### The University of Southern Mississippi The Aquila Digital Community

**Faculty Publications** 

8-16-2019

## Firearm Availability and Storage Practices Among Military Personnel Who Have Thought About Suicide

Craig J. Bryan University of Utah

AnnaBelle O. Bryan University of Utah

Michael D. Anestis University of Southern Mississippi, Michael. Anestis@usm.edu

Lauren Khazem University of Utah

Julia Harris University of Utah

See next page for additional authors

Follow this and additional works at: https://aquila.usm.edu/fac pubs



Part of the Cognitive Psychology Commons

#### Recommended Citation

Bryan, C. J., Bryan, A. O., Anestis, M. D., Khazem, L., Harris, J., May, A., Thomsen, C. (2019). Firearm Availability and Storage Practices Among Military Personnel Who Have Thought About Suicide. JAMA Network Open, 2(8), 1-5. Available at: https://aquila.usm.edu/fac\_pubs/16523

This Article is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Faculty Publications by an authorized administrator of The Aquila Digital Community. For more information, please contact Joshua. Cromwell@usm.edu.







Research Letter | Psychiatry

# Firearm Availability and Storage Practices Among Military Personnel Who Have Thought About Suicide

Craig J. Bryan, PsyD, ABPP; AnnaBelle O. Bryan, MS; Michael D. Anestis, PhD; Lauren R. Khazem, PhD; Julia A. Harris, MS; Alexis M. May, PhD; Cynthia Thomsen, PhD

#### Introduction

More than 60% of US military suicides occur at home and involve a firearm. Nearly all military firearm suicides (95%) involve a personally owned firearm. Nonmilitary data indicate that the risk of suicide is 6 times higher in households with a firearm, although this risk may be reduced if the firearms are kept unloaded and/or locked. Because attempts using firearms have very high fatality rates, safe firearm storage practices could be an important component of comprehensive suicide prevention in the military. This study examined associations of firearm ownership and storage practices with suicidal thoughts and behaviors among military personnel.

#### + Audio

Author affiliations and article information are listed at the end of this article.

#### **Methods**

In a cross-sectional study, we examined firearm storage practices among 1652 active-duty military personnel enrolled in the Primary Care Screening Methods (PRISM) study, conducted in 6 military primary care clinics across the United States between July 13, 2015, and August 22, 2018. Service members who were eligible for military medical services, aged 18 years or older, and able to complete informed consent procedures completed self-report measures during routine clinic visits. The study was approved by the Naval Health Research Center's institutional review board, and participants provided written informed consent. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

Firearm ownership and storage practices were assessed using Behavioral Risk Factor Surveillance System items. All participants were asked, "Are any firearms now kept in or around your home?" Those responding affirmatively were subsequently asked, "Are any of these firearms now loaded?" and "Are any of these firearms now unlocked?" Safe storage was defined as having firearms locked up and unloaded. Lifetime history of suicide ideation and attempts was assessed using items from the Self-injurious Thoughts and Behaviors Interview<sup>5</sup>: "Have you ever had thoughts of killing yourself?" and "Have you ever made an actual attempt to kill yourself in which you had at least some intent to die?" Thoughts of death or self-harm during the preceding 2 weeks were assessed using item 9 of the Patient Health Questionnaire 9.6

To test associations among variables, SPSS statistical software version 25 (IBM) was used to calculate adjusted odds ratios with 95% confidence intervals. Statistical significance was set at P < .05 using 2-sided tests.

#### Results

Of 1652 participants (1071 [64.8%] male; mean [SD] age, 33.6 [15.7] years), 590 participants (35.7%) reported a firearm in or around their home, 141 (8.6%) selected "refuse to answer" or skipped the item, and 11 (0.1%) selected "I don't know." Among participants with a firearm in or around the home, 124 (21.0%) indicated their firearms were loaded and unlocked, 188 (32.2%) indicated their firearms were safely stored (ie, unloaded and locked up), 150 (25.3%) indicated their firearms were not safely stored (ie, 60 [10.2%] unloaded but not locked up and 90 [15.3%] locked up but loaded), and 126 [21.3%] refused to answer or skipped the items. Factors associated with firearm access and safe

Open Access. This is an open access article distributed under the terms of the CC-BY License.

storage are summarized in **Table 1** and **Table 2**. Participants with recent thoughts of death or self-harm were significantly less likely to have a firearm at home (odds ratio, 0.61; 95% CI, 0.40-0.95; P = .03). However, among those with a firearm at home, safe storage was less common among participants endorsing a lifetime history of suicide ideation (odds ratio, 0.47; 95% CI, 0.29-0.78; P = .003) or recent thoughts about death or self-harm (odds ratio, 0.26; 95% CI, 0.09-0.79; P = .02).

 $\label{thm:control} \textbf{Table 1. Demographic Differences Between Military Personnel With and Without a Firearm Located in or Around the Home $^a$$ 

Characteristic	Firearm at Home, No. (%)		- Adjusted Odds Ratio	
	No (n = 910)	Yes (n = 590)	(95% CI)	P Value
Age, mean (SD), y	32.0 (15.1)	35.1 (16.1)	1.01 (1.00-1.02)	.10
Sex				
Male	549 (60.9)	422 (71.8)	0.78 (0.61-1.01)	.06
Female	352 (39.1)	166 (28.2)	1 [Reference]	NA
Race/ethnicity				
White				
No	387 (43.0)	127 (21.5)	1 [Reference]	NA
Yes	514 (57.0)	461 (78.4)	1.87 (1.27-2.75)	.001
Black				
No	658 (73.0)	520 (88.4)	1 [Reference]	NA
Yes	243 (27.0)	68 (11.6)	0.52 (0.34-0.79)	.002
Asian				
No	854 (94.8)	568 (96.6)	1 [Reference]	NA
Yes	47 (5.2)	20 (3.4)	0.72 (0.41-1.27)	.26
Native American				
No	849 (94.2)	558 (94.9)	1 [Reference]	NA
Yes	52 (5.8)	30 (5.1)	0.98 (0.62-1.58)	.95
Pacific Islander				
No	886 (98.3)	582 (99.0)	1 [Reference]	NA
Yes	15 (1.7)	6 (1.0)	0.82 (0.31-2.22)	.70
Hispanic				
No	719 (79.8)	487 (82.8)	1 [Reference]	NA
Yes	182 (20.2)	101 (17.2)	0.91 (0.62-1.33)	.62
Other				
No	772 (85.7)	535 (91.0)	1 [Reference]	NA
Yes	129 (14.3)	53 (9.0)	0.81 (0.49-1.33)	.40
Military branch				
Air Force	62 (6.9)	34 (5.8)	1 [Reference]	NA
Army	154 (17.1)	90 (15.3)	1.29 (0.77-2.16)	.34
Marines	149 (16.5)	104 (17.7)	1.84 (1.09-3.10)	.02
Navy	536 (59.5)	359 (61.1)	1.45 (0.91-2.29)	.12
Ever deployed				
No	396 (55.2)	178 (69.0)	1 [Reference]	NA
Yes	505 (44.8)	410 (31.0)	1.76 (1.33-2.32)	<.001
Suicide risk indicator				
Lifetime suicide ideation				
No	652 (73.1)	412 (70.5)	1 [Reference]	NA
Yes	240 (26.9)	172 (29.5)	1.21 (0.91-1.61)	.20
Lifetime suicide attempt				
No	811 (91.6)	541 (93.4)	1 [Reference]	NA
Yes	74 (8.4)	38 (6.6)	0.81 (0.49-1.32)	.39
Recent thoughts of death or self-	harm			
No	814 (90.3)	547 (93.0)	1 [Reference]	NA
Yes	87 (9.7)	41 (7.0)	0.61 (0.40-0.95)	.03

Abbreviation: NA, not applicable.

<sup>&</sup>lt;sup>a</sup> Based on all variables entered into the model simultaneously to estimate the presence of a firearm at home.

#### **Discussion**

In this cross-sectional study of a sample of active-duty military personnel, one-third reported a firearm in or around the home. Of this subgroup, one-third reported storing the firearm safely (ie, unloaded and locked up). Although military personnel with recent thoughts about death or self-harm were less likely to have a firearm at home, suicidal personnel who did have a firearm at home were

Characteristic	Firearm Storage M	ethod, No. (%)	— Adjusted Odds Ratio (95% CI)	P Value
	Unsafe (n = 274)	Safe (n = 187)		
Age, mean (SD), y	33.3 (15.2)	37.3 (17.1)	1.01 (1.00-1.03)	.06
Sex				
Male	199 (72.6)	136 (72.7)	1.28 (0.80-2.05)	.30
Female	75 (27.4)	51 (27.3)	1 [Reference]	NA
Race/ethnicity				
White				
No	55 (20.1)	46 (24.6)	1 [Reference]	NA
Yes	219 (79.9)	141 (75.4)	0.82 (0.38-1.77)	.61
Black				
No	241 (88.0)	165 (88.2)	1 [Reference]	NA
Yes	33 (12.0)	22 (11.8)	0.91 (0.37-2.21)	.83
Asian				
No	267 (97.4)	178 (95.2)	1 [Reference]	NA
Yes	7 (2.6)	9 (4.8)	1.76 (0.54-5.70)	.35
Native American				
No	262 (95.6)	180 (96.3)	1 [Reference]	NA
Yes	12 (4.4)	7 (3.7)	1.09 (0.39-2.99)	.87
Pacific Islander				
No	273 (99.6)	184 (98.4)	1 [Reference]	NA
Yes	1 (0.4)	3 (1.6)	4.90 (0.61-39.15)	.13
Hispanic				
No	224 (83.6)	153 (83.4)	1 [Reference]	NA
Yes	45 (16.4)	31 (16.6)	1.47 (0.76-2.85)	.25
Other				
No	251 (91.6)	165 (88.2)	1 [Reference]	NA
Yes	23 (8.4)	22 (11.8)	1.55 (0.62-3.86)	.35
Military branch				
Air Force	10 (3.6)	16 (8.6)	1 [Reference]	NA
Army	40 (14.6)	33 (17.6)	0.50 (0.19-1.31)	.16
Marines	48 (17.5)	33 (17.6)	0.57 (0.21-1.53)	.27
Navy	176 (64.2)	105 (56.1)	0.37 (0.15-0.88)	.03
Ever deployed				
No	86 (31.4)	51 (27.3)	1 [Reference]	NA
Yes	188 (68.6)	136 (72.7)	1.29 (0.79-2.11)	.31
Suicide risk indicator				
Lifetime suicide ideation				
No	177 (65.1)	147 (78.6)	1 [Reference]	NA
Yes	95 (34.9)	40 (21.4)	0.47 (0.29-0.78)	.003
Lifetime suicide attempt				
No	251 (93.3)	177 (95.2)	1 [Reference]	NA
Yes	18 (6.7)	9 (4.8)	2.01 (0.75-5.39)	.17
Recent thoughts of death or self-harm				
No	249 (90.9)	183 (97.9)	1 [Reference]	NA
Yes	25 (9.1)	4 (2.1)	0.26 (0.09-0.79)	.02

Abbreviation: NA, not applicable.

<sup>&</sup>lt;sup>a</sup> Based on all variables entered into the model simultaneously to estimate safe firearm storage.

much less likely than nonsuicidal service members to use safe storage. This highlights the importance of emphasizing safe storage of personally owned firearms, including temporary removal of access to firearms for high-risk personnel. Limitations of this study include self-report methods, cross-sectional design, and unknown response rate. Further research focused on firearm availability and storage practices among military personnel is warranted.

#### **ARTICLE INFORMATION**

Accepted for Publication: June 24, 2019.

Published: August 16, 2019. doi:10.1001/jamanetworkopen.2019.9160

**Open Access:** This is an open access article distributed under the terms of the CC-BY License. © 2019 Bryan CJ et al. JAMA Network Open.

Corresponding Author: Craig J. Bryan, PsyD, ABPP, National Center for Veterans Studies, The University of Utah, 260 S Central Campus Dr, Ste 3525, Salt Lake City, UT 84112 (craig.bryan@utah.edu).

**Author Affiliations:** The University of Utah, Salt Lake City (C. J. Bryan, A. O. Bryan, Khazem, Harris); National Center for Veterans Studies, Salt Lake City, Utah (C. J. Bryan, A. O. Bryan, Khazem, Harris, May); University of Southern Mississippi, Hattiesburg (Anestis); Wesleyan University, Middletown, Connecticut (May); Naval Health Research Center, San Diego, California (Thomsen).

**Author Contributions:** Dr Bryan had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: C. J. Bryan, Anestis.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: C. J. Bryan, Anestis, Khazem.

*Critical revision of the manuscript for important intellectual content:* A. O. Bryan, Anestis, Khazem, Harris, May, Thomsen.

Statistical analysis: C. J. Bryan.

Obtained funding: C. J. Bryan, Thomsen.

Administrative, technical, or material support: C. J. Bryan, A. O. Bryan, Harris, May, Thomsen.

Supervision: C. J. Bryan, A. O. Bryan.

Conflict of Interest Disclosures: Dr C. J. Bryan reported grants from the Department of Defense during the conduct of the study and personal fees from Neurostat Analytical Solutions and Oui Therapeutics outside the submitted work. Ms A. O. Bryan reported personal fees from Oui Therapeutics outside the submitted work. Dr Anestis reported grants from the Military Suicide Research Consortium and book royalties from Oxford University Press outside the submitted work. Dr May reported funding from the Department of Defense during the conduct of the study. No other disclosures were reported.

**Funding/Support:** This work was supported by the Office of the Assistant Secretary of Defense for Health Affairs through the Defense Medical Research and Development Program grant W81XWH-14-1-0272 (principal investigator: Dr C. J. Bryan).

**Role of the Funder/Sponsor:** The study sponsor had no role in the design or conduct of the study; or the collection, management, analysis, and interpretation of the data. A draft of this article was submitted to the Navy for review and comment before submission, but this was with the understanding that comments would only be advisory. The sponsor had no role in the decision to submit the manuscript for publication.

**Disclaimer:** Opinions, interpretations, conclusions, and recommendations are those of the authors and are not necessarily endorsed by the Department of the Navy, Department of Defense, or the US government.

**Additional Information:** Dr Thomsen is an employee of the US government. This work was prepared as part of her official duties. Title 17 U.S.C 105 provides that "Copyright protection under this title is not available for any work of the United States Government." Title 17 U.S.C. 101 defines a United States Government work as a work prepared by a military service member or employee of the United States Government as part of that person's official duties.

#### **REFERENCES**

1. Pruitt LD, Smolenski DJ, Bush NE, et al. *DoDSER: Department of Defense Suicide Event Report, Calendar Year 2016 Annual Report*. Washington, DC: Department of Defense; 2017.

#### JAMA Network Open | Psychiatry

- 2. Shenassa ED, Rogers ML, Spalding KL, Roberts MB. Safer storage of firearms at home and risk of suicide: a study of protective factors in a nationally representative sample. *J Epidemiol Community Health*. 2004;58(10):841-848. doi:10.1136/jech.2003.017343
- **3**. Spicer RS, Miller TR. Suicide acts in 8 states: incidence and case fatality rates by demographics and method. *Am J Public Health*. 2000;90(12):1885-1891. doi:10.2105/AJPH.90.12.1885
- **4**. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2017.
- 5. Nock MK, Holmberg EB, Photos VI, Michel BD. Self-injurious Thoughts and Behaviors Interview: development, reliability, and validity in an adolescent sample. *Psychol Assess*. 2007;19(3):309-317. doi:10.1037/1040-3590. 19.3.309
- **6.** Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x