



FACT SHEET

# Those Who Serve

## Addressing Firearm Suicide Among Military Veterans

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## Introduction

During a five-day period in April 2019, three veterans died by suicide at Veterans Affairs facilities. In Dublin, Georgia, a 28-year-old veteran died inside his car in the parking lot of a VA medical center.<sup>1</sup>

The next day, at a VA hospital less than 200 miles away in Decatur, Georgia, a 68-year-old veteran died outside the main entrance of the hospital.<sup>2</sup> And shortly after that, a veteran died by suicide inside the waiting room of a VA clinic in Austin, Texas.<sup>3</sup>

Guns were used in all three suicides.

In June of 2019, the US Senate Committee on Veterans' Affairs convened to discuss “the power of community” in addressing the challenges often faced by those who have served in the military. Moving testimony was given by members of this community, which included veterans, the leaders of veteran service organizations, and military family members. But in the more than 20 pages of testimony submitted to the committee, the risk that firearms pose was mentioned **only once**.<sup>4</sup> Gun ownership and training among those who serve in our nation's military has long been a fundamental component of our armed forces, but we cannot address veteran suicide without talking about guns.

## Findings

### **Veteran firearm suicide is a virulent strain of a larger crisis.**

Firearm suicide is a significant public health crisis in the United States, claiming the lives of nearly 24,000 Americans every year—about 65 deaths a day.<sup>5</sup> The problem is not getting better: The firearm suicide rate has increased 12 percent over the past decade.<sup>6</sup> Approximately one in five of these firearm suicides are by veterans.<sup>7</sup>

# 4,500

An average of 4,500 veterans die by firearm suicide every year—about 12 deaths a day.

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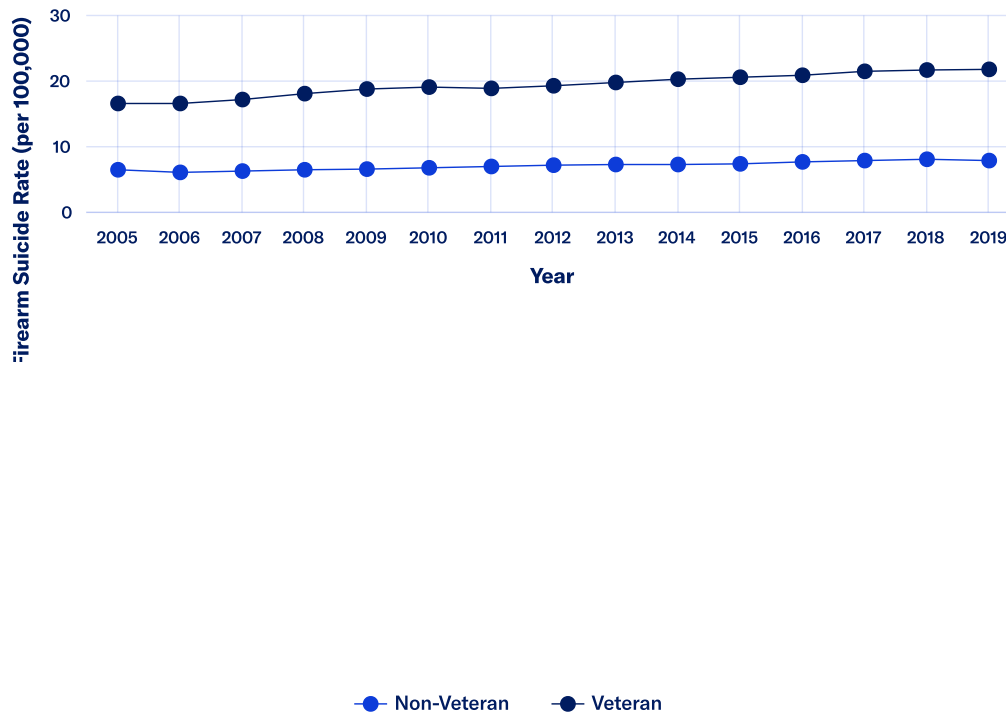
Office of Mental Health and Suicide Prevention. “2001 – 2019 State Data Appendix”. US Departme...

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An average of 4,500 veterans die by firearm suicide every year—about 12 deaths a day.<sup>8</sup> Over the past 15 years, the veteran firearm suicide rate has increased nearly every year, with a 31 percent increase over this period. The rate of firearm suicide among non-veterans increased 22 percent over this same period.<sup>9</sup>

## The veteran firearm suicide rate has increased 31 percent since 2005.



Veteran and non-veteran firearm suicide rates exclude suicides among people age 17 years old and under. Between 2005 and 2019, the rate increased nearly every year, from 16.7 veteran firearm suicides per 100,000 people in 2005 to 21.9 per 100,000 in 2019—a 31 percent increase. The non-veteran firearm suicide rate increased from 6.6 per 100,000 in 2005 to 8.0 per 100,000 in 2019—a 22 percent increase.

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

The dynamics of suicide are complex. But research has increasingly confirmed that a combination of several risk factors are often present in the lead up to suicide. These known risk factors are current life stressors—such as relationship problems, unemployment or financial problems, bullying, alcohol and substance use disorders, or mental health conditions—along with historical risk factors—such as childhood abuse or trauma, a previous suicide attempt, or a family history of suicide—and access to lethal means of harm such as firearms.<sup>10</sup> Suicide risk greatly increases when these three factors—if ignored—coincide to create a sense of hopelessness and despair.

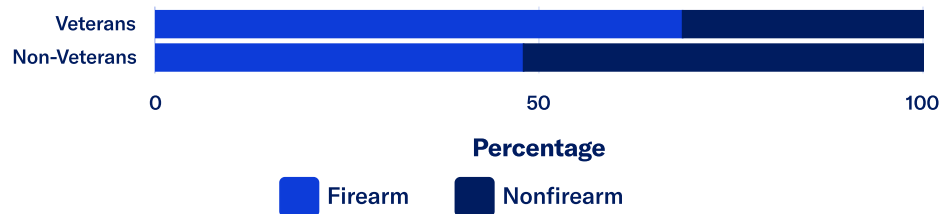
But one thing is clear: Easy access to firearms during a moment of crisis can mean the difference between life and death. Personal or household gun ownership triples the risk of suicide.<sup>11</sup> Firearms are a particularly lethal means of self-harm, with a fatality rate of approximately 90 percent. By comparison, four percent of people who attempt suicide using other methods die.<sup>12</sup> Most people who survive a suicide attempt do not go on to die by suicide.<sup>13</sup> Limiting gun access in even one moment can ensure veterans live on as valued and valuable members of American communities.

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

Nearly 45 percent of veterans (44.9 percent) report owning guns (compared to 20 percent of non-veterans),<sup>14</sup> and in 2019, the most recent year of available data, veterans were 1.5 times more likely than non-veterans to die by suicide.<sup>15</sup> Our country's veterans are at a heightened risk of suicide, and firearms—the most lethal among commonly used methods of self-harm—are the prevailing method of suicide among veterans.<sup>16</sup>

On average, two-thirds (68.6 percent) of suicides among veterans are by firearm,<sup>17</sup> compared to non-veteran adults, where about half of all suicides (47.8 percent) are with a firearm.<sup>18</sup> In fact, the use of guns in veteran suicide is becoming more frequent; in 2017, 69.4 percent of veteran suicides were by gun—the highest it has been in 15 years.<sup>19</sup>

## Firearms are the prevailing method of suicide among veterans.



US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, "2001 – 2019 State Data Appendix," October 2021

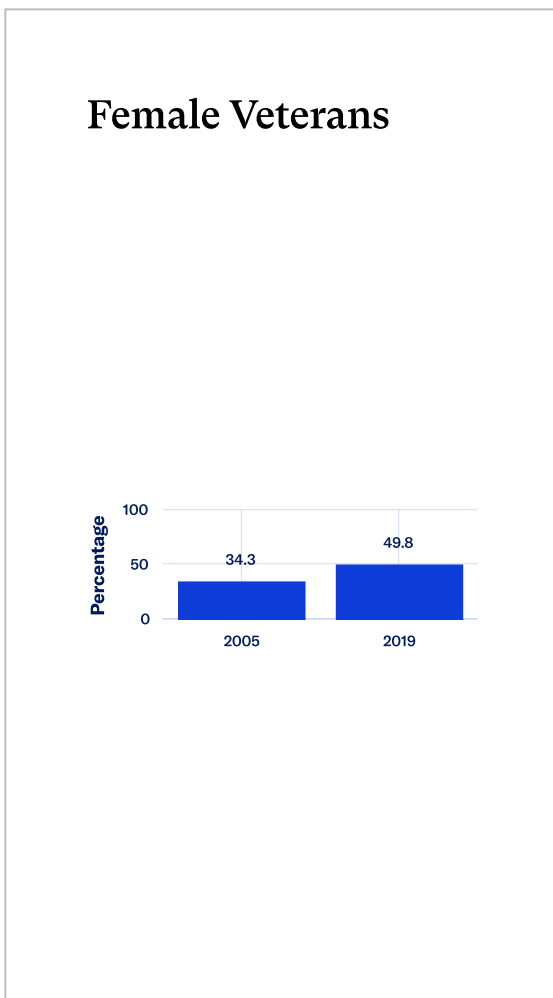
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## Firearms are increasingly used in suicides among female veterans.

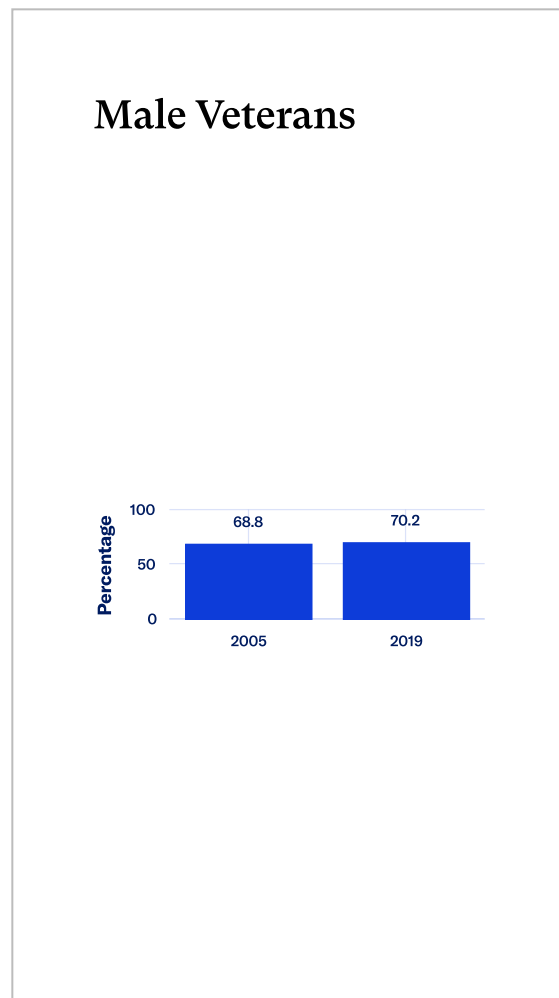
In 2019, the proportion of firearm suicide among female veterans was lower than among males (49.8 percent and 70.2 percent, respectively).<sup>20</sup> Compared to other methods, suicide by firearm has also increased over time among female veterans. From 2005 to 2019, the proportion of suicide deaths by firearms increased 45.2 percent among female veterans (from 34.3 to 49.8 percent), whereas the proportion of suicide deaths by firearms among male veterans had no notable

change during the same period (from 68.8 to 70.2 percent).<sup>21</sup> Female veterans are more likely than civilian women to use a gun to die by suicide—49.8 percent compared to 31.3 percent for female non-veterans.<sup>22</sup> Women are the fastest-growing veteran group, currently comprising about nine percent of the US veteran population.<sup>23</sup> As this population grows, gun suicide prevention among female veterans will become more urgent.<sup>24</sup>

### More suicides by female veterans are by gun than ever before—a 45 percent increase since 2005.



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## The West has the highest rate of veteran firearm suicides of any region.

# 70%

The West has veteran firearm suicide rates roughly 70 percent higher than the region where veteran gun suicide occurs at the lowest rate—the Northeast.

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Office of Mental Health and Suicide Prevention. “2001 – 2019 State Data Appendix”. U.S. Departme...

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The West has the highest rate of veteran firearm suicides, followed closely by the South (24.7 and 23.2 veteran firearm deaths per 100,000 people, respectively).<sup>25</sup> The Northeast has the lowest rate of veteran firearm suicide, and the Midwest has the second-lowest (14.6 and 21.0 veteran firearm deaths per 100,000 people, respectively).<sup>26</sup> The gap between rates of veteran suicide by gun is notably large; the region where this phenomenon is the worst—Western states—have rates roughly 70 percent higher than the region where veteran gun suicide occurs at the lowest rate—the Northeast.<sup>27</sup>

## Recommendations

Nationwide, 65,000 military veterans died by gun suicide in the period between 2005 and 2019—about 16 times the number of service members who were killed in action during the United States engagements in Afghanistan, Iraq, and Syria combined (4,119).<sup>28</sup> Veterans faced unique challenges during their service and face particular challenges when they come home. And because they are more likely than the general population to own firearms, veterans are now facing a deadly firearm suicide crisis. Addressing the unique role guns play is an integral part of efforts to end veteran suicide.



# 4,119

4,119 service members were killed in action during US engagements in Afghanistan, Iraq, and Syria combined.

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Citation: Nese F. DeBruyne. "American War and Military Operations Casualties: Lists and Statistics..."

# 65,000

65,000 military veterans died by gun suicide in the period between 2005 and 2019.

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Office of Mental Health and Suicide Prevention. "2001 - 2019 State Data Appendix". U.S. Departme...

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**The following are evidence-backed recommendations to address today's high and rising rates of veteran firearm suicide:**

**We need to identify veterans in crisis and temporarily remove access to firearms.**

Extreme Risk laws, which allow for temporary firearm removal during times of crisis and are sometimes referred to as "red flag" laws, have been shown to reduce suicide in states where they have been implemented.<sup>29</sup> Risk-mitigation planning is critical to preventing suicide. For families and friends of veterans, this plan can include steps to intervene by utilizing these laws, which allow immediate family members and law enforcement to petition a court for an order to temporarily remove guns from dangerous situations. If a court finds that a person poses a serious risk of injuring themselves with a firearm, that person is temporarily prohibited from purchasing and possessing guns, and any guns they already own are held by law enforcement or another authorized party while the order is in

effect.

While not all veterans seek the services of the Veterans Health Administration (VHA), the agency's prominence suggests that it can, when not in conflict with patient confidentiality, work within established Extreme Risk laws to protect at-risk veterans by temporarily preventing their access to firearms. Extreme Risk laws, currently in place in 19 states and DC,<sup>30</sup> have been proven to reduce firearm suicides. Following Connecticut's increased enforcement of its Extreme Risk law, one study found the law to be associated with a 14 percent reduction in the state's firearm suicide rate. And in Indiana, in the 10 years after the state passed its Extreme Risk law in 2005, the state's firearm suicide rate decreased by 7.5 percent.<sup>31</sup> Warning signs that someone is suicidal are often most apparent to household or family members, and while it can sometimes feel like there is nothing that can be done, requesting an Extreme Risk Protection Order is one thing people can do.

## **We need to promote secure storage practices in order to put time and distance between those contemplating suicide and their guns.**

Secure firearm storage is yet another way to disrupt access to lethal means for suicide. And experts agree: In order to prevent access at critical moments, firearm storage should include three best practices—unloading the ammunition, locking the firearm, and storing the firearm and ammunition in separate locations.

Veterans are more likely to own firearms—six, on average—than non-veterans.<sup>32</sup> Secure storage practices are likely familiar to military service members and veterans as military-issued guns have storage specifications.

# 1/3

One in three veteran gun owners store at least one of their firearms loaded and unlocked.

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Simonetti J. A., Azrael D., Rowhani-Rahbar A., & Miller M. "Firearm Storage Practices Among Ameri..."

However, personal weapons may be treated differently: A 2018 survey found that one in three veteran gun owners store at least one of their firearms loaded and unlocked.<sup>33</sup> Encouraging veterans to treat personal weapons with the same focus on safety expected of the storage of their military-issued weapon is just one way we can fight gun suicides in military communities.

## **We need more public and veteran awareness about the inherent risks of firearm access.**

Many Americans are unaware of the threat firearms in the home can pose with respect to suicide. Access to a firearm increases the risk of suicide three-fold for all family members.<sup>34</sup> Veterans are more likely to own firearms than non-veterans (44.9 percent and 20.0 percent, respectively), and a majority (63.1 percent) cite protection as a primary reason for firearm ownership.<sup>35</sup> But when asked, only six percent of veterans agree that having a gun in the home is a suicide risk factor.<sup>36</sup> Building public awareness about the inherent risk of firearm access may help gun-owning veterans or their families to mitigate risks.

## **We need to empower veteran gun owners who know they are at risk.**

Sometimes, a person at risk of suicide knows it. Veterans with firearms in their homes can work with friends, family members, or physicians to put a plan in place to temporarily store their firearms with a friend or relative or in a storage facility, and/or limit their own ability to acquire new guns in times of crisis.

Voluntary Do Not Buy lists (sometimes called Voluntary Prohibition lists), currently enacted in Washington state, enable people to put themselves on a list that prevents them from purchasing guns.<sup>37</sup> Like Extreme Risk laws, discussed above, these laws are intended to temporarily disrupt gun access.

In Washington, for example, voluntary waivers of firearm rights prohibit the person from purchasing or receiving a firearm through a gift or transfer. The person may file a revocation of the voluntary waiver at any time after seven calendar days have passed. Further public awareness and comprehensive implementation through relevant state-based agencies are necessary to give power to those who know they are at risk by empowering them to take potentially life-saving action.

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

The responsibility to identify suicide risks should not fall just to veterans.

# 2/3

Roughly two in three Americans who attempt suicide will visit a healthcare professional in the month before the attempt.

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Ahmedani, B. K. et al. "Racial/Ethnic differences in health care visits made before suicide attempt ...

Roughly two in three Americans who attempt suicide will visit a healthcare professional in the month before the attempt.<sup>38</sup> One survey of veterans already receiving mental health care found that more than half (55.6 percent) of patients with a suicide plan had guns in the household.<sup>39</sup> Medical professionals have an important role to play in discussing behavioral risks with their patients.

Counseling for Access to Lethal Means (CALM) is one program designed to equip medical professionals with language for discussing this risk with their patients, and it has been offered by some VHA facilities. Providers who have received this training are more likely to counsel clients on the importance of restricting access to lethal means.<sup>40</sup> And while these conversations may be challenging, a majority of US gun owners, including veterans, agree that it is appropriate for clinicians to talk about firearm safety with their patients.<sup>41</sup> These conversations could save lives.

### **We need more research on the effectiveness of existing initiatives to combat suicide.**

There are a number of innovative programs across the country with the objective of bringing suicide prevention information directly to gun owners. These include a partnership between suicide prevention and firearm safety organizations to bring mandatory training sessions to those seeking concealed-carry permits in Utah.<sup>42</sup> Likewise, the Gun Shop Project in New Hampshire, which provides suicide prevention literature at firearm retailers, has been adopted in over a dozen other states.<sup>43</sup> Although some research demonstrates the impact of the Gun Shop Project in New Hampshire, rigorous evaluation of training programs for firearm purchasers and public awareness campaigns is needed in order to provide further information on their efficacy in reducing gun suicide throughout the country, particularly among veterans.

### **We need to understand how VHA services affect veteran gun suicide.**

In 2019, veterans with no VHA encounters had 3.6 more deaths per day than veterans with VHA encounters (10.4 and 6.8 suicides per day, respectively).<sup>44</sup> As the country's leading veteran health institution, the VHA is uniquely positioned to establish self-harm intervention programs, promote secure firearm storage, intervene when a veteran is in crisis, and evaluate the best programs for saving veterans' lives.

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The dynamics affecting veteran suicide are complex, but for the more than 9 million veterans who use the agency's services each year, the VHA could play a meaningful role in preventing suicide.

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The dynamics affecting veteran suicide are complex, but for the more than nine million veterans who are enrolled in the agency's services, the VHA could play a meaningful role in preventing suicide.<sup>45</sup>

## Conclusion: Better Supporting Those Who Serve

The US Government Accountability Office found that, in 2018, of the \$6.2 million that the VA set aside for suicide prevention media outreach, only \$57,000—less than one percent—was actually spent.<sup>46</sup> To truly honor those who serve, we must fully support the strategies and additional research necessary to prevent veteran firearm suicide. Veterans deserve the best resources our country can offer. The recommendations outlined above are just the start of a larger dialogue on effective strategies to give back to those who serve.

*Everytown for Gun Safety would like to acknowledge and thank Michael Anestis, PhD at Rutgers University for advising on this report.*

### SUPPORT FOR THOSE IN CRISIS

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

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

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*Everytown Research & Policy is a program of Everytown for Gun Safety Support Fund, an independent, non-partisan organization dedicated to understanding and reducing gun violence. Everytown Research & Policy works to do so by conducting methodologically rigorous research, supporting evidence-based policies, and communicating this knowledge to the American public.*

<sup>1</sup> Alex Sundby, “Three Veterans Kill Themselves at Veterans Affairs Facilities within Five Days,” CBS News, April 15, 2019, <https://cbsn.ws/2XaGhzu>.

<sup>2</sup> Jeremy Redmon, “Veteran Who Killed Himself Outside of VA Center in Decatur Identified,” *The Atlanta Journal-Constitution*, April 9, 2019, <https://on-ajc.com/2Q29FWD>.

<sup>3</sup> Tom Miller, “Austin Veterans Affairs Clinic to Reopen Wednesday After Suicide Shut Down Building,” KXAN, April 10, 2019, <https://bit.ly/2WGUXXs>.

<sup>4</sup> US Senate Committee on Veterans’ Affairs, “Harnessing the Power of Community: Leveraging Veteran Networks to Tackle Suicide,” June 19, 2019, <https://bit.ly/2WLLuko>.

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly and daily average was developed using five years of the most recent available data: 2016 to 2020.

<sup>6</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A percent change was developed using 2011 to 2020 age-adjusted rates for all ages.

<sup>7</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001–2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. A yearly average was developed using five years of most recent available data: 2015 to 2019.

<sup>8</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001–2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. A yearly average was developed using five years of most recent available data: 2015 to 2019.

<sup>9</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001–2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. Veteran firearm suicide crude rates were calculated using veteran population estimates provided by the VA in the “2001 – 2019 National Data Appendix,” <https://bit.ly/2Qblicx>.

<sup>10</sup> American Foundation for Suicide Prevention, “Risk Factors and Warning Signs,” accessed August 20, 2020, <https://bit.ly/2bmWnQx>.

<sup>11</sup> Andrew Anglemyer, Tara Horvath, and George Rutherford, “The Accessibility of Firearms and Risk for Suicide and Homicide Victimization Among Household Members: A Systematic Review and Meta-Analysis,” *Annals of Internal Medicine* 160, no. 2 (2014): 101–10, <https://doi.org/10.7326/M13-1301>.

<sup>12</sup> Andrew Conner, Deborah Azrael, and Matthew Miller, “Suicide Case-Fatality Rates in the United States, 2007 to 2014: A Nationwide Population-Based Study,” *Annals of Internal Medicine*, (2019):885-895.

<sup>13</sup> David Owens, Judith Horrocks, and Allan House, “Fatal and Non-fatal Repetition of Self-Harm: Systematic Review,” *British Journal of Psychiatry* 181, no. 3 (September 2002): 193-199.

<sup>14</sup> Deborah Azrael et al., “The Stock and Flow of US Firearms: Results from the 2015 National Firearms Survey,” *RSF: The Russell Sage Found Journal of the Social Sciences* 3, no. 5 (October 2017): 38–57.



<sup>15</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 National Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. Veteran and non-veteran crude rates for 2019.

<sup>16</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>.

<sup>17</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. The average percent of veteran suicide deaths by firearms was developed using five years of most recent available data: 2015 to 2019.

<sup>18</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. The proportion of suicides by gun in the non-veteran population (adults 18 years of age and older) was developed using five years of most recent available data: 2015 to 2019.

<sup>19</sup> Suicide Prevention Annual Report,” September 2021, <https://bit.ly/3qrD7t8>

<sup>20</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2021 National Suicide Prevention Annual Report,” September 2021, <https://bit.ly/3qrD7t8>

<sup>21</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2021 National Suicide Prevention Annual Report,” September 2021, <https://bit.ly/3qrD7t8>

<sup>22</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2021 National Suicide Prevention Annual Report,” September 2021, <https://bit.ly/3qrD7t8>.

<sup>23</sup> US Census Bureau, “Those Who Served: America’s Veterans From World War II to the War on Terror,” June 2, 2020, <https://bit.ly/2Th6Y90>.

<sup>24</sup> US Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, “America’s Women Veterans: Military Service History and VA Benefit Utilization Statistics,” November 23, 2011, <https://bit.ly/2QD1a2B>.

<sup>25</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. Crude rates of veteran suicide deaths by region were developed using three years of most recent available data: 2017 to 2019. Regional veteran population estimates were developed using regional veteran suicide rates and counts.

<sup>26</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. Crude rates of veteran suicide deaths by region were developed using three years of most recent available data: 2017 to 2019. Regional veteran population estimates were developed using regional veteran suicide rates and counts.

<sup>27</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>. Crude rates of veteran suicide deaths by region were developed using three years of most recent available data: 2017 to 2019. Regional veteran population estimates were developed using regional veteran suicide rates and counts.

<sup>28</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2001 – 2019 State Data Appendix,” October 2021, <https://bit.ly/2Qblicx>; Nese F. DeBruyne, “American War and Military Operations Casualties: Lists and Statistics,” Congressional Research Service (July 29, 2020), <https://bit.ly/2qOCavj>. This reflects the sum of deaths where the casualty type was classified as “killed in action” for Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, Operation Inherent Resolve, and Operation Freedom’s Sentinel: 4,119.

<sup>29</sup> Aaron J. Kivisto and Peter Lee Phalen, “Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981-2015,” *Psychiatric Services* 69, no. 8 (June 2018): 855–862; Jeffrey W. Swanson et al., “Implementation and Effectiveness of Connecticut’s Risk-Based Gun Removal Law: Does It Prevent Suicides?” *Law and Contemporary Problems* 80, no. 2 (2017): 179–208; Jeffrey W. Swanson et al., “Criminal Justice and Suicide Outcomes with Indiana’s Risk-Based Gun Seizure Law,” *Journal of the American Academy of Psychiatry and the Law* 47, no. 3 (April 2019), pii: JAAPL.003835-19.

<sup>30</sup> Cal. Penal Code § 18100, et. seq.; CRS § 13-14.5-101, et seq.; Conn. Gen. Stat. § 29-38c; 10 Del. C. § 7701, et seq.; DC Code § 7-2510.01, et seq.; Fla. Stat. § 790.401; Hawaii Senate Bill 1466 (2019); 430 ILCS § 67/1, et seq.; Ind. Code § 35-47-14-1, et. seq.; Md. Public Safety Code § 5-601, et seq.; Mass. Gen. Laws ch. 140, §§ 121, 129B(C), 131(C), 131R-Z; Nevada Assembly Bill 291 (2019); NY CLS CPLR § 6340, et seq.; N.J. Stat. § 2C:58-20, et seq.; New Mexico Senate Bill 5 (2020); ORS § 166.525, et seq.; RI Gen. Laws 8-8.3-1, et seq.; 13 VSA 4051, et seq.; Va. Code Ann. 19.2-152.13 et seq.; ARCW § 7.94.010, et seq.

<sup>31</sup> Aaron J. Kivisto and Peter Lee Phalen, “Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981-2015,” *Psychiatric Services* 69, no. 8 (June 2018): 855–862.

<sup>32</sup> Emily C. Cleveland et al., “Firearm Ownership among American Veterans: Findings from the 2015 National Firearm Survey,” *Injury Epidemiology* 4, no. 33 (December 2017) doi: 10.1186/s40621-017-0130-y).

<sup>33</sup> Joseph A. Simonetti et al., “Firearm Storage Practices among American Veterans,” *American Journal of Preventive Medicine* 55, no. 4 (October 2018): 445-454.

<sup>34</sup> Andrew Anglemeyer, Tara Horvath, and George Rutherford, “The Accessibility of Firearms and Risk for Suicide and Homicide Victimization among Household Members: A Systematic Review and Meta-analysis,” *Annals of Internal Medicine* 160, no. 2 (January 2014): 101–110.

<sup>35</sup> Emily C. Cleveland et al., “Firearm Ownership among American Veterans: Findings from the 2015 National Firearm Survey,” *Injury Epidemiology* 4, no. 33 (December 2017) doi: 10.1186/s40621-017-0130-y); Andrew Anglemeyer, Tara Horvath, and George Rutherford, “The Accessibility of Firearms and Risk for Suicide and Homicide Victimization among Household Members: A Systematic Review and Meta-analysis,” *Annals of Internal Medicine* 160, no. 2 (January 2014): 101–110.

<sup>36</sup> Joseph A. Simonetti et al., “Firearm Storage Practices among American Veterans,” *American Journal of Preventive Medicine* 55, no. 4 (October 2018): 445-454.

<sup>37</sup> 2017 WA S 5553 (enacted March 2018, effective January 1, 2019).

<sup>38</sup> Brian Ahmedani et al., “Racial/Ethnic Differences in Health Care Visits Made before Suicide Attempt across the United States,” *Medical Care* 53, no. 5 (May 2015): 430-435.

<sup>39</sup> Marcia Valenstein et al., “Possession of Household Firearms and Firearm-Related Discussions with Clinicians among Veterans Receiving VA Mental Health Care,” *Archives of Suicide Research* (February 2019)  
doi: 10.1080/13811118.2019.1572555.

<sup>40</sup> Renee M. Johnson et al., “Training Mental Healthcare Providers to Reduce At-Risk Patients’ Access to Lethal Means of Suicide: Evaluation of the CALM Project,” *Archives of Suicide Research* 15, no. 3 (August 2011): 259-264.

<sup>41</sup> Marian E. Betz et al., “Public Opinion Regarding Whether Speaking with Patients about Firearms Is Appropriate: Results of a National Survey,” *Annals of Internal Medicine* 165, no. 8 (October 2016): 543-550.

<sup>42</sup> Utah Suicide Prevention Coalition, “Is Your Safety On? Firearm Suicide Prevention: A Brief Module for Utah Concealed Carry Classes” (2016), <https://bit.ly/3zsfAdD>.

<sup>43</sup> New Hampshire Firearm Safety Coalition, “Suicide Prevention: A Role for Firearm Dealers and Ranges,” <https://bit.ly/2kaITQh>; Harvard T.H. Chan School of Public Health, “Means Matter: Gun Shop Project,” <https://bit.ly/2c4QKah>.

<sup>44</sup> US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2021 National Suicide Prevention Annual Report,” September 2021, <https://bit.ly/3qrD7t8>

<sup>45</sup> US Department of Veterans Affairs, Veterans Health Administration, September 2019, <https://bit.ly/2FyLGrv>.

<sup>46</sup> US Government Accountability Office, “Report to the Ranking Member Committee on Veterans Affairs, House of Representatives: Improvements Needed in Suicide Prevention Media Outreach Campaign Oversight and Evaluation,” November 2018.