Ways Veterans Differ from the General Population

Overview

Veterans die by suicide at a higher rate than non-Veterans. In 2020, the age- and sex-adjusted suicide rate among Veterans was 57.3% higher than the age- and sex-adjusted rate among non-Veteran U.S. adults. While the number and rate of suicide deaths increased among all Americans between 2001 and 2018, Veteran suicide deaths consistently outpace those of non-Veteran U.S. adults. Veteran suicide rates decreased from 2019 to 2020, with a 4.8% decrease in the age- and sex-adjusted suicide rate for Veterans compared to a 3.6% decrease in U.S. non-Veterans; however, suicide rates among Veterans continue to exceed those of non-Veterans. From 2001 to 2020, the age- and sex-adjusted suicide rate peaked among Veterans and non-Veteran U.S. adults. Veterans also experience higher rates of suicidal ideation and suicide attempts compared to their civilian counterparts. There are important differences between these populations that may help explain the disparate suicide rates.

Key Findings

Military Risk Factors

- While deployment to a war zone and combat exposure may not be risk factors for suicide death among Veterans or service members, combat exposure is associated with suicidal ideation among Veterans.
- Moral injury, or exposure to specific combat-related experiences, such as participating in or witnessing violence or atrocities, is associated with suicidal behavior among Veterans and service members.
- Between 2000 and 2019, 413,858 service members were diagnosed with a mild, moderate, or severe TBI. Veterans with a history of TBI are at higher risk for suicide than Veterans with no history of TBI.
- Sexual harassment or sexual assault while in the military, also called military sexual trauma, was reported by 3.9% of men and 38.4% of women Veterans and service members. Military sexual trauma is a risk factor for suicide, even after accounting for co-occurring psychiatric conditions.

Transition to Civilian Life

- Veteran men and women were found to be more likely to report suicidal ideation and attempt in adulthood when compared to their civilian counterparts. The majority (57%) of first suicide attempts among Veterans occur following separation from service; 22% of Veterans reported a first attempt prior to enrolling in the military, and 21% reported a first attempt occurring during active service. While the risk for death by suicide can remain elevated for years following this transition, Veterans are most vulnerable during the first three months.
- One study found that, compared to recently separated service members with a bachelor’s degree, those recently separated service members with less education had a higher hazard of suicide. The authors suggest that these individuals may have experienced greater difficulty in securing post-military employment, which could heighten other psychosocial stressors experienced in the first year after separation, such as finances.
- Veterans who were discharged from the military for disability, disqualification, or misconduct, as well as
Veterans who completed fewer than four years of service prior to separation, are at greater risk for suicidal ideation and behavior than those who received a routine discharge. The elevated risk may be accounted for by recognized risk factors for suicide, such as substance use or mental health conditions, which may potentially trigger or be triggered by an administrative discharge.

- Younger age at time of separation was associated with higher suicidal ideation trajectory. One study found suicide hazard rate that were 4.5 times higher among Veterans that transitioned to civilian life at a younger age (aged 17–19).
- Recently separated male Veterans were at increased risk for suicide mortality by firearm suicide compared with the general Veteran population after adjusting for age.
- Many Veterans report worsening symptoms of posttraumatic stress disorder, outbursts of anger, substance misuse, and strained interpersonal relationships during their transition to civilian life.
- Health concerns is the most frequently reported factor affecting Veterans' readjustment; more than half of Veterans reported a chronic physical condition at both three and six months following separation, and a third of Veterans reported a chronic mental health condition.

Veteran Risk Factors

- Many Veterans live in rural areas. While 24.1% of the Veteran population lived in rural areas between 2011 and 2015, just 19.3% of the general population lived in rural areas. The suicide rate among Veterans and non-Veterans is higher in rural areas than in urban areas. This disparity could be due to several factors including differences in the racial makeup of urban and rural Veteran populations.
- Veterans have higher rates of firearm ownership than the general population. While men Veterans were more likely than women Veterans to own a firearm, and both men and women Veterans were more likely to own a firearm compared with their counterparts in the general population. In 2020, firearms accounted for 71.0% of all Veteran suicides, and 50.3% of all non-Veteran U.S. adult suicides.
- Household gun ownership has been associated with increased suicides. The firearm suicide mortality is almost three times higher when a gun is kept loaded in the house and increases further if the loaded gun is left unlocked.
- Mental health conditions are prevalent among Veterans in VHA care. In 2020, 29.97% of Veterans who received care through VHA had a confirmed mental health diagnosis and an additional 37% had a possible mental illness recorded in their health records. A diagnosis of any mental health condition has been associated with increased risk of subsequent suicide among patients who used VHA services.
- Homelessness is independently associated with lifetime suicide attempts among both U.S Veterans and non-Veterans. However, compared to homeless non-Veterans, homeless Veterans are more likely to have attempted suicide.
- Justice involvement has significant negative impacts on men Veteran's PTSD symptoms, depressive symptoms, and suicidal ideation. Adjusted analyses revealed that both men and women Veterans with a history of justice-involvement were almost three times more likely to report a lifetime suicide attempt than Veterans with no history of justice involvement.
- According to a study using data from the 2010-2014 National Health Interview Survey (NHIS), the rate of severe pain was near 50% higher among Veterans than nonveterans. The prevalence of severe pain in the back, jaw, neck, and headache or migraine was significantly higher among Veterans than non-Veterans with the same pain. Chronic pain may be a risk factor for suicidal ideation and behavior.

Ways You Can Help

- Inform Veterans of the multitude of mental health services available through the VA both in person and online. Find out more here.
- Inform Veterans that anyone can experience MST, and like other types of trauma, MST can negatively affect a person's mental and physical health. VA provides help with treatment and health care related to experiences of MST. Find out more here.
- Direct Veterans to the VA's Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) resources dedicated to lethal means safety and suicide prevention, including toolkits, pocket cards, videos, and more. Find out
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more here.
• Inform Veterans about the VA’s Make the Connection to connect with the experiences of other Veterans—and ultimately to connect with information and resources to help them confront the challenges of transitioning from service, face health issues, or navigate the complexities of daily life as a civilian. Find out more here.
• Direct unemployed Veterans that the VA offers a multitude of career and employment resources to build Veteran’s careers and find the opportunities that are right for them. Find out more here.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References