	59	14%	149	15%
	Within 30 days	13	11%	60	11%	42	10%	112	11%
	Within 90 days (inclusive)[a]	14	12%	79	14%	52	13%	133	13%
	No	41	34%	324	57%	240	59%	456	45%
	Don't Know	62	51%	151	26%	111	27%	398	40%
SEEN BY OP MH	Yes	53	44%	340	60%	230	56%	600	60%
	Within 30 days	25	21%	228	40%	152	37%	429	43%
	Within 90 days (inclusive)[a]	35	29%	273	48%	187	46%	502	50%
	No	54	45%	195	34%	162	40%	322	32%
	Don't Know	14	12%	35	6%	18	4%	81	8%
SEEN BY IP MH	Yes	19	16%	144	25%	89	22%	245	24%
	Within 30 days	7	6%	56	10%	30	7%	115	11%
	Within 90 days (inclusive)[a]	9	7%	90	16%	54	13%	166	17%
	No	86	71%	383	67%	295	72%	666	66%
	Don't Know	16	13%	43	8%	26	6%	92	9%
HX PHYSICAL HEALTH PROBLEM	Yes	30	25%	104	18%	61	15%	181	18%
	No	70	58%	405	71%	311	76%	701	70%
	Don't Know	21	17%	61	11%	38	9%	120	12%
HX PRIOR SELF-INJURY	Yes	21	17%	210	37%	146	36%	258	26%
	No	60	50%	285	50%	218	53%	593	59%
	Don't Know	40	33%	75	13%	46	11%	152	15%

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

Note: MTF = Medical Treatment Facility; FAP = Family Advocacy Program; OP MH = Outpatient Mental Health; IP MH = Inpatient Mental Health

Historical/Developmental Factors

Deployment History

The Army DoDSER 2008 gathered detailed information pertaining to the Soldier's most recent three deployments. The following table summarizes this information for the most frequently reported deployment locations: Afghanistan, Iraq, and Kuwait. History of an Iraq deployment was the most common location reported for both suicides and suicide attempt cases (49%, n= 59, and 40%, n = 228, respectively). Fifty-five percent of suicides (n = 67) and 49% of Soldiers with a suicide attempt (n = 280) reportedly had a history of at least one OIF-OEF deployment. Deployment information for Self-Harm Without Intent and Ideation Only are also summarized in Table 13.

Table 13. **CY 2008 ARMY DoDSER HISTORY EVER DEPLOYED TO OIF/OEF**

	EVENT TYPE							
	Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
AFGHANISTAN	10	8%	35	6%	21	5%	73	7%
IRAQ	59	49%	228	40%	155	38%	345	34%
KUWAIT	2	2%	11	2%	8	2%	13	1%

Suicides during OIF-OEF Deployment

Information is also gathered about suicides and attempts that occurred during deployment. Data for suicide cases were presented in the main report above (n = 34, 24%); 116 (12%) of the suicide attempts occurred during OIF-OEF deployment. Appendix C represents analyses of DoDSER items by location of event (OIF-OEF, Non-OIF-OEF).

Number of Deployments

Among suicide cases 45% (n = 54) had never deployed, 36% (n = 44) had been deployed once, 13% (n = 16) had deployed twice, and 6% (n = 7) had three or more deployments. As shown in Table 14, very similar proportions were observed for Suicide Attempts, Self-Harm Without Intent to Die, and Suicidal Ideation.

Table 14. **CY 2008 ARMY DoDSER NUMBER OF DEPLOYMENTS**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
NO. OF DEPLOYMENTS	0	54	45%	290	51%	228	56%	592	59%
	1	44	36%	202	35%	147	36%	283	28%
	2	16	13%	51	9%	21	5%	84	8%
	3 or more	7	6%	27	5%	14	3%	44	4%

Days Deployed

Suicides completed in OIF or OEF were analyzed to determine whether there was a relationship between the number of days deployed and suicide. Deployment start date was subtracted from the Army DoDSER event date to determine the days prior to the event. When grouped by month, the expected cell sizes were too small for

analysis. Thus, frequencies were grouped in 90-day bins, as displayed in Figures 3 and 4 below. Data from the ASER 2007 was available to combine with this 2008 data to improve the ability to detect an association.

Results of goodness of fit tests indicated that obtained frequencies for suicides and attempts did not statistically differ from what would be expected by chance. However, power to detect effects was limited.

Figure 3. **CY 2008 ARMY DoDSER**

Days Deployed and Suicide Completions

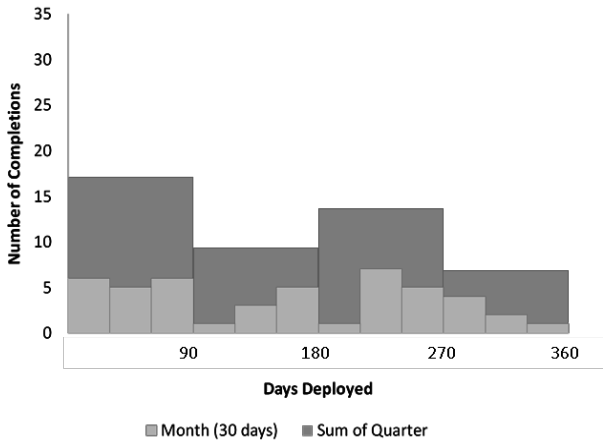
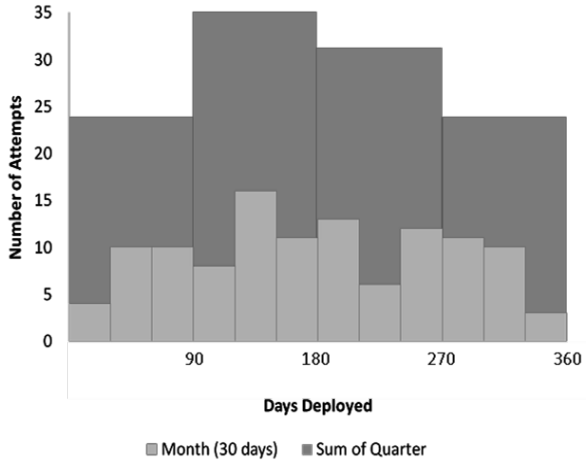


Figure 4. **CY 2008 ARMY DoDSER**

Days Deployed and Suicide Attempts



Provider's Opinion on the Role of Deployment

After reviewing all available records and conducting appropriate interviews, the Army DoDSER POC was asked to provide a subjective opinion as to whether the event was related to a deployment. This is subjective data that likely has poor inter-rater reliability. Thus these results should be interpreted with caution. However, it provides exploratory pilot data on an important question. Providers indicated that 11% (Figure 5) of suicides were related to a deployment. The majority of these were judged to be related to a current deployment, rather than an anticipated or prior deployment.

Figure 5. **CY 2008 ARMY DoDSER**

Provider's Opinion of the Role of Deployment in Suicides

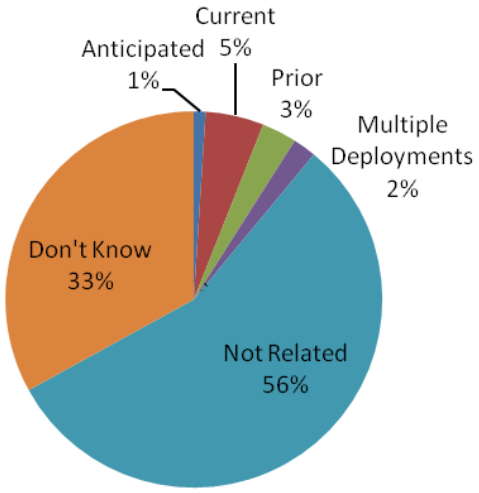
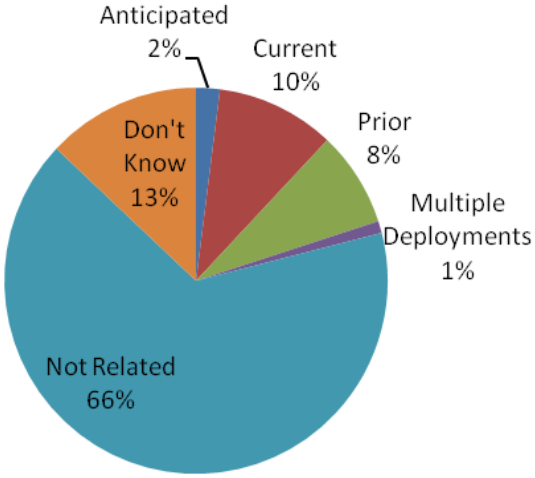


Figure 6. **CY 2008 ARMY DoDSER**

Provider's Opinion of the Role of Deployment in Attempts



As shown in Figure 6, providers indicated that 21% of suicide attempts were judged to be related to a deployment. Very few Army DoDSERs indicated that an attempt was related to an anticipated deployment (2%), thus, the majority of providers did not deem pending deployment to be a factor in most suicide attempts.

Combat History for Attempts and Completions

As shown in Table 15, history of experiencing direct combat operations was reported in 18% (n = 22) of suicides, and 22% (n = 128) of attempts. The percentages of Soldiers for whom specific combat experiences were reported were low across event types. However, these numbers reflect both the response rate and the fact that the denominator includes those with and without any combat experiences.

Table 15. **CY 2008 ARMY DoDSER COMBAT HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
EXPERIENCED DIRECT COMBAT	Yes	22	18%	128	22%	69	17%	178	18%
	No	62	51%	367	64%	242	59%	628	63%
	Don't Know	37	31%	75	13%	99	24%	197	20%
SAW CASUALTIES IN COMBAT		11	9%	83	15%	46	11%	124	12%
INJURED IN COMBAT		3	2%	34	6%	13	3%	45	4%
WITNESSED KILLING IN COMBAT		7	6%	80	14%	44	11%	123	12%
SAW DEAD BODIES IN COMBAT		8	7%	78	14%	51	12%	127	13%
KILLED OTHERS IN COMBAT		1	1%	48	8%	23	6%	63	6%

Relationship History

Table 16 reports Relationship History Factors. Failed marital/intimate relationships were reported for 53% (n = 64) of suicide cases and 46% (n = 264) of attempted suicide events. In addition, other Failed Relationships (non-intimate) were reported for 13% (n = 16) of suicides and 12% (n = 68) of attempts. Thirteen percent of completions and 9% of attempt DoDSERs reported both intimate and non-intimate failed relationships.

There was also a history of recent Spousal or Family Death in 10% (n = 12) of suicides, and 16% (n = 90) of attempts. There was a history of a Chronic Spousal or Family Severe Illness in 5% (n = 6) of suicides, and in 12% (n = 67) of attempts. Family history of Mental Illness or Suicide was reported for 12% (n = 14) of individuals who died by suicide, versus 36% (n = 203) of individuals who attempted suicide. These rates may be underestimates, as "Don't Know" responses were fairly common for some of these risk factors, especially for suicide cases. Relationship History Data for Self-Harm Without Intent to Die and Ideation Only are also summarized in Table 16.

Table 16. **CY 2008 ARMY DoDSER FAMILY HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	64	53%	264	46%	175	43%	352	35%
	No	30	25%	253	44%	196	48%	525	52%
	Don't Know	27	22%	52	9%	39	10%	126	13%
FAILED OTHER RELATIONSHIP	Yes	16	13%	68	12%	36	9%	97	10%
	No	55	45%	410	72%	317	77%	738	74%
	Don't Know	50	41%	91	16%	57	14%	167	17%
HX SPOUSE SUICIDE	Yes	0	0%	2	<1%	1	<1%	2	<1%
	No	98	81%	512	90%	376	92%	879	88%
	Don't Know	23	19%	55	10%	33	8%	121	12%
HX FAMILY SUICIDE	Yes	6	5%	39	7%	17	4%	42	4%
	No	66	55%	457	80%	349	85%	815	81%
	Don't Know	49	40%	73	13%	44	11%	145	14%
HX FRIEND SUICIDE	Yes	2	2%	37	7%	23	6%	46	5%
	No	69	57%	450	79%	339	83%	801	80%
	Don't Know	50	41%	82	14%	48	12%	155	15%
HX FAMILY DEATH	Yes	12	10%	90	16%	41	10%	131	13%
	No	61	50%	404	71%	321	78%	723	72%
	Don't Know	48	40%	75	13%	48	12%	148	15%
HX FRIEND DEATH	Yes	8	7%	68	12%	29	7%	97	10%
	No	54	45%	419	74%	330	80%	743	74%
	Don't Know	59	49%	82	14%	51	12%	162	16%
HX CHRONIC FAMILY ILLNESS	Yes	6	5%	67	12%	34	8%	110	11%
	No	58	48%	426	75%	318	78%	727	73%
	Don't Know	57	47%	76	13%	58	14%	165	16%
HX FAMILY MENTAL ILL/SUICIDE	Yes	14	12%	203	36%	134	33%	298	30%
	No	30	25%	247	43%	194	47%	482	48%
	Don't Know	77	64%	120	21%	82	20%	223	22%

Administrative and Legal History

As displayed in Table 17, history of Article 15 proceedings were reported among 19% of decedents (n = 23) and 18% of attempts (n = 104). Civil legal problems were also fairly common; DoDSERs for 20% of suicide cases (n = 24) and 8% of attempts (n = 44) reported such problems. In eleven percent of attempts (n = 62) and 7% of suicides (n =

9), Soldiers were reportedly the subjects of Administrative Separation Proceedings. Other administrative and legal risk factors were less commonly reported. Similar proportions were observed for Self-Harm Without Intent to Die and Ideation Only, as summarized in Table 17.

Table 17. **CY 2008 ARMY DoDSER ADMIN/LEGAL HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	2%	12	2%	10	2%	30	3%
	No	95	79%	484	85%	359	88%	832	83%
	Don't Know	24	20%	74	13%	41	10%	141	14%
ARTICLE 15 PROCEEDINGS	Yes	23	19%	104	18%	79	19%	164	16%
	No	71	59%	395	69%	286	70%	681	68%
	Don't Know	27	22%	71	12%	45	11%	158	16%
ADMIN SEP PROCEEDINGS	Yes	9	7%	62	11%	45	11%	96	10%
	No	90	74%	429	75%	320	78%	743	74%
	Don't Know	22	18%	79	14%	45	11%	164	16%
AWOL/DESERTION PROCEEDINGS	Yes	8	7%	35	6%	26	6%	92	9%
	No	93	77%	474	83%	347	85%	786	78%
	Don't Know	20	17%	61	11%	37	9%	125	12%
MEB PROCEEDINGS	Yes	5	4%	50	9%	34	8%	58	6%
	No	100	83%	457	80%	341	83%	808	81%
	Don't Know	16	13%	62	11%	35	9%	137	14%
CIVIL LEGAL PROBLEMS	Yes	24	20%	44	8%	33	8%	68	7%
	No	66	55%	449	79%	317	77%	755	75%
	Don't Know	31	26%	77	14%	60	15%	180	18%

Abuse History

Of suicide cases, 6% (n = 7) had a reported history of Physical Abuse, 5% (n = 6) Sexual Abuse, and 7% (n = 8) Emotional Abuse. History of Sexual Harassment was not reported for any suicides. Of attempts, 19% (n = 108) had a reported history of Physical Abuse, 12% (n = 69) Sexual Abuse, 21% (n = 119) Emotional Abuse, and 5% (n = 27) Sexual Harassment. Abuse in which the Soldier was the perpetrator was not commonly indicated, although DoDSERs for 7% (n = 8) of completions and 4% (n = 25) of suicide attempts reported alleged or confirmed Perpetration of Physical Abuse in the past. This data, along with the data for Soldiers reporting Self Harm Without Intent to Die and Ideation Only, can be found in Table 18.

Table 18. **CY 2008 ARMY DoDSER ABUSE HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	7	6%	108	19%	75	18%	184	18%
	No	61	50%	367	64%	268	65%	631	63%
	Don't Know	53	44%	95	17%	67	16%	187	19%
VICTIM SEXUAL ABUSE	Yes	6	5%	69	12%	46	11%	123	12%
	No	63	52%	401	70%	294	72%	698	70%
	Don't Know	52	43%	100	18%	70	17%	181	18%
VICTIM EMOTIONAL ABUSE	Yes	8	7%	119	21%	70	17%	186	19%
	No	59	49%	348	61%	266	65%	634	63%
	Don't Know	54	45%	103	18%	74	18%	182	18%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	27	5%	4	1%	29	3%
	No	66	55%	434	76%	327	80%	763	76%
	Don't Know	55	45%	109	19%	79	19%	210	21%
PERP PHYSICAL ABUSE	Yes	8	7%	25	4%	18	4%	42	4%
	No	58	48%	450	79%	321	78%	765	76%
	Don't Know	55	45%	95	17%	71	17%	196	20%
PERP SEXUAL ABUSE	Yes	7	6%	5	1%	4	1%	12	1%
	No	62	51%	465	82%	334	81%	798	80%
	Don't Know	52	43%	100	18%	72	18%	193	19%
PERP EMOTIONAL ABUSE	Yes	8	7%	14	2%	10	2%	12	1%
	No	59	49%	451	79%	328	80%	786	78%
	Don't Know	54	45%	105	18%	72	18%	205	20%
PERP SEXUAL HARASSMENT	Yes	1	1%	2	<1%	3	1%	4	<1%
	No	65	54%	468	82%	333	81%	800	80%
	Don't Know	55	45%	100	18%	74	18%	199	20%

Financial and Workplace Difficulties

As shown in Table 19, Excessive Debt or Bankruptcy was reported for 7% (n = 9) of decedents and 11% (n = 62) of attempts. Additional information related to job or employment difficulties are presented below. History of employment problems or co-worker difficulties were relatively common for both attempted and completed suicides and were also the most frequently endorsed items of this section. Table 19 also provides a summary of Additional History items for Self-Harm Without Intent to Die and Ideation Only.

Table 19. **CY 2008 ARMY DoDSER ADDITIONAL HISTORY**

		EVENT TYPE							
		Suicide		Suicide Attempt		Self Harm (W/O intent to die)		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	9	7%	62	11%	51	12%	114	11%
	No	63	52%	398	70%	283	69%	692	69%
	Don't Know	49	40%	109	19%	76	19%	196	20%
HX JOB PROBLEMS	Yes	23	19%	148	26%	136	33%	305	30%
	No	71	59%	335	59%	220	54%	553	55%
	Don't Know	27	22%	87	15%	54	13%	145	14%
SUPV/COWORKER ISSUES	Yes	17	14%	136	24%	129	31%	277	28%
	No	69	57%	330	58%	220	54%	564	56%
	Don't Know	35	29%	103	18%	61	15%	161	16%
POOR PERFORMACE EVAL	Yes	16	13%	84	15%	98	24%	198	20%
	No	70	58%	373	66%	240	59%	618	62%
	Don't Know	35	29%	112	20%	72	18%	186	19%
HX WORKPLACE HAZING	Yes	1	1%	22	4%	14	3%	26	3%
	No	81	67%	432	76%	316	77%	771	77%
	Don't Know	39	32%	115	20%	80	20%	205	20%

Comparing 2007 and 2008 Army DoDSER Results (Appendix D)

A number of DoDSER items were adopted from the Army Suicide Event Report (ASER), which was used by the Army in 2007. Since the business process for the Army's DoDSER data collection process was essentially identical to the ASER program, there was an opportunity to compare some 2007 and 2008 Army results. This comparison will be possible for other Services in next year's annual report.

Very few differences were identified across suicides that occurred in CYs 2007 and 2008. A higher proportion of Soldiers with suicides were reported to have been seen in MTFs in 2008 (60%; n = 73), as compared to 2007 (41%; n = 51; $p < .04$). In addition, a greater proportion of Soldiers with suicide completions were deemed by respondents to have had an intent to die in 2008 (83%; n = 101, $p < .0001$), as compared to 2007 (71%; n = 78 $p < .0001$). This difference may be attributable to a change in format that required that this item be completed. Given that a large number of multiple comparisons were made, it is important to note that these reported differences may be attributable to chance findings.

HISTORY OF PRIOR NON-FATAL SUICIDE BEHAVIORS

The Army's ASER database (2005 – 2008) was searched to determine the number of CY 2008 suicide cases that had prior documented non-fatal suicide behaviors. It is important to note that there is no "gold standard" system available to determine how many non-fatal suicide behaviors went undocumented by the ASER-DoDSER processes. In addition, Soldiers with documented non-fatal suicide behaviors may leave military service faster than average Soldiers; Soldiers who died by suicide after they left active duty service would not be captured by this analysis. Thus, these analyses should be considered only exploratory.

A total of 5656 non-fatal ASERs and DoDSERs were examined for matches to CY 2008 suicides. Seven 2008 suicide cases were identified with a documented prior non-fatal suicide behavior. Five of these prior events were suicide attempts (71%) and two were DoDSERs submitted for suicidal ideation (29%).

All seven cases were males who were primarily married, and enlisted. In two cases, the prior events occurred within 30 days of the suicide. Three cases occurred between three to seven months prior, and three occurred more than one year prior. Six of the seven cases were previously diagnosed with a mood disorder and two were diagnosed with PTSD. As would be expected with a prior documented non-fatal suicide behavior, 100% had been seen by outpatient mental health providers, 86% had taken psychotropic medications, and 71% reported physical health problems. Seventy-one percent also reported failed spousal or intimate relationships. Legal concerns were additionally reported, with four of seven indicating an Article 15 proceeding, three with Administrative Separation Proceedings, and four with Civil Legal Problems. Four cases were reported to have a history of job concerns.

SUMMARY

This annual statistical report of Army DoDSER provides statistics and analyses for Army suicide events occurring in CY 2008, with detailed tables presented for Army DoDSER items broken down by event type.

There were a total of 140 Soldier suicides in CY 2008, including cases pending final determination but strongly suspected to be suicides. DoDSERs were received for 89% of confirmed CY 2008 Army suicides as of 15 April 2009. An additional 1983 Army DoDSERs were received for non-fatal Army suicide events. Suicide behaviors were most common for young, White/Caucasian, junior enlisted Soldiers. The slight majority of suicide cases were reported to have been married.

Firearms and hanging were the most common method for suicides, and overdoses and cutting were the most common methods of non-fatal suicide-related behaviors. The majority of events occurred in a garrison duty environment, although 24% of suicides occurred in a deployed environment. It was not uncommon for individuals to have had prior self-injurious events, past psychiatric diagnoses, and/or prior outpatient or other mental health care, although most suicide cases (60%) did not have a diagnosed psychiatric disorder reported. The most frequently reported stressors included failed intimate relationships, work-related problems, Article 15 proceedings and civil legal problems. Histories of physical, sexual, and emotional abuse were present in nearly 20% of all suicide attempts, self-harm and suicidal ideation cases.

Of the 140 suicides, 34 (24%) occurred in OIF-OEF. One hundred sixteen suicide attempts (12%) were reported to have occurred in OIF-OEF. Nineteen percent of Soldiers with completed suicides, and 14% of Soldiers with suicide attempts, had a history of multiple deployments to Iraq and/or Afghanistan. Of suicide events reported as occurring in theater, the majority were reported to have occurred in Iraq.

Results from Army DoDSERs submitted for suicides in CY 2008 were generally consistent with patterns observed in 2007. Conclusions and interpretations regarding noted patterns must be made with caution until data are available for a comparable group of Soldiers that is demographically similar.

APPENDIX A
ARMY DoDSER AND COMMAND POC LIST

REGION	MTF	POST	DoDSER POC	Command POC
ERMC	Landstuhl RMC		CPT Shawn Gallagher	COL Brian Lein
ERMC	Heidelberg AH		LTC Rebecca Tomsyck	COL Kyle D. Campbell
ERMC	Weurzburg AH		Mr. Brian Olden	COL Theresa Schneider
GPRMC	Brooke AMC	Ft. Sam Houston	Ms. Caprice Antwine	COL Carlos Angueira
GPRMC	Darnall AMC	Ft. Hood	LTC Ben Phillips	COL Casper P. Jones III
GPRMC	W Beaumont AMC	Ft. Bliss	COL Benjamin Page	COL James M. Baunchalk
GPRMC	RW Bliss AHC	Ft. Huachuca	Dr. Timothy Berigan	COL William T. Humphrey
GPRMC	Evans ACH	Ft. Carson	COL George T. Brandt	COL Kelly A. Wolgast
GPRMC	Irwin ACH	Ft. Riley	MAJ Brian Lewis	COL Dawn Smith
GPRMC	Munson AHC	Ft. Leavenworth	Mr. Don Cook	COL Carmen L.C. Rinehart
GPRMC	GL Wood AHC	Ft. Leonard Wood (BT)	MAJ Theresa McKay	COL Theresa M. Sullivan
GPRMC	Reynolds ACH	Ft. Sill (BT)	Mr. Mat Kappel	COL Ellen E. Forster
GPRMC	B-Jones ACH	Ft. Polk	MAJ Rodney Charl.es	COL George Giacoppe
NARMC	Dunham AHC	Carlisle Barracks	Ms. Ginger Wilson-Gines	COL Kenneth Trzepkowski
NARMC	Barquist AHC	Ft. Detrick	LTC Jeffrey Leggit	LTC Jeffrey Leggit
NARMC	Guthrie AHC	Ft. Drum	Ms. Deanna Carter	COL Jerome Penner III
NARMC	DeWitt ACH	Ft. Belvoir	Dr. Stephen Thornton	LTC Mark D. Harris
NARMC	Ireland ACH	Ft. Knox (BT)	MAJ Sarah Mason	COL Rhonda L. Earls
NARMC	Womack AMC	Ft. Bragg	COL Edward Crandell	COL Terry Walters
NARMC	Kenner AHC	Ft. Lee	Dr. Michael Jefferies	COL Donna Diamond
NARMC	Kimbrough ACC	Ft. Meade	Dr. Jonathan T. Walker	COL Laurie Cummings
NARMC	Walter Reed AMC	Washington, DC	MAJ Gary H. Wynn	COL Charles W. Callahan
NARMC	McDonald ACH	Ft. Eustis	MAJ Tam L. Fish	COL James M. Francis
NARMC	Keller ACH	West Point	LTC Paul M. Morrissey	LTC Michael E. Doyle
NARMC	DiLorenzo TS HC	Pentagon	Dr. Joan Barnett	COL Dale K. Block
NARMC	Kirk AHC	Aberdeen PG	Mr. Joseph C. O'Rourke	LTC James Nold
NARMC	A Rader AHC	Ft. Myer	Dr. Michael Wiener	COL Louis Smith III
NARMC	Patterson AHC	Ft. Monmouth	MAJ Alyson M. Delaney	LTC Sylvia Dennis
PRMC	Tripler		MAJ Wendi Watts	CAPT Christopher M. Culp
PRMC	USAMEDDAC-J	Camp Zama	LTC Jennifer Humphries	COL Marilyn D. Brew

REGION	MTF	POST	DoDSER POC	Command POC
SERMC	L Joel AHC	Ft. McPherson	Dr. Robert Daniell	COL Morakinyo Toney
SERMC	Rodriguez AHC	Ft. Buchanan, PR	Mr. Ruben Rivera	COL Margarita Aponte
SERMC	Winn ACH	Ft. Stewart	MAJ Scott W. Smith	COL John P. Collins
SERMC	Lyster ACH	Ft. Rucker	Ms. Betty McCain	COL Michael S. Kaminski
SERMC	Martin ACH	Ft. Benning (BT)	MAJ Melissa Messina	COL Harry L. Warren
SERMC	Moncrief ACH	Ft. Jackson (BT)	MAJ Denita DeRamus	COL James A. Mundy
SERMC	Eisenhower AMC	Ft. Gordon	LTC Samuel Payne	BG Donald Bradshaw
SERMC	Fox AHC	Redstone Arsenal	Dr. Victoria Serbia	COL Robert Noback
SERMC	Blanchfield ACH	Ft. Campbell	MAJ Tangeneare W. Singh	COL Richard W. Thomas
WRMC	Madigan AMC	Ft. Lewis	Dr. Dan Christensen	COL Ronald J. Place
WRMC	Bassett ACH	Ft. Wainwright	Ms. Sheri Petrie	COL Leo Bennett
WRMC	Weed ACH	Ft. Irwin	Mr. William P. Gates	COL Judith A. Bock
WRMC	POM USAHC	Presidio of Monterey	Dr. David Fittante	CPT Weston C. Goring
KOREA	121 Gen Hosp		MAJ Christopher T. Perry	COL Ronald E. Smith
IRAQ			LTC Steve J. Lewis	
KUWAIT			CDR John Lyszczarz	
AFGH			LtCol Karen J. Smith	

(BT) indicates a basic training location, and were coded based on reported Sponsor Location Station (Item 30) and/or City (Item 31) and/or POC identification information

APPENDIX B
ARMY DoDSER Submissions – CY 2008 Compliance

Suicide Completions

SERMC	BACH	EAMC	FAHC	L Joel AHC	RAHC	Winn ACH	LACH	Martin ACH	Moncrief ACH						
# Confirmed Suicides	6	2	0	2	0	6	0	2	0						
Total # DoDSERs Overdue	0	0	0	0	0	0	0	0	0						
GPRMC	BAMC	BJACH	CRDAMC	WBAMC	GLWACH	Munson AHC	RWBliss ACH	Evans ACH	Irwin ACH	RACH					
# Confirmed Suicides	4	3	10	5	4	1	0	6	4	3					
Total # DoDSERs Overdue	2	3	1	0	2	0	0	0	0	0					
NARMC	McAHC	WAMC	Keller ACH	WRAMC	Barquist AHC	GAHC	DeWitt ACH	Kenner AHC	KACC	DiLorenzo HC	Kirk AHC	Rader AHC	PAHC	IRACH	Dunham AHC
# Confirmed Suicides	0	9	3	1	0	2	1	1	0	0	1	3	0	6	1
Total # DoDSERs Overdue	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0
WRMC	MAMC	Bassett ACH	Weed ACH	POM AHC											
# Confirmed Suicides	10	1	0	0											
Total # DoDSERs Overdue	0	0	0	0											
PRMC	TAMC	MEDDAC-J													
# Confirmed Suicides	0	0													
Total # DoDSERs Overdue	0	0													
ERMC	LRMC	USAMH	USAMB												
# Confirmed Suicides	0	2	0												
Total # DoDSERs Overdue	0	0	0												
KOREA	121 CSH														
# Confirmed Suicides	1														
Total # DoDSERs Overdue	0														
OIF	Iraq	Kuwait													
# Confirmed Suicides	27	0													
Total # DoDSERs Overdue	1	0													
OEF	Afgh														
# Confirmed Suicides	7														
Total # DoDSERs Overdue	0														

Number of confirmed suicides shows AFMES notifications received by the Suicide Risk Management and Surveillance Office (SRMSO) for events occurring in CY 2008. Cutoff date for data included in this report was 15 April 2009.

Zero ASERs overdue results in status of Green. ASERs one to three months overdue result in status of Amber. If a site has ASERs for completed suicide events that are four months or more overdue, their status is Red.

Green = No ASERs overdue
Amber = ASERs 1-3 months overdue
Red = ASERs 4 months or greater overdue
Report indicates total number of DoDSERs submitted by each MTF for suicide attempts, self-harm, and suicidal ideation only. Data is for CY 2008 as of 1 April 2009.

APPENDIX C
ARMY DoDSER CY 2008

COMPARING EVENTS THAT OCCURRED IN OIF-OEF TO ALL OTHER EVENTS

Risk factors for suicide behaviors were compared between events that occurred during OIF-OEF deployments and other events. In order to improve the feasibility of the analyses (i.e., increase small cell sizes), Army DoDSERs submitted for events during 2008 were combined with ASERs submitted for 2007 events where items were comparable. When cell sizes were still too small, attempts were made to combine cells into super-ordinate categories, as discussed in the Methods. Although the analyses included a number of potentially confounded variables, chi-square analyses were performed in an exploratory manner to examine potential differences in risk factors between Soldiers with suicide behaviors on deployment, and Soldiers with suicide behaviors elsewhere. Alpha was set at .05 for all analyses.

Significant differences for clearly confounded variables are not discussed in the text. For example, combat exposure is obviously expected to be higher for OIF-OEF events, since many Soldiers with non-OIF-OEF events have never deployed. However, the full data tables are presented below for the reader.

In the 2007 ASER, suicide attempts and self-harm behaviors without intent to die were combined into a single event type. In order to examine suicide-related behaviors in this combined 2007-2008 dataset, 2008 suicide attempts and self-harm events were combined. For the purposes of this Appendix, this combined group will be referred to as “non-fatal suicide behaviors”. There were 66 Army DoDSERs submitted for OIF-OEF suicides, and 204 DoDSERs submitted for non-OIF-OEF suicides (2007-2008 events). There were 218 DoDSERs submitted for non-fatal suicide behaviors that occurred in OIF-OEF, and 1721 for non-OIF-OEF non-fatal suicide behaviors.

Since analyses combined 2007 and 2008 cases, DMDC data were not available for all cases. Therefore, Army DoDSER demographic data were used. Marital status demonstrated differential results for completions and non-fatal suicide behaviors. After combining item options into Married or Not Married, Soldiers who completed suicide during an OIF-OEF deployment showed a significantly higher percentage of marriage compared to Soldiers with Non-OIF-OEF events 61% vs. 38%, respectively. This suggests that marriage may not be protective against suicide completion during an OIF-OEF deployment as compared to other duty environments. In contrast, Soldiers with non-fatal suicide behaviors during an OIF-OEF deployment showed a significantly higher percentage of marriage (61%) than those who were not deployed to OIF-OEF at the time of the non-fatal suicide behavior (38%). This provides some evidence that marriage may be less protective against non-fatal suicide behaviors during an OIF-OEF deployment. However, marriage rates for deployed and non-deployed populations are needed to clarify interpretation. The same pattern was observed in relation to having children for non-fatal suicide behaviors. For non-fatal suicide behaviors, OIF-OEF cases more frequently had minor children (38% compared to 23% in non-OIF-OEF cases).

OIF-OEF suicides and non-fatal suicide behaviors also differed from non-OIF-OEF events with regard to suicide method. Firearms were more frequently used during suicides in OIF-OEF compared to other event locations (94% vs. 52%, respectively. This same pattern was true for firearms used during non-fatal suicide behaviors in OIF-OEF compared to other event locations (23% vs. 3%, respectively). We explored a subset of 52 of the suicide attempts that occurred in Iraq to help inform the nature of these events. In 8 cases, the Soldiers shot themselves (chest, shoulder, hand, mouth) but did not die; 11 cases struggled with others; 9 cases pointed a firearm at themselves in front of a witness but did not fire (no known struggle); 6 cases reportedly involved a weapons malfunction; 8 cases

represented self-reported, non-witnessed events; and 11 cases had no additional details available. While the increased use of a military firearm in OIF-OEF is not surprising, it highlights the importance and challenges of carefully evaluating options to limit access to weapons during periods of increased risk for individuals.

As might be expected, the use of alcohol and drugs were significantly less frequent during the events for OIF-OEF suicides and non-fatal suicide events. Some other event details also differed by location of the suicide; OIF-OEF suicides were less frequently judged to be planned/premeditated by DoDSER respondents. Additionally, OIF-OEF suicides were reportedly less frequently performed under circumstances where it would likely be observed and intervened in by others, and fewer decedents in OIF-OEF were known to have communicated potential for self-harm prior to the suicide (15% for OIF-OEF cases; 28% for non-OIF-OEF cases).

Last year's ASER trends suggested that mood disorders and a history of physical health problems were significantly less common among OIF-OEF completions compared to non-OIF-OEF completions. This year, there were no significant differences found for mood disorders, however, there was a significant difference found for physical health problems. This might be expected given that Soldiers with significant health problems are not deployed. OIF-OEF non fatal suicide behavior showed similar results for physical problems (21% vs. 12%). However, personality disorders were more common in patients with OIF-OEF suicide non-fatal suicide behaviors compared to non-OIF-OEF cases (15% vs. 9%, respectively).

Outpatient mental health visits for Soldiers with OIF-OEF non-fatal suicide behaviors were more frequent compared to Soldiers with non-OIF-OEF events (65% vs. 56%). Consistent with this pattern, psychotropic medication use was also reported at a higher rate for OIF-OEF non-fatal suicide behaviors.

The prevalence of some traditional stressors/risk factors trended lower for Soldiers who died by suicide in OIF-OEF compared to Soldiers who completed suicide in other locations. For example, a failed spousal/intimate relationship was reported for 56% of non-OIF-OEF suicides, but only 44% of OIF-OEF completions. A history of civil legal problems was reported in 20% of non-OIF-OEF events, but only 6% of OIF-OEF completions. The notable exception was a history of supervisor or co-worker problems (29% for OIF-OEF suicides as compared to 9% in non-OIF-OEF suicides).

A similar pattern was noted for OIF-OEF non-fatal suicide behaviors. Significantly lower rates of Administrative Separation proceedings, AWOL/desertion proceedings, Medical Evaluation Boards, and history of friend suicide were reported for non-fatal suicide behavior during an OIF-OEF deployment compared to other non-fatal behaviors. Similar to suicide cases, OIF-OEF non-fatal suicide behaviors showed higher rates of supervisor or co-worker problems.

Lower rates of stressors and traditional risk factors for OIF-OEF events may be confounded by deployment status in some cases. For example, deployed Soldiers are paid more and may therefore be less likely to have significant financial problems. Other findings may reflect a "healthy worker effect." That is, since Soldiers with a variety of physical and behavioral health problems are not deployed, any factor that correlates with non-deployable conditions will likely show lower rates in the deployed sample. Base rate information is required for both populations to assist interpretation.

It is possible that OIF-OEF non-fatal suicide behaviors represent higher risk behaviors than non-OIF-OEF non-fatal behaviors. Firearms were more often used during OIF-OEF non-fatal suicide behaviors and completions. Suicide notes were also more frequently left for OIF-OEF non-fatal suicidal behaviors (13% in OIF-OEF vs. 8% in non-OIF-OEF non-fatal suicide behaviors).

Data tables displaying the frequencies and percentages for Army DoDSER items by location of the event follow.

ARMY DoDSER SUICIDES

Table 1. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT SETTING**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	133	65%	34	52%
	Residence (friend/family)	19	9%	1	2%
	Work/jobsite	2	1%	12	18%
	Automobile (away from residence)	13	6%	1	2%
	Inpatient medical facility	1	< 1%	0	0%
	Other	35	17%	18	27%

CY 2007 and CY 2008 as of 4/14/2009

Table 2. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT METHOD**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT METHOD	Overdose	18	9%	3	5%
	Poisoning by substance	3	1%	0	0%
	Poisoning by exhaust	8	4%	0	0%
	Poisoning by utility gas	1	<1%	0	0%
	Solvents, other agri chems	0	0%	0	0%
	Hanging	54	26%	1	2%
	Drowning	2	1%	0	0%
	Firearm/gun, military	8	4%	62	94%
	Firearm/gun, nonmilitary	98	48%	0	0%
	Fire, steam	1	<1%	0	0%
	Cutting/piercing instrument	2	1%	0	0%
	Jumping	3	1%	0	0%
	Lying in front of moving vehicle	1	<1%	0	0%
	Motor vehicle crash	0	0%	0	0%
	Other	2	1%	0	0%
	Don't Know	3	1%	0	0%

Table 3. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT MOTIVATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
MOTIVATION	Emotion relief	39	19%	9	14%
	Interpersonal influence	5	2%	3	5%
	Feeling generation	0	0%	0	0%
	Avoidance/escape	19	9%	6	9%
	Individual reasons	6	3%	2	3%
	Hopelessness	14	7%	8	12%
	Depression	6	3%	3	5%
	Other psychiatric symptoms	4	2%	1	2%
	Impulsivity	19	9%	2	3%
	Other	21	10%	2	3%
	Don't Know	71	35%	30	45%

Table 4. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER EVENT INFORMATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	62	30%	0	0%
	No	61	30%	45	68%
	Don't Know	81	40%	21	32%
DRUGS USED	Yes	30	15%	3	5%
	No	82	40%	40	61%
	Don't Know	92	45%	23	35%
INTENT TO DIE	Yes	160	78%	46	70%
	No	19	9%	9	14%
	Don't Know	7	3%	4	6%
DEATH RISK/GAMBLING	Yes	1	<1%	0	0%
	No	160	78%	56	85%
	Don't Know	43	21%	9	14%
PLANNED/PREMEDITATED	Yes	81	40%	18	27%
	No	63	31%	28	42%
	Don't Know	58	28%	20	30%
OBSERVABLE	Yes	44	22%	5	8%
	No	132	65%	55	83%
	Don't Know	27	13%	6	9%
SUICIDE NOTE LEFT	Yes	49	24%	16	24%
	No	106	52%	32	48%
	Don't Know	49	24%	18	27%
COMMUNICATED INTENT	Yes	58	28%	10	15%
	No	91	45%	43	65%
	Don't Know	55	27%	13	20%
RELATED TO DEPLOYMENT	Yes	14	7%	23	35%
	No	131	64%	10	15%
	Don't Know	59	29%	33	50%

Table 5. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SITUATIONAL INFORMATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	48	24%	65	98%
	Non-military shared	4	2%	0	0%
	BEQ/BOQ	10	5%	0	0%
	On-post family housing	82	40%	0	0%
	Off-post family housing	19	9%	0	0%
	Other	22	11%	1	2%
	Don't Know	18	9%	0	0%
RESIDES WITH SPOUSE	Resides with spouse	57	28%	4	6%
	Separated, relationship issues	32	16%	2	3%
	Separated, other	12	6%	18	27%
	Don't Know	6	3%	1	2%
RESIDES ALONE	Yes	67	33%	8	12%
	No	100	49%	54	82%
	Don't Know	36	18%	4	6%
MINOR CHILDREN	Yes	85	42%	20	30%
	No	87	43%	35	53%
	Don't Know	31	15%	11	17%
CHILDREN RESIDE WITH	Yes	32	16%	3	5%
	No	34	17%	17	26%
	Don't Know	19	9%	0	0%
GUN IN IMMEDIATE ENVIRONMENT	Yes	95	47%	55	83%
	No	31	15%	4	6%
	Don't Know	78	38%	7	11%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Table 6. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY ENVIRONMENT**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	124	61%	1	2%
PSYCH HOSPITALIZATION	2	1%	0	0%
LEAVE	25	12%	0	0%
MEDICAL HOLD	7	3%	0	0%
TDY	0	0%	0	0%
IN EVAC CHAIN	0	0%	1	2%
AWOL	7	3%	0	0%
UNDER CMD OBS	1	<1%	0	0%
DEPLOYED	3	1%	66	100%
OTHER	35	17%	0	0%

Note: Operations are not discrete and respondents selected options that applied; thus percentages do not add up to 100%.

Table 7. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	52	25%	13	20%
	No	99	49%	34	52%
	Don't Know	53	26%	19	29%
DX BIPOLAR DISORDER	Yes	3	1%	0	0%
	No	44	22%	12	18%
	Don't Know	2	1%	1	2%
DX MAJOR DEPRESSION	Yes	26	13%	4	6%
	No	24	12%	8	12%
	Don't Know	1	<1%	1	2%
DX DYSTHYMIC DISORDER	Yes	7	3%	1	2%
	No	36	18%	11	17%
	Don't Know	5	2%	0	0%
DX OTHER MOOD DISORDER	Yes	22	11%	6	9%
	No	25	12%	6	9%
	Don't Know	7	3%	0	0%
DX PERSONALITY DISORDER	Yes	11	5%	1	2%
	No	142	70%	42	64%
	Don't Know	50	25%	23	35%
DX PSYCHOTIC DISORDER	Yes	2	1%	0	0%
	No	152	75%	46	70%
	Don't Know	49	24%	20	30%
HX SUBSTANCE ABUSE	Yes	48	24%	9	14%
	No	101	50%	36	55%
	Don't Know	54	26%	21	32%

Note: Table continues on next page.

Table 7. **OIF-OEF SUICIDES COMPARED TO NON-OIF-OEF SUICIDES: SYMPTOM FACTORS (CON'T)**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX ANXIETY DISORDER	Yes	38	19%	7	11%
	No	120	59%	40	61%
	Don't Know	46	23%	19	29%
DX PTSD	Yes	16	8%	3	5%
	No	11	5%	1	2%
	Don't Know	7	3%	2	3%
DX PANIC DISORDER	Yes	2	1%	0	0%
	No	26	13%	3	5%
	Don't Know	5	2%	3	5%
DX GENERAL ANXIETY DISORDER	Yes	2	1%	1	2%
	No	25	12%	3	5%
	Don't Know	6	3%	2	3%
DX ACUTE STRESS DISORDER	Yes	1	<1%	0	0%
	No	23	11%	3	5%
	Don't Know	8	4%	3	5%
DX OTHER ANXIETY DISORDER	Yes	14	7%	4	6%
	No	17	8%	1	2%
	Don't Know	5	2%	2	3%
SEEN BY MTF	Yes	126	62%	23	35%
	No	43	21%	26	39%
	Don’t Know	35	17%	16	24%
SEEN BY CHAPLAIN	Yes	17	8%	12	18%
	No	70	34%	28	42%
	Don’t Know	117	57%	26	39%
SEEN BY OP MH	Yes	92	45%	23	35%
	No	91	45%	36	55%
	Don’t Know	21	10%	7	11%
TAKEN PSYCHOTROPIC MEDS	Yes	70	34%	13	20%
	No	89	44%	35	53%
	Don’t Know	45	22%	17	26%
HX PHYSICAL HEALTH PROBLEM	Yes	47	23%	7	11%
	No	106	52%	41	62%
	Don’t Know	51	25%	18	27%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a Mood or Anxiety Disorder.
Note: MTF = Medical Treatment Facility; OP MH = Outpatient Mental Health

Table 8. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: FAMILY HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	115	56%	29	44%
	No	41	20%	23	35%
	Don't Know	48	24%	14	21%
FAILED OTHER RELATIONSHIP	Yes	27	13%	11	17%
	No	100	49%	27	41%
	Don't Know	76	37%	28	42%
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	162	79%	56	85%
	Don't Know	42	21%	10	15%
HX FAMILY SUICIDE	Yes	6	3%	1	2%
	No	103	50%	38	58%
	Don't Know	95	47%	27	41%
HX FRIEND SUICIDE	Yes	4	2%	0	0%
	No	103	50%	36	55%
	Don't Know	97	48%	30	45%
HX FAMILY DEATH	Yes	12	6%	1	2%
	No	98	48%	37	56%
	Don't Know	94	46%	28	42%
HX FRIEND DEATH	Yes	9	4%	4	6%
	No	87	43%	32	48%
	Don't Know	108	53%	30	45%
HX CHRONIC FAMILY ILLNESS	Yes	9	4%	2	3%
	No	101	50%	32	48%
	Don't Know	94	46%	32	48%
HX FAMILY MENTAL ILL/SUICIDE	Yes	21	10%	7	11%
	No	46	23%	13	20%
	Don't Know	137	67%	46	70%

Table 9. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ADMIN/LEGAL HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	1%	2	3%
	No	161	79%	51	77%
	Don't Know	40	20%	13	20%
ARTICLE 15 PROCEEDINGS	Yes	29	14%	11	17%
	No	127	62%	41	62%
	Don't Know	48	24%	14	21%
ADMIN SEP PROCEEDINGS	Yes	13	6%	2	3%
	No	151	74%	52	79%
	Don't Know	39	19%	12	18%
AWOL/DESERTION PROCEEDINGS	Yes	14	7%	2	3%
	No	156	76%	53	80%
	Don't Know	34	17%	11	17%
MEB PROCEEDINGS	Yes	16	8%	1	2%
	No	157	77%	53	80%
	Don't Know	31	15%	12	18%
CIVIL LEGAL PROBLEMS	Yes	41	20%	4	6%
	No	110	54%	47	71%
	Don't Know	53	26%	15	23%

Table 10. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	21	10%	4	6%
	No	97	48%	40	61%
	Don't Know	86	42%	22	33%
HX JOB PROBLEMS	Yes	39	19%	18	27%
	No	106	52%	34	52%
	Don't Know	59	29%	14	21%
SUPV/COWORKER ISSUES	Yes	18	9%	19	29%
	No	116	57%	33	50%
	Don't Know	70	34%	14	21%
POOR PERFORMACE EVAL	Yes	19	9%	10	15%
	No	118	58%	40	61%
	Don't Know	67	33%	16	24%
HX WORKPLACE HAZING	Yes	2	1%	5	8%
	No	136	67%	39	59%
	Don't Know	65	32%	22	33%

Table 11. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ABUSE HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	16	8%	3	5%
	No	96	47%	29	44%
	Don't Know	91	45%	34	52%
VICTIM SEXUAL ABUSE	Yes	7	3%	2	3%
	No	100	49%	29	44%
	Don't Know	96	47%	35	53%
VICTIM EMOTIONAL ABUSE	Yes	16	8%	5	8%
	No	91	45%	28	42%
	Don't Know	96	47%	33	50%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	108	53%	32	48%
	Don't Know	94	46%	34	52%
PERP PHYSICAL ABUSE	Yes	12	6%	0	0%
	No	97	48%	35	53%
	Don't Know	94	46%	31	47%
PERP SEXUAL ABUSE	Yes	10	5%	1	2%
	No	100	49%	36	55%
	Don't Know	93	46%	29	44%
PERP EMOTIONAL ABUSE	Yes	9	4%	1	2%
	No	94	46%	36	55%
	Don't Know	100	49%	29	44%
PERP SEXUAL HARASSMENT	Yes	0	0%	1	2%
	No	105	51%	36	55%
	Don't Know	98	48%	29	44%

ARMY DoDSER NON-FATAL SUICIDE BEHAVIORS

Table 1. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DEMOGRAPHICS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
GENDER	Male	1275	74%	163	75%
	Female	446	26%	55	25%
RACE	American Indian/Alaskan Native	21	1%	3	1%
	Asian/Pacific Islander	31	2%	8	4%
	Black/African American	223	13%	34	16%
	White/Caucasian	1240	72%	151	69%
	Hispanic	110	6%	14	6%
	Other	31	2%	0	0%
	Don't Know	53	3%	5	2%
AGE RANGE	Under 25	1190	69%	137	63%
	25-29	288	17%	45	21%
	30-39	200	12%	31	14%
	40 +	43	2%	5	2%
RANK	E1-E4	1444	84%	161	74%
	E5-E9	231	13%	46	21%
	Officer	35	2%	8	4%
	Warrant Officer	4	<1%	1	<1%
	Cadet/Midshipman	4	<1%	0	0%
COMPONENT	Regular	1577	92%	187	86%
	Reserve	59	3%	15	7%
	National Guard	78	5%	15	7%
EDUCATION	GED	297	17%	32	15%
	HS graduate	757	44%	98	45%
	Some college/tech, no degree	317	18%	34	16%
	College degree/tech cert < 4 yrs	54	3%	9	4%
	Four-year degree	57	3%	7	3%
	Master's degree or greater	16	1%	3	1%
	Don't Know	201	12%	30	14%
MARITAL STATUS	Never married	869	50%	69	32%
	Married	661	38%	133	61%
	Legally separated	48	3%	3	1%
	Divorced	93	5%	12	6%
	Widowed	10	1%	0	0%
	Don't Know	34	2%	1	<1%

Table 2. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT SETTING**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	1436	83%	155	71%
	Residence (friend/family)	75	4%	0	0%
	Work/jobsite	43	2%	33	15%
	Automobile (away from residence)	47	3%	0	0%
	Inpatient medical facility	6	<1%	0	0%
	Other	106	6%	29	13%

Table 3. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT METHOD**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT METHOD	Overdose	960	56%	106	49%
	Poisoning by substance	63	4%	0	0%
	Poisoning by exhaust	11	1%	0	0%
	Poisoning by utility gas	2	<1%	2	1%
	Solvents, other agri chems	16	1%	1	<1%
	Hanging	102	6%	10	5%
	Drowning	2	<1%	0	0%
	Firearm/gun, military	9	1%	51	23%
	Firearm/gun, nonmilitary	30	2%	1	<1%
	Fire, steam	4	<1%	1	<1%
	Cutting/piercing instrument	334	19%	33	15%
	Jumping	20	1%	0	0%
	Lying in front of moving vehicle	0	0%	0	0%
	Motor vehicle crash	19	1%	0	0%
	Other	120	7%	11	5%
	Don't Know	18	1%	1	<1%

Table 4. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: EVENT MOTIVATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
MOTIVATION	Emotion relief	611	36%	58	27%
	Interpersonal influence	122	7%	22	10%
	Feeling generation	8	<1%	1	<1%
	Avoidance/escape	148	9%	32	15%
	Individual reasons	53	3%	7	3%
	Hopelessness	151	9%	23	11%
	Depression	195	11%	17	8%
	Other psychiatric symptoms	44	3%	8	4%
	Impulsivity	158	9%	23	11%
	Other	124	7%	11	5%
	Don't Know	96	6%	16	7%

Table 5. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER EVENT INFORMATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	456	26%	7	3%
	No	1057	61%	193	89%
	Don't Know	183	11%	15	7%
DRUGS USED	Yes	999	58%	111	51%
	No	593	34%	100	46%
	Don't Know	120	7%	7	3%
INTENT TO DIE	Yes	690	40%	93	43%
	No	735	43%	70	32%
	Don't Know	110	6%	22	10%
DEATH RISK/GAMBLING	Yes	25	1%	6	3%
	No	1586	93%	205	94%
	Don't Know	96	6%	5	2%
PLANNED/PREMEDITATED	Yes	374	22%	57	26%
	No	1119	65%	120	55%
	Don't Know	218	13%	39	18%
OBSERVABLE	Yes	798	46%	108	50%
	No	675	39%	88	40%
	Don't Know	230	13%	21	10%
SUICIDE NOTE LEFT	Yes	140	8%	29	13%
	No	1393	81%	167	77%
	Don't Know	173	10%	20	9%
COMMUNICATED INTENT	Yes	341	20%	63	29%
	No	1098	64%	123	56%
	Don't Know	264	15%	31	14%
RELATED TO DEPLOYMENT	Yes	227	13%	149	68%
	No	1280	74%	41	19%
	Don't Know	212	12%	27	12%

Table 6. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SITUATIONAL INFORMATION**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	1135	66%	209	96%
	Non-military shared	23	1%	1	<1%
	BEQ/BOQ	63	4%	0	0%
	On-post family housing	255	15%	0	0%
	Off-post family housing	128	7%	0	0%
	Other	50	3%	6	3%
	Don't Know	66	4%	2	1%
RESIDES WITH SPOUSE	Resides with spouse	301	17%	19	9%
	Separated, relationship issues	153	9%	13	6%
	Separated, other	183	11%	95	44%
	Don't Know	17	1%	3	1%
RESIDES ALONE	Yes	439	26%	32	15%
	No	1144	66%	165	76%
	Don't Know	139	8%	20	9%
MINOR CHILDREN	Yes	394	23%	82	38%
	No	1177	68%	123	56%
	Don't Know	146	8%	13	6%
CHILDREN RESIDE WITH	Yes	141	8%	3	1%
	No	249	14%	78	36%
	Don't Know	9	1%	1	<1%
GUN IN IMMEDIATE ENVIRONMENT	Yes	159	9%	165	76%
	No	1184	69%	30	14%
	Don't Know	369	21%	20	9%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Table 7. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY ENVIRONMENT**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	1172	68%	28	13%
PSYCH HOSPITALIZATION	5	<1%	1	<1%
LEAVE	38	2%	0	0%
MEDICAL HOLD	55	3%	0	0%
TDY	8	<1%	0	0%
IN EVAC CHAIN	3	<1%	2	<1%
AWOL	20	1%	0	0%
UNDER CMD OBS	11	1%	11	1%
DEPLOYED	25	1%	206	94%
OTHER	76	4%	4	2%

Note: Options are not discrete and respondents selected options that applied; thus percentages do not add up to 100%.

Table 8. **CY 2008 DoDSER-ARMY SYMPTOM FACTORS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	682	40%	79	36%
	No	856	50%	112	51%
	Don't Know	176	10%	25	11%
DX BIPOLAR DISORDER	Yes	106	6%	6	3%
	No	416	24%	49	22%
	Don't Know	48	3%	8	4%
DX MAJOR DEPRESSION	Yes	412	24%	45	21%
	No	192	11%	23	11%
	Don't Know	28	2%	4	2%
DX DYSTHYMIC DISORDER	Yes	43	2%	8	4%
	No	472	27%	39	18%
	Don't Know	58	3%	15	7%
DX OTHER MOOD DISORDER	Yes	194	11%	23	11%
	No	355	21%	29	13%
	Don't Know	51	3%	18	8%
DX PERSONALITY DISORDER	Yes	149	9%	32	15%
	No	1326	77%	144	66%
	Don't Know	225	13%	35	16%
DX PSYCHOTIC DISORDER	Yes	35	2%	1	<1%
	No	1475	86%	180	83%
	Don't Know	185	11%	25	11%
HX SUBSTANCE ABUSE	Yes	450	26%	39	18%
	No	1065	62%	139	64%
	Don't Know	191	11%	34	16%

Note: Table continues on next page.

Table 8. **OIF-OEF NON-FATAL EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS (CON'T)**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX ANXIETY DISORDER	Yes	318	18%	43	20%
	No	1188	69%	138	63%
	Don't Know	197	11%	31	14%
DX PTSD	Yes	177	10%	24	11%
	No	105	6%	14	6%
	Don't Know	15	1%	1	<1%
DX PANIC DISORDER	Yes	31	2%	2	1%
	No	210	12%	26	12%
	Don't Know	25	1%	4	2%
DX GENERAL ANXIETY DISORDER	Yes	80	5%	2	1%
	No	174	10%	27	12%
	Don't Know	22	1%	4	2%
DX ACUTE STRESS DISORDER	Yes	15	1%	0	0%
	No	220	13%	25	11%
	Don't Know	34	2%	7	3%
DX OTHER ANXIETY DISORDER	Yes	84	5%	11	5%
	No	171	10%	16	7%
	Don't Know	25	1%	8	4%
SEEN BY MTF	Yes	800	46%	64	29%
	No	750	44%	126	58%
	Don’t Know	156	9%	28	13%
SEEN BY CHAPLAIN	Yes	286	17%	41	19%
	No	998	58%	122	56%
	Don’t Know	416	24%	52	24%
SEEN BY OP MH	Yes	962	56%	144	66%
	No	662	38%	65	30%
	Don’t Know	94	5%	8	4%
TAKEN PSYCHOTROPIC MEDS	Yes	598	35%	103	47%
	No	942	55%	103	47%
	Don’t Know	166	10%	8	4%
HX PHYSICAL HEALTH PROBLEM	Yes	327	19%	24	11%
	No	1207	70%	175	80%
	Don’t Know	180	10%	18	8%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a Mood or Anxiety Disorder.
Note: MTF = Medical Treatment Facility; OP MH = Outpatient Mental Health

Table 9. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: COMBAT HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	267	16%	75	34%
	No	1147	67%	100	46%
	Don't Know	256	15%	32	15%
SAW CASUALTIES IN COMBAT		181	11%	42	19%
INJURED IN COMBAT		64	4%	9	4%
WITNESSED KILLING IN COMBAT		173	10%	48	22%
SAW DEAD BODIES IN COMBAT		182	11%	41	19%
KILLED OTHERS IN COMBAT		104	6%	23	11%

Table 10. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: FAMILY HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	730	42%	102	47%
	No	815	47%	93	43%
	Don't Know	174	10%	22	10%
FAILED OTHER RELATIONSHIP	Yes	208	12%	31	14%
	No	1258	73%	150	69%
	Don't Know	246	14%	36	17%
HX SPOUSE SUICIDE	Yes	4	<1%	0	0%
	No	1537	89%	205	94%
	Don't Know	165	10%	11	5%
HX FAMILY SUICIDE	Yes	109	6%	10	5%
	No	1384	80%	179	82%
	Don't Know	216	13%	28	13%
HX FRIEND SUICIDE	Yes	139	8%	4	2%
	No	1338	78%	179	82%
	Don't Know	232	13%	31	14%
HX FAMILY DEATH	Yes	233	14%	21	10%
	No	1259	73%	167	77%
	Don't Know	216	13%	28	13%
HX FRIEND DEATH	Yes	188	11%	18	8%
	No	1284	75%	165	76%
	Don't Know	237	14%	34	16%
HX CHRONIC FAMILY ILLNESS	Yes	172	10%	28	13%
	No	1307	76%	161	74%
	Don't Know	231	13%	28	13%
HX FAMILY MENTAL ILL/SUICIDE	Yes	589	34%	74	34%
	No	802	47%	102	47%
	Don't Know	329	19%	40	18%

Table 11. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ADMIN/LEGAL HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	48	3%	5	2%
	No	1475	86%	196	90%
	Don't Know	190	11%	9	4%
ARTICLE 15 PROCEEDINGS	Yes	323	19%	41	19%
	No	1196	69%	159	73%
	Don't Know	197	11%	13	6%
ADMIN SEP PROCEEDINGS	Yes	195	11%	12	6%
	No	1316	76%	186	85%
	Don't Know	204	12%	14	6%
AWOL/DESERTION PROCEEDINGS	Yes	131	8%	3	1%
	No	1407	82%	204	94%
	Don't Know	172	10%	4	2%
MEB PROCEEDINGS	Yes	126	7%	1	<1%
	No	1412	82%	201	92%
	Don't Know	170	10%	9	4%
CIVIL LEGAL PROBLEMS	Yes	128	7%	11	5%
	No	1356	79%	181	83%
	Don't Know	224	13%	18	8%

Table 12. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	215	12%	17	8%
	No	1214	71%	162	74%
	Don't Know	279	16%	36	17%
HX JOB PROBLEMS	Yes	482	28%	60	28%
	No	1000	58%	139	64%
	Don't Know	231	13%	17	8%
SUPV/COWORKER ISSUES	Yes	409	24%	68	31%
	No	1035	60%	127	58%
	Don't Know	264	15%	20	9%
POOR PERFORMACE EVAL	Yes	319	19%	35	16%
	No	1098	64%	153	70%
	Don't Know	292	17%	27	12%
HX WORKPLACE HAZING	Yes	61	4%	8	4%
	No	1344	78%	162	74%
	Don't Know	296	17%	44	20%

Table 13. **OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ABUSE HISTORY**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	340	20%	44	20%
	No	1091	63%	134	61%
	Don't Know	271	16%	34	16%
VICTIM SEXUAL ABUSE	Yes	241	14%	29	13%
	No	1173	68%	145	67%
	Don't Know	285	17%	37	17%
VICTIM EMOTIONAL ABUSE	Yes	359	21%	48	22%
	No	1055	61%	129	59%
	Don't Know	288	17%	37	17%
VICTIM SEXUAL HARASSMENT	Yes	64	4%	2	1%
	No	1308	76%	160	73%
	Don't Know	317	18%	48	22%
PERP PHYSICAL ABUSE	Yes	81	5%	11	5%
	No	1352	79%	169	78%
	Don't Know	285	17%	35	16%
PERP SEXUAL ABUSE	Yes	24	1%	0	0%
	No	1404	82%	179	82%
	Don't Know	290	17%	37	17%
PERP EMOTIONAL ABUSE	Yes	48	3%	4	2%
	No	1365	79%	176	81%
	Don't Know	301	17%	36	17%
PERP SEXUAL HARASSMENT	Yes	7	<1%	1	<1%
	No	1411	82%	178	82%
	Don't Know	295	17%	37	17%

ARMY DoDSER APPENDIX D
COMPARING CY 2007 to CY 2008

ARMY DoDSER SUICIDES

Table 1. **CY 2007 Compared TO CY 2008: EVENT SETTING**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	69	62%	72	60%
	Residence (friend/family)	8	7%	9	7%
	Work/jobsite	3	3%	11	9%
	Automobile (away from residence)	5	5%	6	5%
	Inpatient medical facility	0	0%	1	1%
	Other	25	23%	22	18%

Table 2. **CY 2007 Compared TO CY 2008: EVENT METHOD**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
EVENT METHOD	Overdose	7	6%	10	8%
	Poisoning by substance	1	1%	1	1%
	Poisoning by exhaust	5	5%	1	1%
	Poisoning by utility gas	0	0%	1	1%
	Solvents, other agri chems	0	0%	0	0%
	Hanging	24	22%	20	17%
	Drowning	1	1%	0	0%
	Firearm/gun (military)	32	29%	35	29%
	Firearm/gun (nonmilitary)	37	33%	46	38%
	Fire, steam	0	0%	1	1%
	Cutting/piercing instrument	1	1%	0	0%
	Jumping	1	1%	2	2%
	Lying in front of moving vehicle	1	1%	0	0%
	Motor vehicle crash	0	0%	0	0%
	Other	1	1%	1	1%
	Don't Know	0	0%	3	2%

Table 34. **CY 2007 Compared TO CY 2008: EVENT MOTIVATION**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
MOTIVATION	Emotion relief	17	15%	24	20%
	Interpersonal influence	4	4%	3	2%
	Feeling generation	0	0%	0	0%
	Avoidance/escape	9	8%	14	12%
	Individual reasons	4	4%	3	2%
	Hopelessness	6	5%	12	10%
	Depression	3	3%	5	4%
	Other psychiatric symptoms	1	1%	3	2%
	Impulsivity	8	7%	10	8%
	Other	8	7%	11	9%
	Don't Know	51	46%	36	30%

Table 4. **CY 2007 Compared TO CY 2008: OTHER EVENT INFORMATION**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	28	25%	24	20%
	No	45	41%	46	38%
	Don't Know	38	34%	51	42%
DRUGS USED	Yes	14	13%	11	9%
	No	53	48%	52	43%
	Don't Know	44	40%	58	48%
INTENT TO DIE	Yes	78	75%	101	94%
	No	15	14%	7	6%
	Don't Know	11	11%	0	0%
DEATH RISK/GAMBLING	Yes	0	0%	1	1%
	No	89	81%	97	80%
	Don't Know	21	19%	23	19%
PLANNED/PREMEDITATED	Yes	34	31%	52	43%
	No	39	36%	39	32%
	Don't Know	36	33%	30	25%
OBSERVABLE	Yes	15	14%	27	22%
	No	81	74%	81	67%
	Don't Know	14	13%	13	11%
SUICIDE NOTE LEFT	Yes	24	22%	33	27%
	No	59	53%	59	49%
	Don't Know	28	25%	29	24%
COMMUNICATED INTENT	Yes	26	23%	31	26%
	No	58	52%	58	48%
	Don't Know	27	24%	32	26%
RELATED TO DEPLOYMENT	Yes	21	19%	13	11%
	No	52	47%	68	56%
	Don't Know	38	34%	40	33%

Table 5. **CY 2007 Compared TO CY 2008: SITUATIONAL INFORMATION**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	46	42%	57	47%
	Non-military shared	4	4%	0	0%
	BEQ/BOQ	3	3%	4	3%
	On-post family housing	22	20%	44	36%
	Off-post family housing	18	16%	0	0%
	Other	9	8%	9	7%
	Don't Know	8	7%	7	6%
RESIDES WITH SPOUSE	Resides with spouse	29	26%	23	19%
	Separated, relationship issues	12	11%	15	12%
	Separated, other	11	4%	16	13%
	Don't Know	4	7%	2	2%
RESIDES ALONE	Yes	28	25%	33	27%
	No	68	62%	70	58%
	Don't Know	14	13%	18	15%
MINOR CHILDREN	Yes	45	41%	40	33%
	No	52	47%	56	46%
	Don't Know	13	12%	25	21%
CHILDREN RESIDE WITH	Yes	16	14%	13	11%
	No	19	17%	26	21%
	Don't Know	10	9%	1	1%
GUN IN IMMEDIATE ENVIRONMENT	Yes	60	54%	76	63%
	No	17	15%	13	11%
	Don't Know	34	31%	32	26%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Table 6. **CY 2007 Compared TO CY 2008: DUTY STATUS**

	Year			
	2007		2008	
	Count	Percent	Count	Percent
ACTIVE	96	87%	108	89%
AGR	9	8%	4	3%
IET	2	2%	3	2%
MOBILIZED	2	2%	5	4%
ADT	1	1%	1	1%
IDT	0	0%	0	0%
OTHER	2	2%	2	2%

Table 7. **CY 2007 Compared TO CY 2008: DUTY ENVIRONMENT**

	Year			
	2007		2008	
	Count	Percent	Count	Percent
GARRISON	47	12%	59	49%
PSYCH HOSPITALIZATION	1	1%	1	1%
LEAVE	8	7%	12	10%
MEDICAL HOLD	3	3%	3	2%
TDY	0	0%	0	0%
IN EVAC CHAIN	0	0%	1	1%
AWOL	4	4%	2	2%
UNDER CMD OBS	0	0%	1	1%
DEPLOYED	34	31%	33	27%
OTHER	15	14%	9	7%
TRAINING	5	5%	3	2%

Note: Options are not discrete and respondents selected options that applied; thus percentages do not add to 100%.

Table 8. **CY 2007 Compared TO CY 2008: SYMPTOM FACTORS**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
ANY DX MOOD DISORDER	Yes	24	22%	30	25%
	No	53	48%	65	54%
	Don't Know	34	31%	26	21%
DX BIPOLAR DISORDER	Yes	0	0%	3	2%
	No	21	19%	25	21%
	Don't Know	0	0%	3	2%
DX MAJOR DEPRESSION	Yes	13	12%	10	8%
	No	10	9%	20	17%
	Don't Know	0	0%	1	1%
DX DYSTHYMIC DISORDER	Yes	4	4%	2	2%
	No	14	13%	27	22%
	Don't Know	1	1%	2	2%
DX OTHER MOOD DISORDER	Yes	9	39%	17	14%
	No	12	52%	11	9%
	Don't Know	2	9%	3	2%
DX PERSONALITY DISORDER	Yes	2	2%	8	7%
	No	75	68%	83	69%
	Don't Know	33	30%	30	25%
DX PSYCHOTIC DISORDER	Yes	1	1%	1	1%
	No	77	70%	93	77%
	Don't Know	32	29%	27	22%
HX SUBSTANCE ABUSE	Yes	18	16%	27	22%
	No	55	50%	65	54%
	Don't Know	37	34%	29	24%

Note: Table continues on next page.

Table 8. **CY 2007 Compared TO CY 2008: SYMPTOM FACTORS (CON'T)**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
ANY DX ANXIETY DISORDER	Yes	21	19%	15	12%
	No	61	55%	79	65%
	Don't Know	29	26%	27	22%
DX PTSD	Yes	7	6%	8	7%
	No	6	5%	5	4%
	Don't Know	4	4%	2	2%
DX PANIC DISORDER	Yes	0	0%	2	2%
	No	13	12%	10	8%
	Don't Know	3	3%	3	2%
DX GENERAL ANXIETY DISORDER	Yes	3	3%	0	0%
	No	11	10%	11	9%
	Don't Know	2	2%	4	3%
DX ACUTE STRESS DISORDER	Yes	0	0%	1	1%
	No	11	10%	10	8%
	Don't Know	4	4%	4	3%
DX OTHER ANXIETY DISORDER	Yes	9	8%	6	5%
	No	8	7%	5	4%
	Don't Know	2	2%	4	3%

Note: Indented items were only asked in cases where the respondent indicated that the decedent had a Mood or Anxiety Disorder.

Table 9. **CY 2007 Compared TO CY 2008: COMBAT HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	29	26%	22	18%
	No	39	35%	62	51%
	Don't Know	42	38%	37	31%
SAW CASUALTIES IN COMBAT		18	16%	11	9%
INJURED IN COMBAT		2	2%	3	2%
WITNESSED KILLING IN COMBAT		17	15%	7	6%
SAW DEAD BODIES IN COMBAT		19	17%	8	7%
KILLED OTHERS IN COMBAT		7	6%	1	1%

Table 10. **CY 2007 Compared TO CY 2008: TREATMENT HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	51	46%	73	60%
	No	38	35%	24	20%
	Don't Know	21	19%	24	20%
SEEN BY ASAP	Yes	10	9%	19	16%
	No	80	72%	77	64%
	Don't Know	21	19%	25	21%
SEEN BY FAP	Yes	9	8%	8	7%
	No	78	70%	88	73%
	Don't Know	24	22%	25	21%
SEEN BY CHAPLAIN	Yes	10	9%	18	15%
	No	45	41%	41	34%
	Don't Know	56	50%	62	51%
SEEN BY OP MH	Yes	45	41%	53	44%
	No	56	50%	54	45%
	Don't Know	10	9%	14	12%
SEEN BY IP MH	Yes	8	7%	19	16%
	No	83	75%	86	71%
	Don't Know	20	18%	16	13%
TAKEN PSYCHOTROPIC MEDS	Yes	29	26%	40	33%
	No	52	47%	57	47%
	Don't Know	29	26%	24	20%
HX PHYSICAL HEALTH PROBLEM	Yes	17	15%	30	25%
	No	60	54%	70	58%
	Don't Know	34	31%	21	17%

Table 11. **CY 2007 Compared TO CY 2008: FAMILY HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	58	52%	64	53%
	No	29	26%	30	25%
	Don't Know	24	22%	27	22%
FAILED OTHER RELATIONSHIP	Yes	16	15%	16	13%
	No	55	50%	55	45%
	Don't Know	39	35%	50	41%
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	91	82%	98	81%
	Don't Know	20	18%	23	19%
HX FAMILY SUICIDE	Yes	1	1%	6	5%
	No	57	51%	66	55%
	Don't Know	53	48%	49	40%
HX FRIEND SUICIDE	Yes	1	1%	2	2%
	No	54	49%	69	57%
	Don't Know	56	50%	50	41%
HX FAMILY DEATH	Yes	1	1%	12	10%
	No	56	50%	61	50%
	Don't Know	54	49%	48	40%
HX FRIEND DEATH	Yes	4	4%	8	7%
	No	50	45%	54	45%
	Don't Know	57	51%	59	49%
HX CHRONIC FAMILY ILLNESS	Yes	2	2%	6	5%
	No	58	52%	58	48%
	Don't Know	51	46%	57	47%
HX FAMILY MENTAL ILL/SUICIDE	Yes	10	9%	14	12%
	No	23	21%	30	25%
	Don't Know	78	70%	77	64%

Table 12. **CY 2007 Compared TO CY 2008: ADMIN/LEGAL HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	2%	2	2%
	No	90	82%	95	79%
	Don't Know	18	16%	24	20%
ARTICLE 15 PROCEEDINGS	Yes	13	12%	23	19%
	No	75	68%	71	59%
	Don't Know	23	21%	27	22%
ADMIN SEP PROCEEDINGS	Yes	4	4%	9	7%
	No	88	79%	90	74%
	Don't Know	19	17%	22	18%
AWOL/DESERTION PROCEEDINGS	Yes	7	6%	8	7%
	No	88	79%	93	77%
	Don't Know	16	14%	20	17%
MEB PROCEEDINGS	Yes	8	7%	5	4%
	No	86	77%	100	83%
	Don't Know	17	15%	16	13%
CIVIL LEGAL PROBLEMS	Yes	11	10%	24	20%
	No	73	66%	66	55%
	Don't Know	27	24%	31	26%

Table 13. **CY 2007 Compared TO CY 2008: OTHER HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	9	8%	9	7%
	No	59	53%	63	52%
	Don't Know	43	39%	49	40%
HX JOB PROBLEMS	Yes	25	23%	23	19%
	No	54	49%	71	59%
	Don't Know	32	29%	27	22%
SUPV/COWORKER ISSUES	Yes	17	15%	17	14%
	No	61	55%	69	57%
	Don't Know	33	30%	35	29%
POOR PERFORMACE EVAL	Yes	11	10%	16	13%
	No	68	61%	70	58%
	Don't Know	32	29%	35	29%
HX WORKPLACE HAZING	Yes	4	4%	1	1%
	No	72	65%	81	67%
	Don't Know	34	31%	39	32%

Table 14. **CY 2007 Compared TO CY 2008: ABUSE HISTORY**

		Year			
		2007		2008	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	8	7%	7	6%
	No	50	45%	61	50%
	Don't Know	52	47%	53	44%
VICTIM SEXUAL ABUSE	Yes	2	2%	6	5%
	No	52	47%	63	52%
	Don't Know	56	51%	52	43%
VICTIM EMOTIONAL ABUSE	Yes	9	8%	8	7%
	No	47	43%	59	49%
	Don't Know	54	49%	54	45%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	57	52%	66	55%
	Don't Know	52	48%	55	45%
PERP PHYSICAL ABUSE	Yes	2	2%	8	7%
	No	56	51%	58	48%
	Don't Know	52	47%	55	45%
PERP SEXUAL ABUSE	Yes	3	3%	7	6%
	No	55	50%	62	51%
	Don't Know	52	47%	52	43%
PERP EMOTIONAL ABUSE	Yes	2	2%	8	7%
	No	54	49%	59	49%
	Don't Know	54	49%	54	45%
PERP SEXUAL HARASSMENT	Yes	0	0%	1	1%
	No	57	52%	65	54%
	Don't Know	53	48%	55	45%

Table 15. **CY 2007 Compared TO CY 2008: HISTORY EVER DEPLOYED TO OIF/OEF**

	Year			
	2007		2008	
	Count	Percent	Count	Percent
AFGHANISTAN	9	8%	11	9%
IRAQ	59	53%	59	49%
KUWAIT	12	11%	12	10%

ANNEX 2: Air Force DoDSER

CALENDAR YEAR 2008 REPORT

National Center for Telehealth and Technology (T2)

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

ANNEX 2: AIR FORCE DoDSER

RESULTS

Air Force DoDSER Submissions and POC Compliance

2008 Reported Suicide Events

A total of 35 Air Force DoDSERs for CY 2008 were analyzed. All 35 suicides were confirmed by the AFMES. There was a total of 45 suicides, thus, as shown in Table 1 the compliance rate was 78%. Additional demographic characteristics of Air Force suicide cases are available in the main report above.

Table 1. **CY 2008 AIR FORCE DoDSER DEMOGRAPHICS**

	AFMES Confirmed Suicides	DoDSERs Received that are Pending AFMES Confirmation
Male	43	0
Female	2	0
Total Suicides	45	0
DoDSERs Received	35	0
Compliance Rate	78%	-

Dispositional/Personal Factors

Event Setting

Suicides were most commonly reported as having occurred in Service Members' personal residences (57%; n = 20), and two suicides were reported as having occurred at the jobsite (6%; n = 2), as displayed in Table 3. "Other" responses included public areas (n = 4), Don't Know (n = 8), and a temporary residence (n = 1).

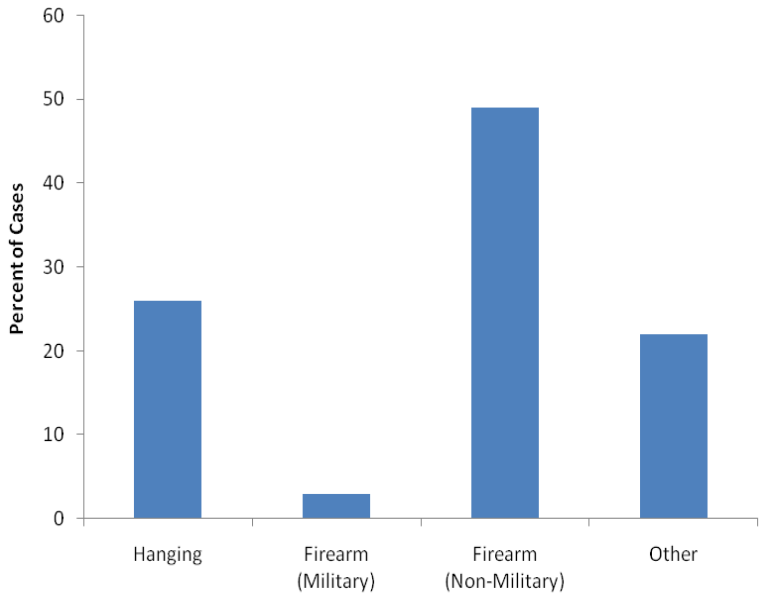
Table 2. **CY 2008 AIR FORCE DoDSER EVENT SETTING**

		EVENT TYPE	
		Suicide	
		Count	Percent
EVENT SETTING	Residence (personal)	20	57%
	Residence (friend/family)	0	0%
	Work/jobsite	2	6%
	Automobile (away from residence)	0	0%
	Inpatient medical facility	0	0%
	Other	13	37%

Suicide Method

The majority of the suicides involved Non-Military Firearms (49%) and Hanging (26%). A significant minority (22%) completed suicides via "Other" means, including Utility Gas, Vehicle Exhaust, and Jumping. In three of the suicide cases, there was no information available on the event method.

Figure 1. **CY 2008 AIR FORCE DoDSER METHOD OF SUICIDE COMPLETION**

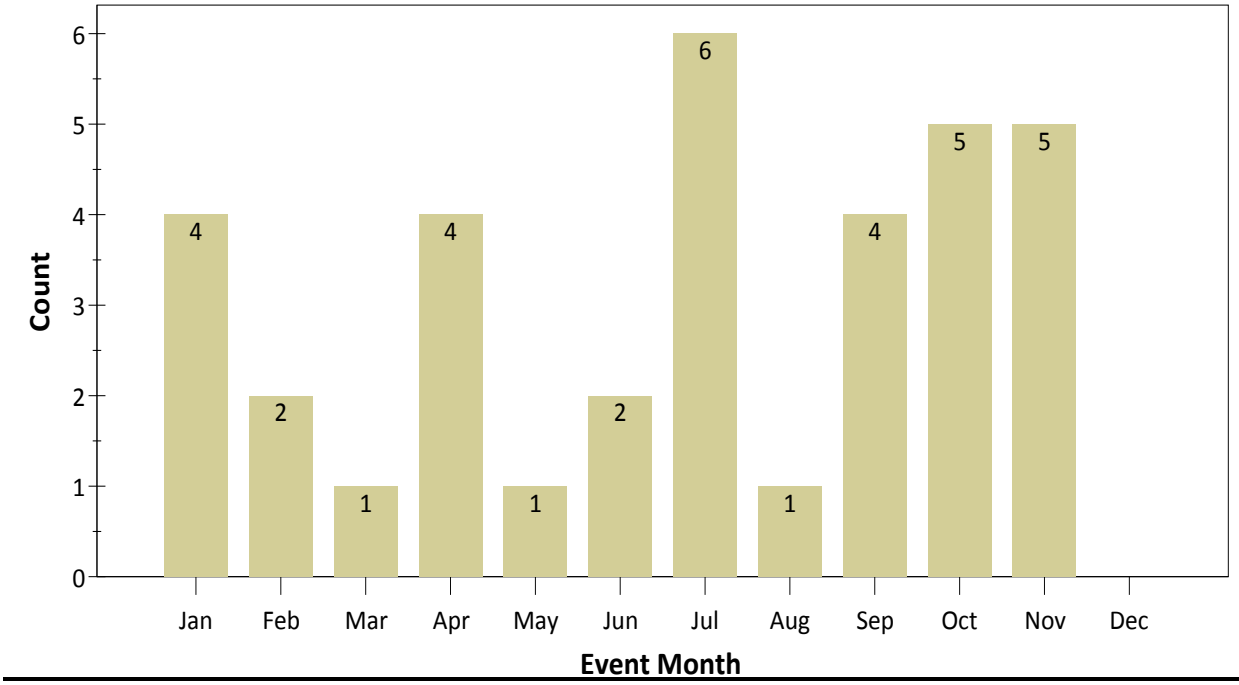


* Other = Jumping, poisoning by exhaust, poisoning by utility gas.

Suicide Completions by Month

Figure 2 displays CY 2008 Air Force suicide completions by month. As shown in the figure, July had the highest number of reported suicides for the entire year (n = 6), followed by October and November, with 5 suicides occurring each month. The next highest months were January, April, and September (n = 4, for each month). The lowest recorded suicides occurred in March, May, and August (n = 1 for each month). These data should be interpreted with caution, given the low number of total cases.

Figure 2. **CY 2008 AIR FORCE DoDSER SUICIDE COMPLETIONS BY MONTH**



Other Suicide Details
Detailed information is also gathered as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm), whether the Service Members intended to die, and communicated the intent for self-harm. Additional items in this section pertain to evidence of death risk/gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicides were performed in areas or under circumstances in which Service Members are likely to be observed by others.

Substance Use During the Event
A total of 26% of submitted Air Force DoDSERs indicated that the suicides involved the use of alcohol and/or drugs during the event (17% alcohol only; 9% alcohol and drugs). This percentage is likely an underestimate as 31% of the cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the DoDSER submission. No substance use during the event was reported for 43% of the cases.

Other Suicide Information
Information is collected to help characterize the nature of the suicides such as intent to die, whether it involved death risk/gambling, appeared to have been planned or premeditated, involved a method that would be likely to have been observed by others, and whether the suicide decedent left a suicide note. Much of this information was not available for the Air Force Annex. As displayed in Table 3, of the reported data, 34% (n = 12) of the cases were classified as having exhibited an Intent to Die, and 17% (n = 6) of the suicides were classified as having been Planned/Premeditated.

Table 3. **CY 2008 AIR FORCE DoDSER ADDITIONAL EVENT INFORMATION**

		EVENT TYPE	
		Suicide	
		Count	Percent
INTENT TO DIE	Yes	12	34%
	No	0	0%
	Don't Know	23	66%
DEATH RISK/GAMBLING	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
PLANNED/PREMEDITATED	Yes	6	17%
	No	0	0%
	Don't Know	29	83%
OBSERVABLE	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
SUICIDE NOTE LEFT	Yes	0	0%
	No	0	0%
	Don't Know	35	100%

Communication of Suicide Intent

The type of individuals with whom decedents shared their potential for self-harm was examined. Decedents were known to communicate their potential for self-harm prior to the event in 12 cases (35%). As displayed in Table 4, 6% (n = 2) communicated their potential to a Friend, 3% (n = 1) to Mental Health Staff or a Supervisor, and 23% (n = 8) to persons designated as "Other," including other family members (n = 5), other helping services (n = 2), and one unspecified..

Table 4. **CY 2008 AIR FORCE DoDSER RECIPIENTS OF COMMUNICATED INTENT**

	EVENT TYPE	
	Suicide	
	Count	Percent
FRIEND	2	6%
MENTAL HEALTH STAFF	1	3%
SUPERVISOR	1	3%
SPOUSE	0	0%
CHAPLAIN	0	0%
OTHER	8	23%

Note: Respondents did not indicate that all cases communicated intent, thus the percentages do not add up to 100%. In addition, respondents can check multiple responses for each case.

Situational/Contextual Factors

Situational Factors

The items in this section pertain to the individual's current situation, such as place of residence, current living situation, and factors that are subject to change over time. As shown in Table 5, off-post housing was the most common location for the suicides, however, information about residence was not available in the majority of the suicide cases. In addition, 13% of the decedents (n = 15) were reported to be residing with a spouse, whereas, 17% were reported to be living alone. The proportion of decedents with minor children was reported to be 34% (n = 12), and nearly all (n = 11) were reported to be living with their children. In addition, a gun was reported to be in the immediate environment in 34% of the cases.

Table 5. **CY 2008 DoDSER-AIR FORCE SITUATIONAL INFORMATION**

		EVENT TYPE	
		Suicide	
		Count	Percent
RESIDENCE	Barracks or other shared military	0	0%
	BEQ/BOQ	0	0%
	On-base family housing	2	6%
	Off-base family housing	11	31%
	Ship	0	0%
	Other	1	3%
	Don't Know	21	60%
RESIDES WITH SPOUSE	Resides with spouse	15	13%
	Separated, relationship issues	1	3%
	Separated, other	0	0%
	Don't Know	4	11%
RESIDES ALONE	Yes	6	17%
	No	17	49%
	Don't Know	12	34%
MINOR CHILDREN	Yes	12	34%
	No	3	9%
	Don't Know	20	57%
CHILDREN RESIDE WITH	Yes	11	31%
	No	0	0%
	Don't Know	1	3%
GUN IN IMMEDIATE ENVIRONMENT	Yes	12	34%
	No	0	0%
	Don't Know	23	66%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Duty Environment

Twenty-seven (77%) of the suicide cases were reported to have taken place in a "garrison" duty environment, one was reported to have occurred when the Service Member was on leave, and seven were reported to have occurred in "other" non-deployed locations.

Clinical/Symptom Factors

Diagnoses

Limited information was available on mental health diagnoses among the Air-Force Annex suicide decedents. As shown in Table 6, there were 5 cases of reported mood disorder, 2 reported cases of personality disorder, 1 reported case of psychotic disorder, and 7 reported cases with a history of substance abuse. In addition, four decedents were reported to have been diagnosed with anxiety disorder, and there was 1 reported case of PTSD.

Table 6. **CY 2008 AIR FORCE DoDSER SYMPTOM FACTORS**

		EVENT TYPE	
		Suicide	
		Count	Percent
ANY DX MOOD DISORDER	Yes	5	14%
	No	16	46%
	Don't Know	14	40%
DX BIPOLAR DISORDER	Yes	0	0%
	No	16	46%
	Don't Know	19	54%
DX MAJOR DEPRESSION	Yes	0	0%
	No	16	46%
	Don't Know	19	54%
DX DYSTHYMIC DISORDER	Yes	0	0%
	No	16	46%
	Don't Know	19	54%
DX OTHER MOOD DISORDER	Yes	1	3%
	No	16	46%
	Don't Know	18	51%
DX PERSONALITY DISORDER	Yes	2	6%
	No	19	54%
	Don't Know	14	40%
DX PSYCHOTIC DISORDER	Yes	1	3%
	No	20	57%
	Don't Know	14	40%
HX SUBSTANCE ABUSE	Yes	7	20%
	No	14	40%
	Don't Know	14	40%

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

Table 6. **CY 2008 AIR FORCE DoDSER SYMPTOM FACTORS (CON'T)**

		EVENT TYPE	
		Suicide	
		Count	Percent
ANY DX ANXIETY DISORDER	Yes	4	11%
	No	18	51%
	Don't Know	13	37%
DX PTSD	Yes	1	3%
	No	18	51%
	Don't Know	16	46%
DX PANIC DISORDER	Yes	0	0%
	No	18	51%
	Don't Know	17	49%
DX GENERAL ANXIETY DISORDER	Yes	0	0%
	No	18	51%
	Don't Know	17	49%
DX ACUTE STRESS DISORDER	Yes	0	0%
	No	18	51%
	Don't Know	17	49%
DX OTHER ANXIETY DISORDER	Yes	0	0%
	No	18	51%
	Don't Know	17	49%

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

Treatment

Table 7 summarizes the history of visits to treatment programs and clinics prior to the suicide completions. The table displays the number of Service Members who had been seen prior to the event (i.e., Yes/No), including within 30- and 90- days of the event. DoDSER respondents were instructed to select all categories that apply, thus they are not mutually exclusive. As shown in the table, 20% (n = 7) were seen in a Medical Treatment Facility within 90 days of the completion, and 23% (n = 8) were seen by Outpatient Mental Health. Additional treatment history data are summarized in Table 7.

Table 7. **CY 2008 AIR FORCE DoDSER TREATMENT HISTORY**

		Count	Percent
SEEN BY MTF	Yes	17	49%
	Within 30 days	3	9%
	Within 90 days (inclusive)[a]	7	20%
	No	6	17%
	Don't Know	12	34%
SEEN BY SAS	Yes	2	6%
	Within 30 days	1	3%
	Within 90 days (inclusive)[a]	1	3%
	No	19	54%
	Don't Know	14	40%
SEEN BY FAP	Yes	3	9%
	Within 30 days	1	3%
	Within 90 days (inclusive)[a]	2	6%
	No	18	51%
	Don't Know	14	40%
SEEN BY CHAPLAIN	Yes	3	9%
	Within 30 days	1	3%
	Within 90 days (inclusive)[a]	3	9%
	No	18	51%
	Don't Know	14	40%
SEEN BY OP MH	Yes	9	26%
	Within 30 days	7	20%
	Within 90 days (inclusive)[a]	8	23%
	No	12	34%
	Don't Know	14	40%
SEEN BY IP MH	Yes	0	0%
	Within 30 days	0	0%
	Within 90 days (inclusive)[a]	0	0%
	No	12	34%
	Don't Know	23	66%
HX PHYSICAL HEALTH PROBLEM	Yes	6	17%
	No	8	23%
	Don't Know	21	60%
HX PRIOR SELF-INJURY	Yes	3	9%
	No	0	0%
	Don't Know	32	91%

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

Note: MTF = Medical Treatment Facility; FAP = Family Advocacy Program; OP MH = Outpatient Mental Health; IP MH = Inpatient Mental Health

Historical/Developmental Factors

Family and Relationship History

Items pertaining to contextual factors at the time of the suicide, such as relationship status, are displayed in Table 8. Also displayed in Table 8 are family history variables. As shown in the table, 40% of the decedents were known to have had a failed intimate or spousal relationship prior to the death, and 20% were reported to have a history of a failed non-intimate relationship. Information was not available on the family history variables. History of Family Death prior to the suicide was reported in one case (3%).

Table 8. **CY 2008 AIR FORCE DoDSER FAMILY HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	14	40%
	No	6	17%
	Don't Know	15	43%
FAILED OTHER RELATIONSHIP	Yes	7	20%
	No	7	20%
	Don't Know	21	60%
HX SPOUSE SUICIDE	Yes	0	0%
	No	1	3%
	Don't Know	34	97%
HX FAMILY SUICIDE	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
HX FRIEND SUICIDE	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
HX FAMILY DEATH	Yes	1	3%
	No	0	0%
	Don't Know	34	97%
HX FRIEND DEATH	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
HX CHRONIC FAMILY ILLNESS	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
HX FAMILY MENTAL ILL/SUICIDE	Yes	1	3%
	No	0	0%
	Don't Know	34	97%

Administrative and Legal History

There were no reports of involvement of court-martial proceedings among any of the Air Force suicide decedents, however information was unavailable for nearly half of the decedents. There were two reports of Article 15 proceedings, and one report of Civil Legal Problems. Much of the data on administrative and legal history were unavailable. All data are summarized in Table 9.

Table 9. **CY 2008 AIR FORCE DoDSER ADMIN/LEGAL HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	0	0%
	No	19	54%
	Don't Know	16	46%
ARTICLE 15 PROCEEDINGS	Yes	2	6%
	No	18	51%
	Don't Know	15	43%
ADMIN SEP PROCEEDINGS	Yes	0	0%
	No	10	29%
	Don't Know	25	71%
AWOL/DESERTION PROCEEDINGS	Yes	0	0%
	No	9	26%
	Don't Know	26	74%
MEB PROCEEDINGS	Yes	0	0%
	No	4	11%
	Don't Know	31	89%
CIVIL LEGAL PROBLEMS	Yes	1	3%
	No	16	46%
	Don't Know	18	51%

Abuse History

The DoDSER collects information on the suicide decedent's history of physical, sexual, or emotional abuse, or sexual harassment. However, this information was not available for the Air Force DoDSER cases.

Financial and Workplace Difficulties

As displayed in Table 10, excessive Debt/Bankruptcy was reported for 20% of the decedents. Work-related problems were reported for 8 of the decedents (23%), and 2 had a history of a poor work performance review or evaluation.

Table 10. **CY 2008 DoDSER-AIR FORCE ADDITIONAL HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	7	20%
	No	8	23%
	Don't Know	20	57%
HX JOB PROBLEMS	Yes	8	23%
	No	11	31%
	Don't Know	16	46%
SUPV/COWORKER ISSUES	Yes	0	0%
	No	0	0%
	Don't Know	35	100%
POOR PERFORMACE EVAL	Yes	2	6%
	No	3	9%
	Don't Know	30	86%
HX WORKPLACE HAZING	Yes	0	0%
	No	0	0%
	Don't Know	35	100%

Deployment Factors

Data were gathered on information pertaining to the Air Force Service Members' most recent three deployments. This data relates to historical deployment data, and not cases that died in theater. Only one Service Member was reported to have been deployed; this Service Member was reported to have been deployed to Iraq. There were no reported combat histories among the suicide decedents.

SUMMARY

This annual statistical report of the Air Force DoDSER provides statistics for Air Force suicide events that occurred in CY 2008. A total of 35 Air Force DoDSERs were submitted for suicides for CY 2008. Of the 45 AFMES confirmed suicides, an Air Force DoDSER was received for 35 of the events for a submission compliance rate of 78% in CY 2008.

Suicides were most common for young, White, married, enlisted Service Members. Non-military firearms and hanging were the most common methods for suicide. The majority of events were reported to have occurred in off-base housing, however, data on location of suicide was unavailable in 60% of the cases. Twenty-six percent of the suicide decedents were reported to have been using drugs or alcohol during the event, which might be an underestimate, given some missing data. Reported psychiatric histories were low in frequency, however, data were unavailable for some cases. Of the reported psychiatric diagnoses, mood and anxiety disorders were most commonly diagnosed. The most frequently reported stressors included failed or failing relationships (especially intimate/spousal) and excessive debt and job related problems. Only one of the suicide decedents was reported to have been deployed, and the operation location was Iraq. None of the decedents reported combat history.

Conclusions and interpretations regarding noted patterns must be made with caution given the low number of total cases available for analysis.

ANNEX 3: Navy DoDSER

CALENDAR YEAR 2008 REPORT

National Center for Telehealth and Technology (T2)

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

ANNEX 3: NAVY DoDSER

RESULTS

Navy DoDSER Submissions and POC Compliance

2008 Reported Suicide Events

A total of 39 Navy DoDSERs for CY 2008 were analyzed. All 39 suicides were confirmed by the AFMES. There was a total of 39 suicides, thus, as shown in Table 1, the compliance rate was 100%. Additional demographic characteristics of Navy suicide cases are available in the main report above.

Table 1. **CY 2008 NAVY DoDSER DEMOGRAPHICS**

	AFMES Confirmed Suicides	DoDSERs Received that are Pending AFMES Confirmation
Male	38	2
Female	1	0
Total Suicides	39	2
DoDSERs Received	39	2
Compliance Rate	100%	-

Dispositional/Personal Factors

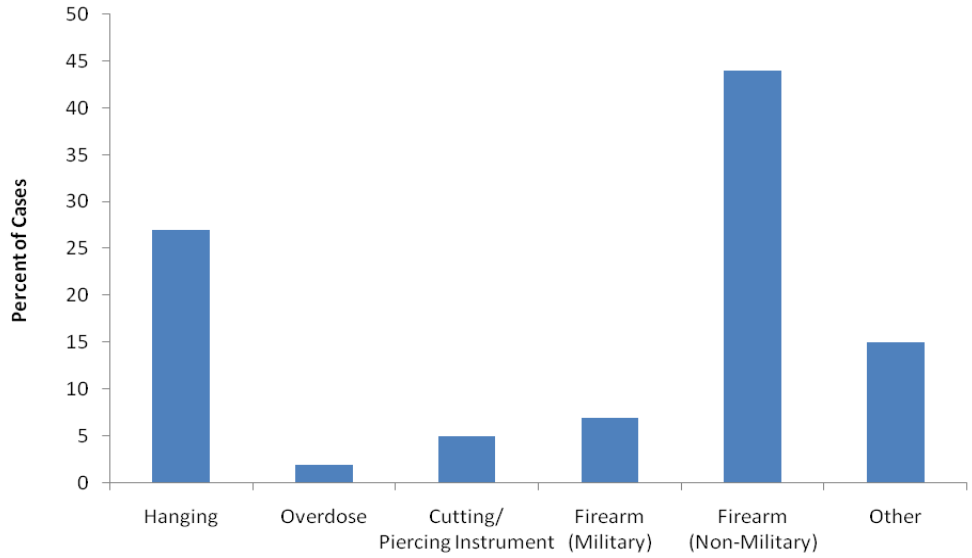
Event Setting/Method

Locations of suicides are shown in Table 2. Suicides were most commonly reported as having occurred in personal residences (51%, n = 21). Event methods are displayed in Figure 1. The majority of the suicides involved non-military firearms and hanging.

Table 2. **CY 2008 NAVY DODSER EVENT SETTING**

	EVENT TYPE	
	Suicides	
	Count	Percent
Residence (personal)	21	51%
Residence (friend/family)	3	7%
Work/jobsite	4	10%
Automobile (away from residence)	5	12%
Inpatient medical facility	0	0%
Other	8	20%

Figure 1. **CY 2008 NAVY DoDSER METHOD OF SUICIDE**

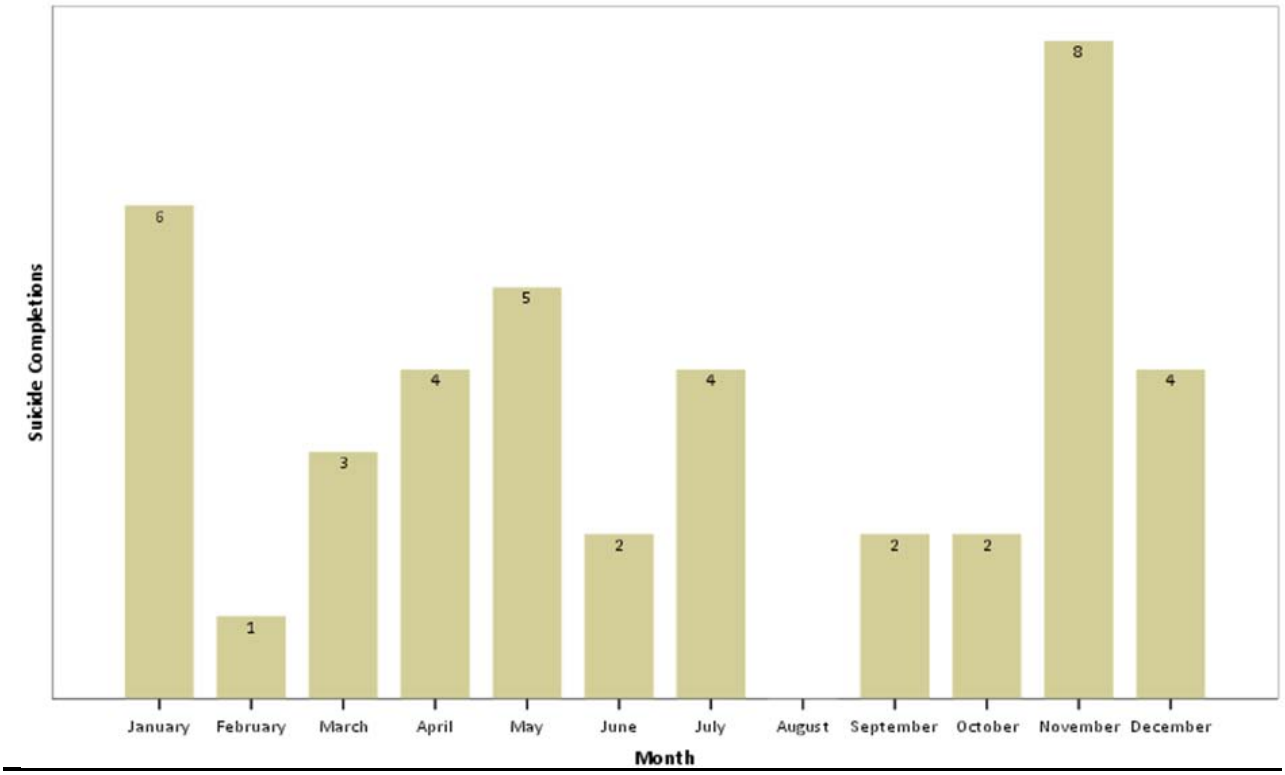


Other = Jumping, Motor Vehicle Crash, Drowning, Poisoning by Exhaust, Poisoning by Utility Gas, Poisoning by Substance, Don't Know, and Lying in Front of Moving Vehicle.

Suicide Completions by Month

Figure 2 displays the frequency of suicides by month. As shown in the Figure, November had the highest number of suicides (n = 8), followed by January (n = 6). August had the lowest recorded suicide count (n = 0). Given the low number of total suicides, conclusions regarding this pattern are limited at this time.

Figure 2. **CY 2008 NAVY DoDSER SUICIDE COMPLETIONS BY MONTH SUICIDE COMPLETIONS BY MONTH**



Other Event Details
Detailed information is gathered as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm), whether the Service Members intended to die, and whether they communicated the potential for self-harm. Additional items in this section pertain to evidence of death risk/gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicide completions were performed in areas or under circumstances in which behaviors are likely to be observed by others.

Substance Use During the Event
A total of 24% of cases reportedly used alcohol and/or drugs during the suicide (20% alcohol; 2% drugs; 2% both alcohol and drugs). This percentage is potentially an underestimate as 34% of the cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the Navy DoDSER submission.

Other Event Information
As displayed in Table 3, information is collected to help characterize the nature of the suicide such as intent to die. Very little data were available on other event information. Of the reported data, 44% were classified as having been Premeditated, 5% due to Death Risk/Gambling, and 22% were reported as being Observable.

Table 3. **CY 2008 NAVY DoDSER ADDITIONAL EVENT INFORMATION**

		EVENT TYPE	
		Suicides	
		Count	Percent
INTENT TO DIE	Yes	23	56%
	No	5	12%
	Don't Know	13	32%
DEATH RISK/GAMBLING	Yes	2	5%
	No	35	85%
	Don't Know	4	10%
PLANNED/PREMEDITATED	Yes	18	44%
	No	7	17%
	Don't Know	16	39%
OBSERVABLE	Yes	9	22%
	No	27	66%
	Don't Know	5	12%
SUICIDE NOTE LEFT	Yes	8	20%
	No	27	66%
	Don't Know	6	15%

Communication of Intent
As displayed in Table 4, 15% of decedents were known to communicate their potential for self-harm to a Friend, 5% to Mental Health Staff, 15% to a Spouse, 2% to a Chaplain, or Supervisor and 10 % to someone designated as "Other."

Table 4. **CY 2008 NAVY DoDSER RECIPIENTS OF COMMUNICATED INTENT**

	EVENT TYPE	
	Suicides	
	Count	Percent
FRIEND	6	15%
MENTAL HEALTH STAFF	2	5%
SUPERVISOR	1	2%
SPOUSE	6	15%
CHAPLAIN	1	2%
OTHER	4	10%

Note: Respondents did not indicate that all cases communicated intent, thus the percentages do not add up to 100%.

Situational/Contextual Factors

Situational Factors

These items pertain to the individual's current situation, such as place of residence, current living situation, and factors that are subject to change over time. As shown in Table 5, off-base family housing was the most common residence location at the time of the event. Seventeen percent of decedents reportedly resided with a spouse at the time of the event. Six cases (15%) were separated from their spouse due to relationship issues. Twenty-two percent were reported to be living alone. The reported proportion of decedents with minor children was reported to be 37%, and 7% of the total cases were reported to be living with their children. In addition, a gun was reported to be in the immediate environment in 44% of the cases.

Table 5. **CY 2008 NAVY DoDSER SITUATIONAL INFORMATION**

		EVENT TYPE	
		Suicides	
		Count	Percent
RESIDENCE	Barracks or other shared military	1	2%
	BEQ/BOQ	5	12%
	On-base family housing	2	5%
	Off-base family housing	21	51%
	Ship	4	10%
	Other	5	12%
	Don't Know	3	7%
RESIDES WITH SPOUSE	Resides with spouse	7	17%
	Separated, relationship issues	6	15%
	Separated, other	3	7%
	Don't Know	5	12%
RESIDES ALONE	Yes	9	22%
	No	28	68%
	Don't Know	4	10%
MINOR CHILDREN	Yes	15	37%
	No	23	56%
	Don't Know	3	7%
CHILDREN RESIDE WITH	Yes	3	7%
	No	11	27%
	Don't Know	1	2%
GUN IN IMMEDIATE ENVIRONMENT	Yes	18	44%
	No	10	24%
	Don't Know	13	32%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Duty Environment
Seventeen percent (n = 7) were reported to have occurred when the Service Member was on Leave, and three (7%) were reported during Training (Table 6).

Table 6. **CY 2008 NAVY DoDSER DUTY ENVIRONMENT**

	EVENT TYPE	
	Suicides	
	Count	Percent
PSYCH HOSPITALIZATION	0	0%
LEAVE	7	17%
MEDICAL HOLD	0	0%
TDY	0	0%
IN EVAC CHAIN	0	0%
AWOL	0	0%
UNDER CMD OBS	0	0%
DEPLOYED	2	5%
OTHER	0	0%
TRAINING	3	7%

Respondents did not indicate that all cases reported duty environment, thus the percentages do not add up to 100%,

Clinical/Symptom Factors

Diagnoses
Table 7 displays suicide decedents' histories of mental health diagnoses. Seven percent (n = 3) had been diagnosed with a Mood Disorder in the past, including Major Depression (n = 1), and Other Mood Disorders (n = 2). Ten percent of suicides (n = 4) had been diagnosed with an Anxiety Disorder (none were diagnosed with Posttraumatic Stress Disorder), and a small proportion were diagnosed with other types of Anxiety Disorders, as shown in Table 7. In addition, six Service Members (15%) were reported to have a history of substance abuse.

Table 7. **CY 2008 NAVY DoDSER SYMPTOM FACTORS**

		EVENT TYPE	
		Suicides	
		Count	Percent
ANY DX MOOD DISORDER	Yes	3	7%
	No	25	61%
	Don't Know	13	32%
DX BIPOLAR DISORDER	Yes	0	0%
	No	28	68%
	Don't Know	13	32%
DX MAJOR DEPRESSION	Yes	1	2%
	No	27	66%
	Don't Know	13	32%
DX DYSTHYMIC DISORDER	Yes	0	0%
	No	28	68%
	Don't Know	13	32%
DX OTHER MOOD DISORDER	Yes	2	5%
	No	25	61%
	Don't Know	14	34%
DX PERSONALITY DISORDER	Yes	0	0%
	No	30	73%
	Don't Know	11	27%
DX PSYCHOTIC DISORDER	Yes	0	0%
	No	30	73%
	Don't Know	11	27%
HX SUBSTANCE ABUSE	Yes	6	15%
	No	23	56%
	Don't Know	12	29%

Note: Table continues on next page.

Table 7. **CY 2008 NAVY DoDSER SYMPTOM FACTORS (CON'T)**

		EVENT TYPE	
		Suicides	
		Count	Percent
ANY DX ANXIETY DISORDER	Yes	4	10%
	No	26	63%
	Don't Know	11	27%
DX PTSD	Yes	0	0%
	No	28	68%
	Don't Know	13	32%
DX PANIC DISORDER	Yes	1	2%
	No	27	66%
	Don't Know	13	32%
DX GENERAL ANXIETY DISORDER	Yes	3	7%
	No	27	66%
	Don't Know	11	27%
DX ACUTE STRESS DISORDER	Yes	2	5%
	No	28	68%
	Don't Know	11	27%
DX OTHER ANXIETY DISORDER	Yes	2	5%
	No	27	66%
	Don't Know	12	29%

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

Treatment History

Table 8 summarizes the history of visits to treatment programs and clinics prior to the suicide. The table displays the number of Service Members who had been seen prior to the event (i.e., Yes/No), including visits within 30 and 90 days of the event. DoDSER respondents were instructed to select all categories that apply, thus they are not mutually exclusive. As shown in the table, 24% (n = 10) were seen in a Medical Treatment Facility within 90 days of the completion, and 7% (n = 3) were seen by Outpatient Mental Health. Seven percent (n = 3) had a history of a physical health problem, and 10% (n = 4) had a prior history of self-harm. Additional treatment history data are summarized in Table 8.

Table 8. **CY 2008 NAVY DoDSER TREATMENT HISTORY**

		Count	Percent
SEEN BY MTF	Yes	12	29%
	Within 30 days	9	22%
	Within 90 days (inclusive)[a]	10	24%
	No	16	39%
	Don't Know	13	32%
SEEN BY SAS	Yes	4	10%
	Within 30 days	1	2%
	Within 90 days (inclusive)[a]	2	5%
	No	30	73%
	Don't Know	7	17%
SEEN BY FAP	Yes	1	2%
	Within 30 days	1	2%
	Within 90 days (inclusive)[a]	1	2%
	No	28	68%
	Don't Know	12	29%
SEEN BY CHAPLAIN	Yes	6	15%
	Within 30 days	1	2%
	Within 90 days (inclusive)[a]	3	7%
	No	16	39%
	Don't Know	19	46%
SEEN BY OP MH	Yes	5	12%
	Within 30 days	2	5%
	Within 90 days (inclusive)[a]	3	7%
	No	27	66%
	Don't Know	9	22%
SEEN BY IP MH	Yes	3	7%
	Within 30 days	0	0%
	Within 90 days (inclusive)[a]	0	0%
	No	31	76%
	Don't Know	7	17%
HX PHYSICAL HEALTH PROBLEM	Yes	3	7%
	No	24	59%
	Don't Know	14	34%
HX PRIOR SELF-INJURY	Yes	4	10%
	No	22	54%
	Don't Know	15	37%

[a] Data presented for "Within 90 days" includes all cases that reported the event "Within 30 days." Therefore, summing the two time frames sums to more than the total number of cases in some instances.
Note: MTF = Medical Treatment Facility; FAP = Family Advocacy Program; OP MH = Outpatient Mental Health; IP MH = Inpatient Mental Health

Historical/Developmental Factors

Family and Relationship History

As shown in Table 9, Failed Marital/Intimate relationships were reported for 51% (n = 21) of the suicide cases. In addition, Other Failed Relationships (non-intimate) were reported for 15% (n = 6) of the cases. There were no cases in which there was a reported History of Spouse Suicide, however, there were reports of a Family History of Suicide in two of the cases (5%).

Table 9 **CY 2008 NAVY DoDSER FAMILY HISTORY**

		EVENT TYPE	
		Suicides	
		Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	21	51%
	No	10	24%
	Don't Know	10	24%
FAILED OTHER RELATIONSHIP	Yes	6	15%
	No	18	44%
	Don't Know	17	41%
HX SPOUSE SUICIDE	Yes	0	0%
	No	35	85%
	Don't Know	6	15%
HX FAMILY SUICIDE	Yes	2	5%
	No	21	51%
	Don't Know	18	44%
HX FRIEND SUICIDE	Yes	0	0%
	No	21	51%
	Don't Know	20	49%
HX FAMILY DEATH	Yes	1	2%
	No	22	54%
	Don't Know	18	44%
HX FRIEND DEATH	Yes	2	5%
	No	19	46%
	Don't Know	20	49%
HX CHRONIC FAMILY ILLNESS	Yes	2	5%
	No	21	51%
	Don't Know	18	44%
HX FAMILY MENTAL ILL/SUICIDE	Yes	4	10%
	No	9	22%
	Don't Know	28	68%

Administrative and Legal History

As displayed in Table 10, there were five reports of a history of Article 15 proceedings (12%), one report of history of Administrative Separation Proceedings (2%), and four (10%) for history of Civil Legal Problems prior to the suicides.

Table 10 **CY 2008 NAVY DoDSER ADMIN/LEGAL HISTORY**

		EVENT TYPE	
		Suicides	
		Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	0	0%
	No	41	100%
	Don't Know	0	0%
ARTICLE 15 PROCEEDINGS	Yes	5	12%
	No	35	85%
	Don't Know	1	2%
ADMIN SEP PROCEEDINGS	Yes	1	2%
	No	40	98%
	Don't Know	0	0%
AWOL/DESERTION PROCEEDINGS	Yes	0	0%
	No	41	100%
	Don't Know	0	0%
MEB PROCEEDINGS	Yes	0	0%
	No	40	98%
	Don't Know	1	2%
CIVIL LEGAL PROBLEMS	Yes	4	10%
	No	31	76%
	Don't Know	6	15%

Abuse History

Of suicide cases, 2% (n =1) had a reported history of Physical Abuse and 2% (n = 1) had a reported history of Emotional Abuse (see Table 11). A history of alleged or confirmed perpetration of abuse/harassment was also rare.

Table 11. **CY 2008 NAVY DoDSER ABUSE HISTORY**

		EVENT TYPE	
		Suicides	
		Count	Percent
VICTIM PHYSICAL ABUSE	Yes	1	2%
	No	22	54%
	Don't Know	18	44%
VICTIM SEXUAL ABUSE	Yes	0	0%
	No	25	61%
	Don't Know	16	39%
VICTIM EMOTIONAL ABUSE	Yes	1	2%
	No	23	56%
	Don't Know	17	41%
VICTIM SEXUAL HARASSMENT	Yes	0	0%
	No	25	61%
	Don't Know	16	39%
PERP PHYSICAL ABUSE	Yes	1	2%
	No	25	61%
	Don't Know	15	37%
PERP SEXUAL ABUSE	Yes	2	5%
	No	25	61%
	Don't Know	14	34%
PERP EMOTIONAL ABUSE	Yes	0	0%
	No	26	63%
	Don't Know	15	37%
PERP SEXUAL HARASSMENT	Yes	1	2%
	No	28	68%
	Don't Know	12	29%

Financial and Workplace Difficulties
As shown in Table 12, Excessive Debt or Bankruptcy was reported for 7% (n = 3) of individuals who died by suicide. Additional information related to job or employment difficulties are presented below. History of Employment problems (n = 4) or Co-worker Difficulties were reported in 7% (n = 3) of the suicide cases. In addition, 5% (n = 2) of the decedents were reported to have had a Poor Performance Evaluation.

Table 12. **CY 2008 NAVY DoDSER ADDITIONAL HISTORY**

		EVENT TYPE	
		Suicides	
		Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	3	7%
	No	28	68%
	Don't Know	10	24%
HX JOB PROBLEMS	Yes	4	10%
	No	32	78%
	Don't Know	5	12%
SUPV/COWORKER ISSUES	Yes	3	7%
	No	30	73%
	Don't Know	8	20%
POOR PERFORMACE EVAL	Yes	2	5%
	No	34	83%
	Don't Know	5	12%
HX WORKPLACE HAZING	Yes	0	0%
	No	34	83%
	Don't Know	7	17%

Deployment Factors

Deployment History
Data were gathered pertaining to the Service Member's most recent three deployments. Table 13 summarizes this information. As shown in the table, only two decedents had a history of deployment to OIF-OEF.

Table 13. **CY 2008 NAVY DoDSER HISTORY EVER DEPLOYED TO OIF/OEF**

	EVENT TYPE	
	Suicides	
	Count	Percent
AFGHANISTAN	0	0%
IRAQ	2	5%
KUWAIT	0	0%

Note: Respondents did not indicate that all cases reported deployment to OIF/OEF, thus the percentages do not add up to 100%,

Combat History for Suicide Decedents

Table 14 displays information about the decedents' combat history. History of experiencing direct combat operations was not reported for any of the decedents.

Table 14. **CY 2008 NAVY DoDSER COMBAT HISTORY**

		EVENT TYPE	
		Suicides	
		Count	Percent
EXPERIENCED DIRECT COMBAT	Yes	0	0%
	No	28	68%
	Don't Know	13	32%
SAW CASUALTIES IN COMBAT		0	0%
INJURED IN COMBAT		0	0%
WITNESSED KILLING IN COMBAT		0	0%
SAW DEAD BODIES IN COMBAT		0	0%
KILLED OTHERS IN COMBAT		0	0%

SUMMARY

This annual statistical report of the Navy DoDSER data provides statistics for Navy suicides that occurred in CY 2008. A total of 39 valid Navy DoDSERs were submitted for suicides for CY 2008. There were 39 AFMES confirmed suicides, for a 100% DoDSER submission compliance rate.

Suicides were most frequent for young, White, married, and enlisted Navy Service Members. Firearms (military and non-military) and hanging were the most common methods for suicide. The majority of events were reported to have occurred in the Service Members' personal residences. Reported psychiatric histories were low in frequency. The most frequently reported stressors included failed or failing intimate relationships. A significant minority of decedents communicated their potential for self-harm, primarily to friends and spouses prior to the suicide. There were very few cases of reported abuse victimization or perpetration among the suicide decedents.

Conclusions and interpretations regarding noted patterns must be made with caution given the low number of total cases available for analysis.

ANNEX 4: Marine Corps DoDSER

CALENDAR YEAR 2008 REPORT

National Center for Telehealth and Technology (T2)

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

ANNEX 4: MARINE CORPS DoDSER

RESULTS

Marine Corps DoDSER Submissions and POC Compliance

2008 Reported Suicides
A total of 41 Marine Corps DoDSERs for CY 2008 were analyzed. All 41 suicides were confirmed by the AFMES. As displayed in Table 1, the compliance rate for the Marine Corps DoDSER was 100%. Additional demographic characteristics of Marine Corps suicide cases are available in the main report above.

Table 1. **CY 2008 MARINE CORPS DoDSER DEMOGRAPHICS**

	AFMES Confirmed Suicides	DoDSERs Received that are Pending AFMES Confirmation
Male	39	1
Female	2	0
Total Suicides	41	1
DoDSERs Received	41	1
Compliance Rate	100%	-

Dispositional/Personal Factors

Event Setting
Suicides occurred most commonly in Personal Residences, as displayed in Table 2. Twelve percent (n = 5) of suicides took place in the Residence of a Friend or Family Member, and 12% (n = 5) occurred in a Workplace. Ten percent (n = 4) of the suicides were reported to have occurred in an automobile that was not at the Service Member's personal residence.

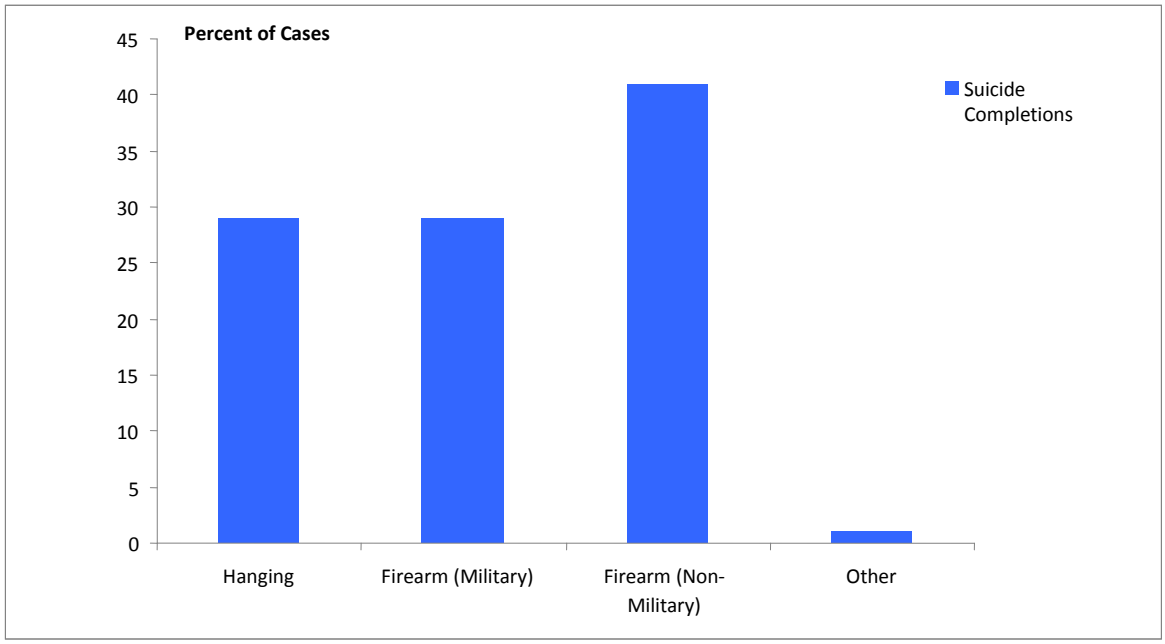
Table 2. **CY 2008 MARINE CORPS DoDSER EVENT SETTING**

	EVENT TYPE	
	Suicide	
	Count	Percent
Residence (personal)	24	57%
Residence (friend/family)	5	12%
Work/jobsite	5	12%
Automobile (away from residence)	4	10%
Inpatient medical facility	0	0%
Other	4	10%

Event Method

Figure 1 displays the differential suicide methods used among Marine Corps Service Members. Firearms (military and non-military) were the most commonly reported suicide method (70%), followed by Hanging (29%). The remainder of the suicides (1%) were reported to have been completed through "Other" means.

Figure 1. **CY 2008 MARINE CORPS DoDSER METHOD OF COMPLETED SUICIDE**

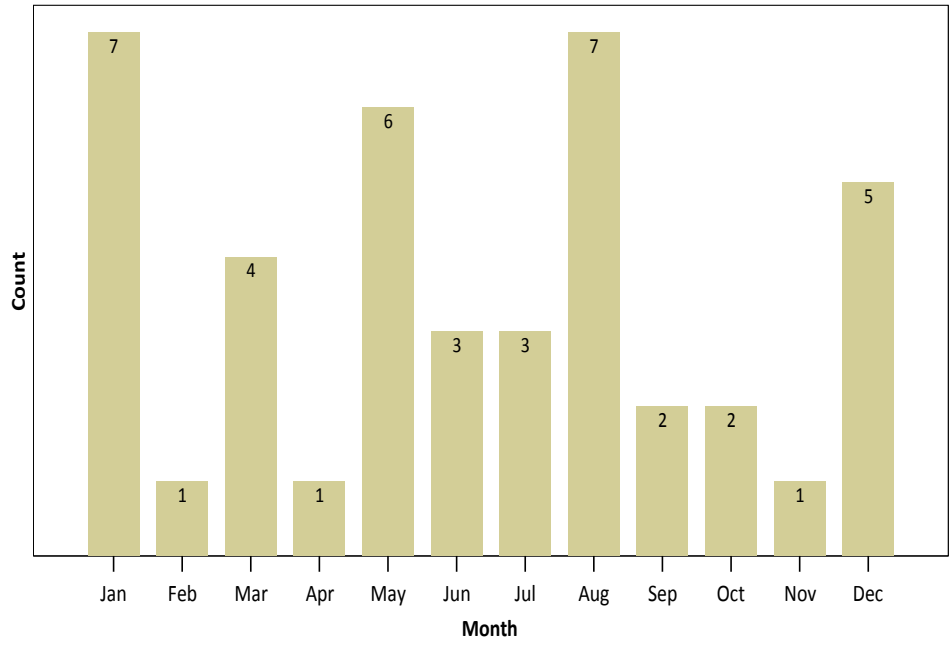


Other = "Crashing a Motor Vehicle"

Suicide Completions by Month

Figure 2 displays CY 2008 Marine Corps suicide completions by month. As shown in the figure, the largest proportion occurred in January and August (n = 7 for each month). The lowest suicide frequencies occurred in February, April, and November (one in each of these months). Given the low total number of suicides, these data should be interpreted with caution.

Figure 2. **CY 2008 MARINE CORPS DoDSER SUICIDE COMPLETIONS BY MONTH**



Other Event Details

Information is gathered as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm), whether the Service Members intended to die, or whether they communicated their potential for self-harm. Additional items in this section pertain to evidence of death risk/gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicides were completed in areas or under circumstances in which Service Members are likely to be observed by others.

Substance Use During the Event

A total of 24% of submitted Marine Corps DoDSERs reported alcohol use, and 2% reported drug use during the event. This percentage may be an underestimate as 41% of cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the Marine Corps DoDSER submission.

Additional Event Information

Information is gathered to help characterize the nature of the reported Marine Corps suicides, as displayed in Table 3. There was evidence of Intent to Die for the majority of suicide decedents (74%, n = 31). There was also evidence that 15 of the suicides (36%) were Premeditated. Twenty-one percent of the suicides were deemed to have taken place under circumstances that the event was likely to have been Observed (n = 9), and 13 (31%) of the decedents left suicide notes.

Table 3. **CY 2008 MARINE CORPS DoDSER ADDITIONAL EVENT INFORMATION**

		EVENT TYPE	
		Suicide	
		Count	Percent
INTENT TO DIE	Yes	31	74%
	No	3	7%
	Don't Know	1	2%
DEATH RISK/GAMBLING	Yes	1	2%
	No	35	83%
	Don't Know	6	14%
PLANNED/PREMEDITATED	Yes	15	36%
	No	18	43%
	Don't Know	9	21%
OBSERVABLE	Yes	9	21%
	No	33	79%
	Don't Know	0	0%
SUICIDE NOTE LEFT	Yes	13	31%
	No	24	57%
	Don't Know	5	12%

Communication of Intent

As shown in Table 4, the majority of the suicide decedents were not known to communicate their potential for self-harm prior to the suicide. Five percent (n = 2) reportedly communicated their potential for self-harm to a Friend, 2% (n = 1) to a Mental Health Professional, and 17% (n = 7) to their Spouses.

Table 4. **CY 2008 MARINE CORPS DoDSER RECIPIENTS OF COMMUNICATED INTENT**

	EVENT TYPE	
	Suicide	
	Count	Percent
FRIEND	2	5%
MENTAL HEALTH STAFF	1	2%
SUPERVISOR	0	0%
SPOUSE	7	17%
CHAPLAIN	0	0%
OTHER	6	14%

Note: Respondents did not indicate that all cases communicated intent, thus the percentages do not add up to 100%.

Situational/Contextual Factors

Situational Factors

Situational factors pertain to the decedent's situation at the time of the suicide, such as place of residence, living situation, and factors that are subject to change over time. These data are represented in Table 5. The most frequent type of residence at the time of the event was off-base housing (40%, n = 17). Twenty-six percent (n = 11) occurred in shared military housing, and 19% (n = 8) were reported to have occurred in BEQ/BOQ. In a minority of the cases, the suicide was reported to have occurred in on-base family housing (5%, n = 2) and one was reported to have occurred on ship (2%). Three suicides were reported to have occurred in "Other" locations.

In addition, 17% of the decedents were reported to have been living with their spouses. A significant proportion (19%, n = 8) of the decedents were reported to have been separated due to relationship problems. Twenty-one percent of the decedents were reported to have been living alone (n = 9). Ten cases had minor children, and half of those were living with their children at the time of the death The majority of suicide decedents were reported to have had a firearm in their immediate environments (57%, n = 24).

Table 5. **CY 2008 DoDSER-MARINE CORPS SITUATIONAL INFORMATION**

		EVENT TYPE	
		Suicide	
		Count	Percent
RESIDENCE	Barracks or other shared military	11	26%
	BEQ/BOQ	8	19%
	On-base family housing	2	5%
	Off-base family housing	17	40%
	Ship	1	2%
	Other	3	7%
	Don't Know	0	0%
RESIDES WITH SPOUSE	Resides with spouse	7	17%
	Separated, relationship issues	8	19%
	Separated, other	4	10%
	Don't Know	1	2%
RESIDES ALONE	Yes	9	21%
	No	31	74%
	Don't Know	2	5%
MINOR CHILDREN	Yes	10	24%
	No	31	74%
	Don't Know	0	0%
CHILDREN RESIDE WITH	Yes	5	12%
	No	6	14%
	Don't Know	0	0%
GUN IN IMMEDIATE ENVIRONMENT	Yes	24	57%
	No	13	31%
	Don't Know	5	12%

Note: Indented items were only asked in cases where the respondent indicated that the decedent was married or had children.

Duty Environment

As shown in Table 6, 14% of the suicides were completed while the Service Member was on leave (n = 6), four while on TDY (10%), four while AWOL (10%), two while training (5%), and two in other environments. In addition, 17% (n=7) were deployed during the time of completion.

Table 6. **CY 2008 MARINE CORPS DoDSER DUTY ENVIRONMENT**

	EVENT TYPE	
	Suicide	
	Count	Percent
PSYCH HOSPITALIZATION	0	0%
LEAVE	6	14%
MEDICAL HOLD	2	5%
TDY	4	10%
IN EVAC CHAIN	0	0%
AWOL	4	10%
UNDER CMD OBS	0	0%
DEPLOYED	7	17%
OTHER	2	5%
TRAINING	2	5%

Note: Respondents did not indicate that all cases reported duty environment, thus the percentages do not add up to 100%.

Clinical/Symptom Factors

Diagnoses

Table 7 displays suicide decedents' histories of mental health diagnoses. Forty-three percent of the suicides (n = 18) had a history of at least one mental disorder. Fourteen percent (n = 6) had been diagnosed with a Mood Disorder in the past, including Major Depression (n = 2), Dysthymic Disorder (n = 1), and Other Mood Disorders (n = 1). Seven percent of suicide cases (n = 3) had been diagnosed with an Anxiety Disorder, including 2% (n = 1) with Posttraumatic Stress disorder (PTSD). Seven Service Members (17%) were reported to have a history of substance abuse, and two Soldiers (5%) were identified with a Personality Disorder.

Table 7. **CY 2008 MARINE CORPS DoDSER SYMPTOM FACTORS**

		EVENT TYPE	
		Suicide	
		Count	Percent
ANY DX MOOD DISORDER	Yes	6	14%
	No	33	79%
	Don't Know	3	7%
DX BIPOLAR DISORDER	Yes	0	0%
	No	36	86%
	Don't Know	6	14%
DX MAJOR DEPRESSION	Yes	2	5%
	No	35	83%
	Don't Know	5	12%
DX DYSTHYMIC DISORDER	Yes	1	2%
	No	35	83%
	Don't Know	6	14%
DX OTHER MOOD DISORDER	Yes	1	2%
	No	35	83%
	Don't Know	6	14%
DX PERSONALITY DISORDER	Yes	2	5%
	No	38	90%
	Don't Know	2	5%
DX PSYCHOTIC DISORDER	Yes	0	0%
	No	39	93%
	Don't Know	3	7%
HX SUBSTANCE ABUSE	Yes	7	17%
	No	29	69%
	Don't Know	6	14%

Note: Table continues on next page.

Table 7. **CY 2008 MARINE CORPS DoDSER SYMPTOM FACTORS (CON'T)**

		EVENT TYPE	
		Suicide	
		Count	Percent
ANY DX ANXIETY DISORDER	Yes	3	7%
	No	36	86%
	Don't Know	3	7%
DX PTSD	Yes	1	2%
	No	37	88%
	Don't Know	4	10%
DX PANIC DISORDER	Yes	0	0%
	No	38	90%
	Don't Know	4	10%
DX GENERAL ANXIETY DISORDER	Yes	1	2%
	No	37	88%
	Don't Know	4	10%
DX ACUTE STRESS DISORDER	Yes	1	2%
	No	38	90%
	Don't Know	3	7%
DX OTHER ANXIETY DISORDER	Yes	0	0%
	No	38	90%
	Don't Know	4	10%

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

Treatment

Table 8 summarizes the history of visits to treatment programs and clinics prior to the suicide. The table displays the number of Marines who had been seen prior to the event (i.e., Yes/No), including within 30 and 90 days of the event. DoDSER respondents were instructed to select all categories that apply, thus they are not mutually exclusive. As shown in the table, 40% (n = 17) Service Members were seen by an MTF within 90 days of the suicide, and 17% (n = 7) were seen in Outpatient Mental Health within 90 days prior to the death. Twenty-four percent (n = 10) were reported have a history of a physical health problem and 14% (n = 6) were reported to have had a prior history of self-injury. Additional treatment history data are summarized in Table 8.

Table 8. **CY 2008 MARINE CORPS DoDSER TREATMENT HISTORY**

		Count	Percent
SEEN BY MTF	Yes	23	55%
	Within 30 days	11	26%
	Within 90 days (inclusive)[a]	17	40%
	No	16	38%
	Don't Know	3	7%
SEEN BY SAS	Yes	2	5%
	Within 30 days	0	0%
	Within 90 days (inclusive)[a]	0	0%
	No	33	79%
	Don't Know	7	17%
SEEN BY FAP	Yes	3	7%
	Within 30 days	2	5%
	Within 90 days (inclusive)[a]	2	5%
	No	31	74%
	Don't Know	8	19%
SEEN BY CHAPLAIN	Yes	6	14%
	Within 30 days	4	10%
	Within 90 days (inclusive)[a]	5	12%
	No	25	60%
	Don't Know	11	26%
SEEN BY OP MH	Yes	13	31%
	Within 30 days	6	14%
	Within 90 days (inclusive)[a]	7	17%
	No	27	64%
	Don't Know	2	5%
SEEN BY IP MH	Yes	2	5%
	Within 30 days	2	5%
	Within 90 days	3	7%
	No	33	79%
	Don't Know	7	17%
HX PHYSICAL HEALTH PROBLEM	Yes	10	24%
	No	30	71%
	Don't Know	2	5%
HX PRIOR SELF-INJURY	Yes	6	14%
	No	24	57%
	Don't Know	12	29%

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

Note: MTF = Medical Treatment Facility; OP MH = Outpatient Mental Health; SAS = Substance Abuse Services; IP MH = Inpatient Mental Health; FAP = Family Advocacy Program.

Historical/Developmental Factors

Family and Relationship History

As shown in Table 9, Failed Marital/Intimate Relationships were reported for 57% (n = 24) of the suicide cases. In addition, other failed relationships (non-intimate) were reported for 10% (n = 4) of the cases.
There were no cases in which there was a reported history of spouse suicide, however, there were reports of a family history of suicide in three of the cases (7%), and history of a friend's suicide reported in one case (2%).

Table 9. **CY 2008 MARINE CORPS DoDSER FAMILY HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
FAILED INTIMATE RELATIONSHIP	Yes	24	57%
	No	12	29%
	Don't Know	6	14%
FAILED OTHER RELATIONSHIP	Yes	4	10%
	No	24	57%
	Don't Know	14	33%
HX SPOUSE SUICIDE	Yes	0	0%
	No	40	95%
	Don't Know	2	5%
HX FAMILY SUICIDE	Yes	3	7%
	No	30	71%
	Don't Know	9	21%
HX FRIEND SUICIDE	Yes	1	2%
	No	30	71%
	Don't Know	11	26%
HX FAMILY DEATH	Yes	3	7%
	No	31	74%
	Don't Know	8	19%
HX FRIEND DEATH	Yes	2	5%
	No	25	60%
	Don't Know	15	36%
HX CHRONIC FAMILY ILLNESS	Yes	3	7%
	No	29	69%
	Don't Know	10	24%
HX FAMILY MENTAL ILL/SUICIDE	Yes	2	5%
	No	6	14%
	Don't Know	34	81%

Administrative and Legal History

As displayed in Table 10, there were 5 reports of Article 15 proceedings, 4 decedents with a history of Administrative Separation Proceedings, 5 with AWOL/Desertion proceedings, 4 with MEB, and 2 with Civil Legal Problems.

Table10. **CY 2008 MARINE CORPS DoDSER ADMIN/LEGAL HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	1	2%
	No	41	98%
	Don't Know	0	0%
ARTICLE 15 PROCEEDINGS	Yes	5	12%
	No	37	88%
	Don't Know	0	0%
ADMIN SEP PROCEEDINGS	Yes	4	10%
	No	37	88%
	Don't Know	1	2%
AWOL/DESERTION PROCEEDINGS	Yes	5	12%
	No	37	88%
	Don't Know	0	0%
MEB PROCEEDINGS	Yes	4	10%
	No	38	90%
	Don't Know	0	0%
CIVIL LEGAL PROBLEMS	Yes	2	5%
	No	36	86%
	Don't Know	4	10%

Abuse History

Of completed suicides, 5% (n =2) had a reported history of being a victim of Physical Abuse and 5% (n = 2) had reported histories of Emotional Abuse (Table 11). Four suicide cases (10%) had a reported history of having Perpetrated Physical Abuse and one (2%) had a history of having Perpetrated Sexual Harassment.

Table 11. **CY 2008 MARINE CORPS DoDSER ABUSE HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
VICTIM PHYSICAL ABUSE	Yes	2	5%
	No	29	69%
	Don't Know	11	26%
VICTIM SEXUAL ABUSE	Yes	0	0%
	No	31	74%
	Don't Know	11	26%
VICTIM EMOTIONAL ABUSE	Yes	2	5%
	No	28	67%
	Don't Know	12	29%
VICTIM SEXUAL HARASSMENT	Yes	0	0%
	No	32	76%
	Don't Know	10	24%
PERP PHYSICAL ABUSE	Yes	4	10%
	No	31	74%
	Don't Know	7	17%
PERP SEXUAL ABUSE	Yes	0	0%
	No	35	83%
	Don't Know	7	17%
PERP EMOTIONAL ABUSE	Yes	0	0%
	No	35	83%
	Don't Know	7	17%
PERP SEXUAL HARASSMENT	Yes	1	2%
	No	34	81%
	Don't Know	7	17%

Financial and Workplace Difficulties
As shown in Table 12, Excessive Debt or Bankruptcy was reported for 12% (n = 5) of the suicides. History of Employment Problems were reported in 17% of cases (n = 7) and Co-worker Difficulties were reported in 12% (n = 5) of individuals who died by suicide. Additional information related to job or employment difficulties are presented below.

Table 12. **CY 2008 MARINE CORPS DoDSER ADDITIONAL HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	5	12%
	No	24	57%
	Don't Know	13	31%
HX JOB PROBLEMS	Yes	7	17%
	No	34	81%
	Don't Know	1	2%
SUPV/COWORKER ISSUES	Yes	5	12%
	No	35	83%
	Don't Know	2	5%
POOR PERFORMACE EVAL	Yes	6	14%
	No	36	86%
	Don't Know	0	0%
HX WORKPLACE HAZING	Yes	0	0%
	No	41	98%
	Don't Know	1	2%

Deployment Factors

Deployment History
Data were gathered pertaining to the Service Members' most recent three deployments. Table 13 summarizes this information for the most commonly reported deployment locations: Afghanistan, Iraq, and Kuwait. Iraq was the most common deployment location (55%; n = 23). Five suicide decedents were reported to have been deployed to Kuwait (12%). Data were missing on 13 cases.

Table 13. **CY 2008 MARINE CORPS DoDSER HISTORY EVER DEPLOYED TO OIF/OEF**

	EVENT TYPE	
	Suicide	
	Count	Percent
AFGHANISTAN	0	0%
IRAQ	23	55%
KUWAIT	5	12%

Note: Respondents did not indicate that all cases reported deployment to OIF/OEF, thus the percentages do not add up to 100%.

Suicides During OIF-OEF Deployment
As described in the main report above, 7 Marines died by suicide in OIF-OEF. Days deployed prior to the suicide were not analyzed given the few cases available.

Combat History for Suicide Decedents
Table 14 displays information about the suicide decedents' combat history. History of experiencing direct combat operations was reported in 36% (n = 15) of the suicide cases.

Table 14. **CY 2008 MARINE CORPS DoDSER COMBAT HISTORY**

		EVENT TYPE	
		Suicide	
		Count	Percent
EXPERIENCED DIRECT COMBAT	Yes	15	36%
	No	25	60%
	Don't Know	2	5%
SAW CASUALTIES IN COMBAT		10	24%
INJURED IN COMBAT		4	10%
WITNESSED KILLING IN COMBAT		12	29%
SAW DEAD BODIES IN COMBAT		8	19%
KILLED OTHERS IN COMBAT		7	17%

Summary

This annual statistical report of the Marine Corps DoDSER data provides statistics for Marine Corps suicides occurring in CY 2008. A total of 41 Marine Corps DoDSERs were submitted for suicide for CY 2008 (100% of AFMES confirmed suicides).

Suicides were most common for young, White, married, junior enlisted Marine Corps Service Members. Firearms (military and non-military) and hanging were the most common methods for suicide. The majority of events were reported to have occurred in off-base family housing. Reported psychiatric histories were low in frequency, with the greatest proportions being reported for substance abuse and mood disorder. The most frequently reported stressors included failed or failing intimate relationships. Other reported stressors were excessive debt, job problems, co-worker problems, and poor performance evaluations. Of 20 decedents who were married, eight were separated due to relationship issues at the time of the death. A significant minority of decedents communicated their potential for self-harm prior to the event. Slightly more than half of the decedents had been deployed to Iraq and a small proportion to Kuwait. Thirty-six percent had a known history of direct combat exposure.

Conclusions and interpretations regarding noted patterns must be made with caution until control data are available and multiple years of data are available for statistical analysis.

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DoDSER APPENDIX A

ACRONYM LIST

ADMIN	Administrative
ADT	Active Duty for Training
AFMES	Armed Forces Medical Examiner System
AGR	Active Guard/Reserve
ASAP	Army Substance Abuse Program
ASER	Army Suicide Event Report
AWOL	Absent Without Leave
BEQ	Bachelor Enlisted Quarters
BOQ	Bachelor Officer Quarters
CDC	Centers for Disease Control
CMD	Command
CY	Calendar Year
DOD	Department of Defense
DODSER	Department of Defense Suicide Event Report
DONSIR	Department of the Navy Suicide Incident Report
DX	Diagnosis
FAP	Family Advocacy Program
GED	General Equivalency Diploma
HX	History
IDT	Inactive Duty Training
IET	Initial Entry Training
IP MH	Inpatient Mental Health
MEB	Medical Evaluation Board
MHAT	Mental Health Advisory Team
MTF	Medical Treatment Facility
NVDRS	National Violent Death Reporting System
OBS	Observation
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OP MH	Outpatient Mental Health
OSD	Office of the Secretary of Defense
OSI	Office of Special Investigations
POC	Point of Contact
PSYCH	Psychiatric
PTSD	Posttraumatic Stress Disorder
RR	Rate Ratio
SAS	Substance Abuse Services
SESS	Suicide Event Surveillance System
SPARRC	Suicide Prevention and Risk Reduction Committee
SPPM	Suicide Prevention Program Manager
SRMSO	Suicide Risk Management & Surveillance Office
T2	National Center for Telehealth and Technology
TDY	Temporary Duty

DoDSER APPENDIX B

DoDSER CY 2008

DoDSER 2008 WEB FORM ITEMS

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008

I. Patient/Decedent Personal Information

1. Event type: (click for definitions)
   - ☐ Suicide
   - ☐ Suicide attempt (evidence of intent to die)
   - ☐ Self harm (without intent to die)
   - ☐ Suicidal ideation only (without attempt/self harm)

2. For Administrative Use Only:
   - ☐ Test, calibration, or special study

3. Last Name:
   First Name:
   Middle Initial:
   Social Security Number:

4. Date of Birth:

5. Sex:
   - ☐ Male
   - ☐ Female

6. Relationship to Sponsor:
   - ☐ Sponsor
   - ☐ Spouse
   - ☐ Dependent
   - ☐ Other:

7. Service:
   - ☐ Army
   - ☐ Air Force
   - ☐ Navy
   - ☐ Marines
   - ☐ Coast Guard
   - ☐ Foreign Military
   - ☐ Other uniformed Service
   - ☐ Other

8. Racial Category:
   - ☐ American Indian/Alaska Native
   - ☐ Asian/Pacific Islander
   - ☐ Black/ African American
   - ☐ White/Caucasian
   - ☐ Other:
   - ☐ Don't Know

I. Patient/Decedent Personal Information Continued

9. Specific Ethnic Group:

Hispanic
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Latin American
- ☐ Other Spanish

Native American
- ☐ Aleut
- ☐ Eskimo
- ☐ US/Canadian Tribes

Asian
- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Indian
- ☐ Filipino
- ☐ Vietnamese
- ☐ Other Asian

Pacific Islander
- ☐ Melanesian
- ☐ Polynesian
- ☐ Other Pacific Islands

- ☐ Other
- ☐ Don't Know

---

10. Current Marital Status

- ☐ Never Married
- ☐ Married
- ☐ Legally separated
- ☐ Divorced
- ☐ Widowed
- ☐ Don't Know

If married,

- ☐ Resides with Spouse
- ☐ Separated due to relationship issues
- ☐ Separated for reasons other than relationship (e.g. deployed)
- ☐ Don't Know

---

11. Education

- ☐ Some high school, did not graduate
- ☐ GED
- ☐ High school graduate
- ☐ Some college or technical school, no degree or certificate
- ☐ College degree of less than four years or technical school certificate
- ☐ Four-year college degree
- ☐ Master's degree or greater
- ☐ Don't Know

I. Patient/Decedent Personal Information Continued

12. Residence at time of event:
- ☐ Barracks, tents, or other shared military living environment
- ☐ Bachelor Enlisted Quarters (BEQ) or Bachelor Officer Quarters (BOQ)
- ☐ On-base family housing
- ☐ Owned or leased apartment or house
- ☐ Ship
- ☐ Other
- ☐ Don't Know

13. Did the patient/decedent reside alone at the time of the event?
- ☐ Yes
- ☐ No
- ☐ Don't Know

14. Did the patient/decedent have minor children?
- ☐ Yes
- ☐ No
- ☐ Don't Know

If yes, were the children residing with him/her?
- ☐ Yes
- ☐ No
- ☐ Don't know

II. Sponsor's Military Information

15. Component/Military Status:
- ☐ Regular (e.g. Army, Air Force)
- ☐ Reserve (e.g. USAR, USMCR)
- ☐ National Guard
- ☐ Other:

16. Job Code: (MOS, SSI, AFSC, DAFSC, or other military job code)

17. Duty status at time of event: (check all that apply)
- ☐ Active Duty
- ☐ AGR (Active Guard Reserve)
- ☐ IET (Basic and Advanced Individualized Training)
- ☐ Mobilized RC (Reserve and National Guard)
- ☐ ADT (Active Duty for Training)
- ☐ IDT (Weekend Drill Reserve)
- ☐ Retired
- ☐ Released from active duty within 120 days
- ☐ Other:
- ☐ Does not apply

II. Sponsor's Military Information Continued

18. Pay Grade:

☐ E1 ☐ E2 ☐ E3 ☐ E4
☐ E5 ☐ E6 ☐ E7 ☐ E8
☐ E9
☐ W1 ☐ W2 ☐ W3 ☐ W4
☐ W5
☐ O1 ☐ O2 ☐ O3 ☐ O4
☐ O5 ☐ O6 ☐ O7 ☐ O8
☐ O9 ☐ O10
☐ Cadet/Midshipman
☐ Does not apply

19. Permanent duty station//command location:

☐ Same as geographic event location
☐ Other location

If other location,
Country:
State:
City, post or camp:

20. *Refer to service-specific DoDSER question at end of appendix B*

21. UIC or other unit identification:

22. Length of time in unit:
Years:
Months

☐ Check if unknown

III. Event Information

23. Event Date: (example: 01-JAN-2007)

Event Time (local military format.
Example: 1425)

24. Geographic location of event:
Country:
State:
City/Post/Camp

III. Event Information

25. Event Setting:

- ☐ Residence (own) or barracks
- ☐ Residence of friend or family
- ☐ Work/Jobsite
- ☐ Automobile (away from residence)
- ☐ Inpatient medical facility
- ☐ Other:

---

26. *Refer to service-specific DoDSER question at end of appendix B*

---

27. Primary method used:

- ☐ Drugs
- ☐ Alcohol
- ☐ Gas, vapor poisoning by vehicle exhaust
- ☐ Gas, vapor poisoning by utility (or other) gas
- ☐ Solvents, pesticides and other agricultural chemicals
- ☐ Hanging
- ☐ Drowning
- ☐ Firearm/gun, military issue or duty weapon
- ☐ Firearm/gun, other than military issue
- ☐ Fire, steam, etc.
- ☐ Sharp or blunt object
- ☐ Jumping from high place
- ☐ Lying in front of a moving object
- ☐ Crashing a motor vehicle
- ☐ Other:
- ☐ Don't know

---

28. During the event, was alcohol used?

- ☐ Yes
- ☐ No
- ☐ Don't know

---

29. During the event, were drugs used?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, what types of drugs were used?

Drugs (illicit/illegal)

- ☐ Overdose
- ☐ Used, no overdose
- ☐ Were not used

Prescription medications

- ☐ Overdose
- ☐ Used, no overdose
- ☐ Don't know

III. Event Information Continued

Non-prescription medications (e.g. over-the-counter medications)	☐ Overdose ☐ Used, no overdose ☐ Were not used

30. Is there evidence that the patient/decedent intended to die?
☐ Yes
☐ No
☐ Cannot determine

31. Were there self-inflicted injures (including poisoning)?
☐ Yes
☐ No

32. Is there evidence the event involved death-risk gambling? (e.g. Russian roulette, walking railroad tracks, playing "chicken")
☐ Yes
☐ No
☐ Don't know

33. Is there evidence the event was planned and/or premeditated?
☐ Yes
☐ No
☐ Don't know

34. Was the event performed under circumstances where it would likely be observed by and intervened in by others?
☐ Yes
☐ No
☐ Don't know

35. Was a suicide note left?
☐ Yes
☐ No
☐ Don't know

36. Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note?)
☐ Yes
☐ No
☐ Don't know

If yes, how? (check all that apply)	☐ Written ☐ Verbal ☐ Other:
To whom? (check all that apply)	☐ Supervisor ☐ Chaplain ☐ Mental Health Staff ☐ Friend ☐ Spouse or significant other ☐ Other:

37. *Refer to service-specific DoDSER question at end of appendix B*

III. Event Information Continued

38. *Refer to service-specific DoDSER question at end of appendix B*

39. Please describe the general sequence of events leading up to the ideation/attempt/completion and discovery/intervention.

IV. History

Prior to the event, was the patient/decedent seen by…..

If yes, how long prior to the event? (select the most recent occurrence)

40. a Medical Treatment Facility?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

41. Substance Abuse Services?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

42. a Family Advocacy Program?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

43. Chaplain Services?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

44. Outpatient Mental Health? (including deployment mental health services)
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

45. Inpatient Mental Health?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

IV. History Continued

Prior to the event, had the patient/decedent been diagnosed….		If yes, how long prior to the event? (select the most recent occurrence)
46. with any Mood Disorder? (e.g. major depression, etc)	☐ Yes ☐ No ☐ Don't know	
with a Bipolar Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with Major Depression?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with Dysthymic Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with any other Mood Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
47. with an Anxiety Disorder (e.g. PTSD, etc?)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with PTSD?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with Panic Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
with Generalized Anxiety Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year

IV. History Continued

		☐ Over 1 year ago
with Acute Stress Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
With any other Anxiety Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
48. with a Personality Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
49. with a Psychotic Disorder?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

Prior to the event, did the patient/decedent…

50. have a history of Substance Abuse?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

If yes, select all that apply:	Dependence	Abuse
Alcohol	☐	☐
Drugs (illicit/illegal)	☐	☐
Prescription medications	☐	☐
Non-prescription medications (e.g. OTC medication)	☐	☐

50. taken Psychotropic Medications?	☐ Yes ☐ No ☐ Don't know	If yes, how long prior to the event? (select the most recent occurrence)
taken Antidepressants?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

IV. History Continued

taken Anti-anxiety medications?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
taken Antimanics?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
taken Anticonvulsants?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
taken Antipsychotics?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
52. had prior self-injurious events?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
If yes, how many prior events?	☐ One prior event ☐ More than one prior event	
Was this event similar to prior event(s)?	☐ Yes ☐ No ☐ Don't Know	
Age at first self-injurious event:		
53. Did the patient or decedent receive his/her required suicide prevention training?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

54. Please elaborate on any other relevant details related tot eh patient/decedent's mental health treatment history.

IV. History Continued

Prior to the event, was the patient/decedent the subject of…		If yes, how long prior to event? (select the most recent occurrence)
55. Courts Martial proceedings?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
56.Article 15 proceedings or civilian criminal problems? (NJP proceedings for USMC/USN)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
57. Administrative Separation proceedings?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
58. AWOL/UA?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
59. a Medical Evaluation board?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
60. civil legal problems? (e.g. child custody dispute, litigation)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
61. non-selection for advanced schooling, promotion or command?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

62. Please describe or elaborate on life stressors or other circumstances affecting the patient/decedent prior to the event:

IV. History Continued

Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of….

If yes, how long prior to event? (select the most recent occurrence)

63. physical abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

64. sexual abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

65. emotional abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

66. sexual harassment?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of….

67. physical abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

68. sexual abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

69. emotional abuse or assault?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

70. sexual harassment?
- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐ Within 30 days
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Over 1 year ago

IV. History Continued

71. Please describe any known childhood or developmental history that may have contributed to the event:

_____

72. How many deployments?
- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more

Please specify the MOST RECENT deployment first.

Deployment location 1:
- ☐ United States
- ☐ Iraq
- ☐ Afghanistan
- ☐ Kuwait
- ☐ Korea
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America
- ☐ Other:

Deployment 1 start date:
Deployment 1 end date:
Deployment 1 R&R start date:
Deployment 1 R&R end date:

Deployment location 2:
- ☐ United States
- ☐ Iraq
- ☐ Afghanistan
- ☐ Kuwait
- ☐ Korea
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America
- ☐ Other:

Deployment 2 start date:
Deployment 2 end date:

Deployment location 3:
- ☐ United States
- ☐ Iraq
- ☐ Afghanistan
- ☐ Kuwait
- ☐ Korea
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America
- ☐ Other:

Deployment 3 start date:
Deployment 3 end date:

_____

IV. History Continued

73. Did the patient/decedent experience direct combat operations?
- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, how long prior to event? (select the most recent occurrence)

☐ Deployment 1	☐ Within 30 days	☐ Within 3 months	☐ Within 1 year	☐ Over 1 year ago
☐ Deployment 2	☐ Within 30 days	☐ Within 3 months	☐ Within 1 year	☐ Over 1 year ago
☐ Deployment 3	☐ Within 30 days	☐ Within 3 months	☐ Within 1 year	☐ Over 1 year ago

If yes, did the patient/decedent….

and his/her unit engage in battle resulting in casualties/wounded?	☐ Deployment 1	☐ Deployment 2	☐ Deployment 3
become wounded or injured in combat?	☐ Deployment 1	☐ Deployment 2	☐ Deployment 3
personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed?	☐ Deployment 1	☐ Deployment 2	☐ Deployment 3
see the bodies of dead soldiers or civilians following battle?	☐ Deployment 1	☐ Deployment 2	☐ Deployment 3
kill others in combat (or have reason to believe others were killed as result of actions)\	☐ Deployment 1	☐ Deployment 2	☐ Deployment 3

74. Did the patient or decedent have orders to deploy?
- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Don't know

75. Was the event related to a deployment?
- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, what type of deployment(s)? (check all that apply)
- ☐ Anticipated deployment
- ☐ Current deployment
- ☐ Prior deployment

76. Please describe any additional relevant military history including additional relevant deployment history:

IV. History Continued

Prior to the event, was there evidence of…..		if yes, how long prior to event? (select most recent occurrence)
77. a failed or failing spousal or intimate partner relationship?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
78. a failed or failing other relationship?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
79. a completed spousal suicide?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
80. a completed family suicide?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
81. a completed suicide by a friend?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
82. a death or spouse or family? (other than suicide)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
83. the death of a friend? (other than suicide)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
84. a physical health problem?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
85. a chronic spousal or family severe illness?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago

IV. History Continued

86. excessive debt or bankruptcy?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
87. job problems? (e.g. laid off, fired, excessive pressure)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
88. supervisor or coworker issues or problems?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
89. a poor work performance review or evaluation? (e.g. bar for reenlistment, Flagged record, extra duty imposed)	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
90. unit or workplace hazing?	☐ Yes ☐ No ☐ Don't know	☐ Within 30 days ☐ Within 3 months ☐ Within 1 year ☐ Over 1 year ago
91. Did the patient/decedent have a family history of mental illness?	☐ Yes ☐ No ☐ Don't know	
92. Was there a gun in the home or immediate environment?	☐ Yes ☐ No ☐ Don't know	

V. Narrative Summary

93. Please describe or elaborate on any additional details related to these factors (77-92)

94. *Refer to service-specific DoDSER question at end of appendix B*

95. Today's Date:

V. Narrative Summary

96. Location where this DoDSER was completed:

- ☐ Same as geographic event location
- ☐ Other location

If other location,
Country:
State:
City, post, or camp

97. *Refer to service-specific DoDSER question at end of appendix B*

98. *Refer to service-specific DoDSER question at end of appendix B*

99. Form Completer
Name:
Rank/grade:
Command (Navy/Marines only):
Phone Number:
DSN prefix:
Email:

100. Information based on certain types of records requires special privacy by some Service's suicide surveillance programs. Please indicated what sources of information were used to compile this report: (check all that apply)

Interviews with:

- ☐ The patient (non-fatalities)
- ☐ Co-workers/supervisors
- ☐ Responsible investigative agency officer
- ☐ Involved professionals, such as physicians, behavioral health clinicians, drug and alcohol counselors, chaplains, military police, family service personnel (e.g. ACS), etc.
- ☐ Family members

Review of records including:

- ☐ Medical and behavioral health records
- ☐ Family Advocacy records
- ☐ Army Substance Abuse Program records (ASAP)
- ☐ Personnel records
- ☐ Responsible investigative agency records (e.g. CID)
- ☐ Court-martial records
- ☐ Records related to manner of death, such as casualty reports, Toxicology/lab reports, pathology/autopsy reports, suicide notes, etc.

101. Comments:

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008: ARMY SPECIFIC DoDSER QUESTIONS

20. Permanent duty assignment:
Division (Army):
Brigade (Army):
Battalion (Army):
Company (Army):

Division (Army):

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26. Actions taken as a consequence of the current event:

- ☐ Hospitalization (inpatient)
- ☐ Outpatient mental health evaluation/treatment
- ☐ Evacuation
- ☐ Other:

Start date of hospitalization: ☐ Check if unknown
End date of hospitalization: ☐ Check if unknown

---

37. What was the patient/decedent's primary motivation for performing this event?

- ☐ Emotional relief (e.g. to stop bad feelings, self-hatred, anxiety relief)
- ☐ Interpersonal influence (e.g. to get help, attention, shock others)
- ☐ Feeling generation (e.g. to stop feeling numb)
- ☐ Avoidance/escape (e.g. to avoid or escape deployment, prevent being hurt in other ways)
- ☐ Individual reasons (e.g. self-punishment, to express anger, be with deceased loved one)
- ☐ Hopelessness (e.g. pessimistic regarding future)
- ☐ Depression (e.g. chronic or severe clinically depressed mood)
- ☐ Other psychiatric symptoms (e.g. PTSD, psychotic)
- ☐ Impulsivity (e.g. due to substance abuse, personality characteristics)
- ☐ Other:
- ☐ Don't know

---

38. Duty environment/status at time of event. (check all that apply)

- ☐ Garrison
- ☐ Leave
- ☐ TDY/TAD
- ☐ AWOL
- ☐ Deployed
- ☐ Training
- ☐ Psychiatric hospitalization
- ☐ Medical hold
- ☐ In evacuation chain
- ☐ Under command observation (e.g. CIP)
- ☐ Other:

94. (For providers only) Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior.

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97. Medical facility where this DoDSER was completed or supporting MTF:
Army MTF:

98. Behavioral Health Provider:
Name:
Rank/grade
Phone number:
DSN prefix:
Email:
Specialty:

- ☐ Licensed Mental health Counselor or equivalent
- ☐ Psychiatric Nurse
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Other:

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008: NAVY SPECIFIC DoDSER QUESTIONS

20. Permanent duty assignment:
Name of Unit:
MSC (USMC/Echelon 2 (USN):
MAJCOM (USMC):
FORCE (USMC):

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26. Does not apply to USMC or USN

---

37. Does not apply to USMC or USN

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38. Duty environment/status at time of event. (check all that apply)

- ☐ With Permanent Command
- ☐ Leave
- ☐ TDY/TAD
- ☐ AWOL
- ☐ Deployed
- ☐ Training
- ☐ Psychiatric hospitalization
- ☐ Medical hold
- ☐ In evacuation chain
- ☐ Correctional facility
- ☐ Other:

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94. Does not apply to USMC or USN

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97. Does not apply to USMC or USN

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98. Does not apply to USMC or USN

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008: AIR FORCE SPECIFIC DoDSER QUESTIONS

20. Permanent duty assignment:
Command: (Air Force)

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26. Actions taken as a consequence of the current event:

- ☐ Hospitalization (inpatient)
- ☐ Outpatient mental health evaluation/treatment
- ☐ Evacuation
- ☐ Other:

Start date of hospitalization: ☐ Check if unknown
End date of hospitalization: ☐ Check if unknown

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37. What was the patient/decedent's primary motivation for performing this event?

- ☐ Emotional relief (e.g. to stop bad feelings, self-hatred, anxiety relief)
- ☐ Interpersonal influence (e.g. to get help, attention, shock others)
- ☐ Feeling generation (e.g. to stop feeling numb)
- ☐ Avoidance/escape (e.g. to avoid or escape deployment, prevent being hurt in other ways)
- ☐ Individual reasons (e.g. self-punishment, to express anger, be with deceased loved one)
- ☐ Hopelessness (e.g. pessimistic regarding future)
- ☐ Depression (e.g. chronic or severe clinically depressed mood)
- ☐ Other psychiatric symptoms (e.g. PTSD, psychotic)
- ☐ Impulsivity (e.g. due to substance abuse, personality characteristics)
- ☐ Other:
- ☐ Don't know

---

38. Duty environment/status at time of event. (check all that apply)

- ☐ Garrison
- ☐ Leave
- ☐ TDY/TAD
- ☐ AWOL
- ☐ Deployed
- ☐ Training
- ☐ Psychiatric hospitalization
- ☐ Medical hold
- ☐ In evacuation chain
- ☐ Under command observation (e.g. CIP)
- ☐ Other:

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94. (For providers only) Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior.

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97. Medical facility where this DoDSER was completed or supporting MTF:
Air Force Command:

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98. Behavioral Health Provider:
Name:
Rank/grade
Phone number:
DSN prefix:
Email:
Specialty:

- ☐ Licensed Mental health Counselor or equivalent
- ☐ Psychiatric Nurse
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Other:

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008: MARINE CORPS SPECIFIC DoDSER QUESTIONS

20. Permanent duty assignment:
Name of Unit:
MSC (USMC/Echelon 2 (USN):
MAJCOM (USMC):
FORCE (USMC):

26. Does not apply to USMC or USN

37. Does not apply to USMC or USN

38. Duty environment/status at time of event. (check all that apply)

- ☐ With Permanent Command
- ☐ Leave
- ☐ TDY/TAD
- ☐ AWOL
- ☐ Deployed
- ☐ Training
- ☐ Psychiatric hospitalization
- ☐ Medical hold
- ☐ In evacuation chain
- ☐ Correctional facility
- ☐ Other:

94. Does not apply to USMC or USN

97. Does not apply to USMC or USN

98. Does not apply to USMC or USN

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DoDSER) 2008: COAST GUARD SPECIFIC DoDSER QUESTIONS

20. Permanent duty assignment:
Command (Other uniformed service):

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26. Actions taken as a consequence of the current event:

- ☐ Hospitalization (inpatient)
- ☐ Outpatient mental health evaluation/treatment
- ☐ Evacuation
- ☐ Other:

Start date of hospitalization: ☐ Check if unknown
End date of hospitalization: ☐ Check if unknown

---

37. What was the patient/decedent's primary motivation for performing this event?

- ☐ Emotional relief (e.g. to stop bad feelings, self-hatred, anxiety relief)
- ☐ Interpersonal influence (e.g. to get help, attention, shock others)
- ☐ Feeling generation (e.g. to stop feeling numb)
- ☐ Avoidance/escape (e.g. to avoid or escape deployment, prevent being hurt in other ways)
- ☐ Individual reasons (e.g. self-punishment, to express anger, be with deceased loved one)
- ☐ Hopelessness (e.g. pessimistic regarding future)
- ☐ Depression (e.g. chronic or severe clinically depressed mood)
- ☐ Other psychiatric symptoms (e.g. PTSD, psychotic)
- ☐ Impulsivity (e.g. due to substance abuse, personality characteristics)
- ☐ Other:
- ☐ Don't know

---

38. Duty environment/status at time of event. (check all that apply)

- ☐ Garrison
- ☐ Leave
- ☐ TDY/TAD
- ☐ AWOL
- ☐ Deployed
- ☐ Training
- ☐ Psychiatric hospitalization
- ☐ Medical hold
- ☐ In evacuation chain
- ☐ Under command observation (e.g. CIP)
- ☐ Other:

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94. (For providers only) Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior.

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97. Medical facility where this DoDSER was completed or supporting MTF:
Coast Guard, Other:

98. Behavioral Health Provider:
Name:
Rank/grade
Phone number:
DSN prefix:
Email:
Specialty:

- ☐ Licensed Mental health Counselor or equivalent
- ☐ Psychiatric Nurse
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Other:

DoDSER APPENDIX C
FEEDBACK AND SUGGESTIONS

In a continuing effort to provide an annual DoDSER Report that is useful to the DoD community that it serves, feedback and suggestions on the information contained in this report are welcome.

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

Suicide Risk Management & Surveillance Office
National Center for Telehealth & Technology (T2)
OMAMC, BLDG 9933C West Hayes, Tacoma, WA 98431
Fax: (253) 968-4192
suicide.reporting@us.army.mil

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1. How valuable did you find this report?

No value	Very Little	Somewhat	Much	Extremely Valuable
1	2	3	4	5

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2. How helpful was the information contained in this report?

Not Helpful	Little Help	Somewhat Helpful	More Helpful	Extremely Helpful
1	2	3	4	5

---

3. What other statistics or comparisons would you like to have in this report?

_____

_____

---

4. How did/will you use this report?

_____

_____

Feedback and suggestions:

_____

_____

Feedback and suggestions (CONT):

_____

_____

Optional:

Name _____ Title _____

Phone: _____

Organization: _____

Email address: _____