

RUNNING HEAD: UNDISCLOSED IDEATION AND FIREARM STORAGE

Differences in firearm storage practices among United States military servicemembers who have and have not disclosed suicidal thoughts or attended behavioral health sessions

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Abstract

Introduction: Two-thirds of military suicides are by firearm and unsafe storage increases risk for suicide. Understanding who is at risk for suicide, their interactions with behavioral healthcare, and their firearm storage habits has implications for suicide prevention.

Method: Probability-based sampling was used. Inclusion criteria were current military service and firearm ownership. Analyses focused on those who endorsed past year ($n = 180$) or past month suicidal ideation ($n = 85$).

Results: Servicemembers with undisclosed past year ideation stored firearms at home more often and with a locking device less often. Servicemembers with past year ideation who did not attend recent behavioral health sessions stored firearms with a locking device and loaded less often. Servicemembers with undisclosed suicidal ideation in the past month stored firearms with a locking device less often. Servicemembers with past month ideation who have not attended recent behavioral health sessions stored firearms with a locking device and loaded less often.

Conclusions: Servicemembers experiencing undisclosed suicidal ideation and who are not receiving treatment generally have more ready access to firearms. Safe firearm storage messaging needs to be disseminated in a manner that shifts social norms around firearm storage, whether or not suicide risk is known.

Introduction

Firearms account for half of all suicides in the United States each year, resulting in approximately 25,000 annual deaths¹. Within the military, approximately two-thirds of all suicide deaths result from firearms². Although no single factor explains the disproportionate role of firearms in military suicide, one potentially vital factor is the difficulty of identifying suicide risk among those most likely to die by firearm suicide.

Prior research has demonstrated that servicemembers tend to underreport thoughts of suicide³. Furthermore, individuals who identify with gun culture more readily adopt traditional masculine norms^{4,5}, including avoidance of help-seeking for behavioral health concerns⁶. One study leveraging Army STARRS examined 569 Army suicide decedents who died between 2004 and 2009 and reported that only 50% of military suicide decedents accessed healthcare in the month prior to their death, with 27.9% accessing behavioral healthcare and only 13.8% with suicide risk documented during that timeframe⁷. Within the military, this is further reinforced by warrior culture, which promotes servicemembers solving their own problems and which can foster efforts to hide emotional distress to support a vision of readiness^{8,9}. Although not restricted to the military, a recent study examining 234,652 suicide decedents via the National Violent Death Reporting System reported that firearm suicide decedents were less likely than those who died by other methods to have been in behavioral healthcare at the time of death (20.7% vs 33.0%) or in their lifetime (26.6% vs 40.7%)¹⁰. This same study reported that, in multivariate analyses, firearm suicide decedents were more likely to have disclosed thoughts of suicide; however, the two groups endorsed nearly identical rates of disclosure (23.4% vs 23.2%) and the difference was non-significant in univariate analyses. Another recent study examining 3-year hospital visit histories among suicide decedents in Utah also reported that firearm suicide decedents were least likely to have presented at a hospital for deliberate self-harm or behavioral health reasons¹¹.

The avoidance of behavioral healthcare and tendency to underreport thoughts of suicide among firearm owning servicemembers may be further compounded by other risk factors for firearm suicide.

Prior research has demonstrated that firearm owning servicemembers with a history of suicidal thoughts are more likely than their peers to store firearms unsafely^{12,13}. Given that unsafe (e.g., loaded, unlocked) firearm storage is associated with greater risk for suicide¹⁴ and that firearm owners who die by suicide using a firearm are more likely than firearm owners who die by suicide using other methods to have stored firearms unsafely¹⁵, it would be alarming if servicemembers who hide suicidal thoughts and avoid behavioral healthcare are also more likely to store firearms unsafely.

To address this possibility, we recruited a nationally representative sample of firearm owning servicemembers via the KnowledgePanel Calibration¹⁶ approach and administered an anonymous survey examining current firearm storage behaviors, past year and past month suicidal thoughts, and past three month use of behavioral healthcare. We anticipated that, among those endorsing recent suicidal thoughts, those who have not disclosed those thoughts to others and those who have not recently utilized behavioral healthcare would be more likely to store firearms unsafely. Results consistent with our hypotheses would indicate that suicidal servicemembers whose risk is undetected are more likely than their peers to have ready access to firearms.

Method

Participants and Procedures

Data were collected via KnowledgePanel (KP) in partnership with Ipsos, a commercial market survey company that uses probability-based sampling to maximize national representativeness. For this project, participants were recruited via two methods, KP (n = 45) and opt-in panels (n = 699), via the KnowledgePanel Calibration approach¹⁶. The calibration approach yields a single merged dataset with representativeness comparable to data collected solely via KP. This manuscript represents secondary analyses of data collected in an experimental design necessitating a sample size of firearm owning servicemembers that exceeded what would be plausible solely via KP, thereby prompting the use of the calibration approach.

Inclusion criteria included current US military service and firearm ownership. The KP sample (December 3, 2021-December 31, 2021) had a 76% completion rate and 45 individuals were determined to be qualified (28% qualification rate). The opt-in sample (December 7, 2021-January 4, 2022) included 699 individuals (3% qualification rate), 674 of whom were included in the final dataset, with 25 removed due to problematic responses to a free response item assessing low base rate behaviors (final total sample size = 719). All analyses are based upon weighted data.

Our analyses focused on participants who endorsed past year ($n = 180$; 25.0% of full sample) or past month suicidal thoughts ($n = 85$; 11.8% of full sample). Those with past year ideation ($M_{age} = 32.20$, $SD = 10.03$) were predominantly male (75.1%) and White (77.0%). Half of the sample (49.1%) identified as Hispanic or Latinx and 18.3% identified as Black. Those with past month suicidal ideation ($M_{age} = 32.25$; $SD = 11.14$) were predominantly male (71.2%) and White (69.1%). The majority identified as Hispanic or Latinx (60.0%) and 31.8% identified as Black. See Table 1 for full descriptive data.

Measures

Suicidal Ideation. The presence of past year and past month suicidal ideation was assessed via the self-report version of the Self Injurious Thoughts and Behaviors Interview – Revised (SITBI-R¹⁷). The SITBI-R asks participants to indicate which, if any, of eight different suicide-related thoughts they have experienced in the past month, past year, and in their lifetime. Suicidal ideation for a specific time frame is indicated by positive endorsement of any of the eight suicide-related thoughts during that specific time frame.

Disclosure of Suicidal Thoughts. Disclosure of suicidal thoughts was assessed via an item from the Suicide Behaviors Questionnaire – Revised¹⁸: “Have you ever told someone that you were going to commit suicide, or that you might do it?” Answer choices included “no,” “yes, at one time, but did not really want to die,” “yes, at one time, and really wanted to do it,” “yes, more than once, but did not want

to do it,” and “yes, more than once, and really wanted to do it.” Disclosure was indicated by endorsing any of the four “yes” response options.

Behavioral Health Treatment. Attendance at behavioral health sessions was assessed via an item that asked “How many behavioral health treatment sessions have you attended in the past 3 months?” Those who indicated one or more session were categorized as having attended behavioral health during that time frame. This item is part of the Military Suicide Research Consortium (MSRC) common data elements¹⁹.

Firearm Storage Practices. Firearm storage practices were assessed using a matrix that instructed participants to “please use the following scale to indicate how often you utilize specific firearm storage practices.” Options included “store at least one firearm at home,” “store at least one firearm loaded,” “store at least one of your firearms with a locking devices (e.g. trigger lock, cable lock) in place,” and “store at least one of your firearms in a locked location (e.g. gun safe, lock box).” Answers were scored on a 1-6 Likert scale (1 = “Never (0%)”, 2 = “Rarely (1%-25%)”, 3 = “Occasionally (26%-50%)”, 4 = “Often (51%-75%)”, 5 = “Almost Always (76%-99%)”, and 6 = “Always (100%)”). See Table 2 for firearm storage practice data for the full sample and subsamples.

Data Analytic Plan

A total of four multivariate analyses of variance (MANOVAs) were utilized to test our hypotheses. In two cases – once each in the subsamples of servicemembers with past year and past month suicidal thoughts – prior disclosure of suicidal thoughts served as the independent variable. In the other two cases – using the same subsamples – attendance at one or more behavioral health sessions in the previous three months served as the independent variable. In each case, the dependent variables assessed frequency of storing at least one firearm in one of four ways: at home, loaded, with a locking device in place, and in a locked location. Partial eta squared served as an index of effect size.

Results

Preliminary results indicated that, overall, those with and without past year suicidal thoughts differed in their firearms storage practices ($\lambda = .975$, $p = .006$, $p\eta^2 = .03$). Those with past year suicidal thoughts less frequently stored firearms with a locking device in place ($F = 10.71$; $p = .001$; $p\eta^2 = .02$). The two groups did not differ on any other storage method. Those with and without past month suicidal thoughts did not differ on their storage methods ($\lambda = .990$, $p = .239$, $p\eta^2 = .01$).

Among those with past year suicidal ideation, 45.1% reported having disclosed their thoughts to others and 59.4% reported attending at least one behavioral health session within the past three months. A majority (57.9%) reported storing at least one firearm at home, 33.7% at least one firearm loaded, 33.7% at least one firearm with a locking device in place, and 47.9% at least one firearm in a locked location “almost always” or “always.”

Among those with past month suicidal ideation, 52.4% reported having disclosed their thoughts to others and 69.4% reported attending at least one behavioral health session within the past three months. A majority (53.2%) reported storing at least one firearm at home, 35.3% at least one firearm loaded, 39.3% at least one firearm with a locking device in place, and 48.5% at least one firearm in a locked location “almost always” or “always.”

Storage Practices Among Those with Past Year Suicidal Ideation

Results (Table 3) indicated that, overall, servicemembers with past year ideation who have and have not disclosed those suicidal thoughts to others differed from one another on firearm storage practices ($\lambda = .055$, $p < .001$, $p\eta^2 = .95$). Those who had not disclosed their suicidal thoughts store at least one firearm at home significantly more often ($F = 16.89$, $p < .001$, $p\eta^2 = .12$) and store firearms with a locking device in place significantly less often ($F = 14.12$, $p < .001$, $p\eta^2 = .10$). The groups did not differ on their propensity to store firearms loaded ($F = .07$, $p = .789$, $p\eta^2 = .00$) or in a locked location ($F = 1.15$, $p = .286$, $p\eta^2 = .01$).

Results (Table 3) indicated that, overall, servicemembers with past year ideation who have and have not attended at least one behavioral health session in the past three months differed from one another on firearm storage practices ($\lambda = .054, p < .001, \rho\eta^2 = .95$). Those who had not attended a behavioral health session store at least one firearm with a locking device in place less often ($F = 10.54, p = .002, \rho\eta^2 = .08$), and store at least one firearm loaded less often ($F = 6.09, p = .015, \rho\eta^2 = .05$). The groups did not differ on their propensity to store firearms at home ($F = 3.36, p = .069, \rho\eta^2 = .03$) or in a locked location ($F = 0.39, p = .536, \rho\eta^2 = .00$).

Storage Practices Among Those with Past Month Suicidal Ideation

Results (Table 3) indicated that, overall, servicemembers with past month ideation who have and have not disclosed those suicidal thoughts to others differed from one another on firearm storage practices ($\lambda = .054, p < .001, \rho\eta^2 = .95$). Those who had not disclosed their suicidal thoughts store at least one firearm with a locking device less often ($F = 38.82, p < .001, \rho\eta^2 = .41$). The groups did not differ on their propensity to store firearms at home ($F = 0.09, p = .767; \rho\eta^2 = .00$), loaded ($F = 2.19, p = .145, \rho\eta^2 = .04$), or in a locked location ($F = 3.22, p = .078, \rho\eta^2 = .05$).

Results (Table 3) indicated that, overall, servicemembers with past month ideation who have and have not attended at least one behavioral health session in the past three months differed from one another on firearm storage practices ($\lambda = .049, p < .001, \rho\eta^2 = .95$). Those who had not attended any behavioral health sessions in the previous three months store firearms with a locking device in place ($F = 38.39, p < .001, \rho\eta^2 = .41$) and store firearms loaded less frequently ($F = 26.02, p < .001, \rho\eta^2 = .32$). The groups did not differ on their propensity to store firearms at home ($F = .21, p = .652, \rho\eta^2 = .00$) or in a locked location ($F = 1.63, p = .207, \rho\eta^2 = .03$).

Discussion

The primary aim of this study was to examine differences in firearm storage practices among servicemembers based upon whether those with recent suicidal ideation had disclosed those thoughts to

others or attended recent behavioral health sessions. Prior research has established that firearm owning servicemembers with a history of suicidal thoughts are more likely than their peers to store firearms unsafely^{12,13}. To date, however, no research had examined whether those who hide those thoughts are prone to unsafe firearm storage practices. Although not universal, our findings largely support this possibility, meaning high risk servicemembers experiencing unvoiced suicidal thoughts generally had more ready access to firearms.

Our analyses examining disclosure of suicidal thoughts indicated that those with past year suicidal ideation who had not disclosed those thoughts more frequently stored at least one firearm at home and less frequently stored at least one firearm with a locking device in place. The locking device finding was replicated among those with past month suicidal thoughts. One possible explanation for these findings is that, when an individual discloses suicidal thoughts, their support system activates to help ensure that the servicemember secures their firearms, either by removing them from the home or storing them with a locking device. Those who hide their suicidal thoughts may store their firearms less safely for a number of reasons. For instance, they may fear changing storage practices could raise suspicions, resulting in potential forced removal of personal firearms. Alternatively, they may be more likely to feel firearm storage is irrelevant to suicide risk or actually be experiencing a greater degree of suicidal intent and thus desire more ready access.

Both out-of-home storage and the use of locking devices²⁰ have been highly publicized methods for secure firearm storage and, as such, it is not surprising that these storage methods were the ones that differed between groups. The creation and publicizing of safe firearm storage maps²¹ and the availability of armories at military installations may make out-of-home storage more likely to be suggested. Furthermore, the potential for discrete out-of-home storage with a trusted peer or loved one – depending on local laws - provides a path for servicemembers to increase safety without risking professional and personal consequences. The only surprising aspect of the locking device finding is that the use of locking devices – particularly cable locks – generally requires firearms to be stored unloaded, and yet the groups

did not differ on load status. This is not the first study to report differences on locking device use but not on load status among servicemembers²², so a pattern may be emerging that requires a more careful understanding. It may be, for instance, that servicemembers often install locking devices incorrectly, thereby limiting their utility.

Another consideration in interpreting these findings is that recent research has raised questions regarding the extent to which firearm owners – particularly those at high risk for suicide – feel that typical questions assessing suicidal ideation accurately reflect their lived experience. Specifically, Bryan and colleagues²³ reported that, in a sample of 10,625 US adults, firearm owners with higher probability of suicidal behavior were less likely than their peers to endorse suicidal thoughts on the SITBI-R, the same measure utilized in our sample. In the current study, only those endorsing past year or past month suicidal ideation were included and, as such, it is possible that suicidal servicemembers from the larger sample were excluded from the current analyses because the SITBI-R did not accurately capture risk.

The findings from our analyses focused on attendance at behavioral health sessions were more complicated. On the one hand, findings related to locking devices mirrored those from the ideation disclosure analyses, with those who did not attend behavioral health sessions in the previous three months less likely to store their firearms with a locking device in place. On the other hand, servicemembers with ideation who did not attend any behavioral health sessions less frequently stored at least one firearm loaded. In fact, among those with past month suicidal ideation, individuals who avoided behavioral health care endorsed storing at least one firearm loaded between “never (0%)” and “rarely (1%-25%)” whereas those who attended one or more behavioral health sessions in the past three months endorsed storing at least one firearm loaded between “often (51%-75%)” and “almost always (76%-99%).” The explanation for this finding is unclear and we encourage independent replication in a larger sample. Nonetheless, the finding could be an opportunity for intervention and, should it replicate, understanding the rationale for this pattern may enable the military to promote a preferred storage method for a subgroup of high risk servicemembers.

Several limitations are worth noting. First, although we leveraged the representativeness of KP, our sample was relatively small, particularly for those experiencing past month suicidal thoughts. Caution is warranted in interpreting the results of analyses comparing individuals with past month suicidal thoughts who had and had not attended a recent behavioral health session given the uneven distribution of Service members across those two groups. Second, servicemembers in our sample endorsed affiliation with many different branches and positions in the military (e.g., active duty, reserve), thereby complicating our ability to understand if these results apply to specific groups. Third, our data were cross-sectional, thereby precluding understanding whether storage practices changed following or predated the experience of suicidal thoughts.

Despite these limitations, we believe these results represent a novel contribution. Our results highlight a potential area of concern: high risk servicemembers operating outside the reach of our suicide risk assessment system may tend to have more ready access to firearms. The need to promote safe storage at the population level, rather than focusing specifically on servicemembers at known risk for suicide, is thus clear. If those most likely to store firearms unsafely are least likely to make others aware of their thoughts, safe firearm storage messaging must be disseminated in a manner that results in shifts in cultural norms around how firearms are stored, independent of known risk for suicide. Doing so would decrease environmental risk for suicide universally, thereby providing greater opportunity for unvoiced suicidal crises to resolve.

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Table 1. Sample Demographic Characteristics

	Full Sample	Past Year Suicidal Thoughts	Past Month Suicidal Thoughts
Sample Size	719	180	85
	m (SD)	m (SD)	m (SD)
Age	33.64 (11.01)	32.20 (10.03)	32.35 (11.14)
	n (%)	n (%)	n (%)
Gender			
Male	578 (80.4%)	135 (75.1%)	61 (71.2%)
Female	141 (19.6%)	45 (24.9%)	25 (28.8%)
Racial Identity			
White	515 (71.7%)	139 (77.0%)	59 (69.1%)
Black	146 (20.4%)	33 (18.3%)	27 (31.8%)
Native American/Alaskan Native	46 (6.4%)	1 (0.7%)	0 (0.0%)
Asian	49 (6.8%)	15 (8.2%)	6 (7.5%)
Pacific Islander	14 (1.9%)	4 (2.0%)	3 (3.9%)
Other	29 (4.0%)	1 (0.7%)	0 (0.0%)
Ethnicity			
Hispanic/Latinx	234 (32.6%)	88 (49.1%)	51 (60.0%)
Education			
Less than 9 th Grade	8 (1.1%)	3 (1.5%)	0 (0.0%)
9 th -12 th Grade, No Diploma	9 (1.3%)	6 (3.3%)	5 (6.3%)
High School Diploma or Equivalent	121 (16.9%)	27 (15.1%)	17 (20.3%)
Some College, No Degree	146 (20.4%)	26 (14.3%)	8 (9.1%)
Associate's Degree	124 (17.2%)	38 (21.1%)	16 (19.2%)
Bachelor's Degree	151 (21.0%)	37 (20.5%)	16 (19.2%)
Master's Degree	121 (16.8%)	34 (18.6%)	18 (20.8%)
Doctoral Degree	38 (5.3%)	10 (5.6%)	5 (5.9%)
Annual Household Income			
\$24,999 or less	40 (5.6%)	10 (5.9%)	1 (0.7%)
\$25,000-\$49,999	91 (12.7%)	15 (8.4%)	7 (8.1%)
\$50,000-\$74,999	113 (15.8%)	33 (18.2%)	19 (22.0%)
\$75,000-\$99,999	119 (16.6%)	28 (15.3%)	8 (9.5%)
\$100,000 or more	355 (49.4%)	94 (52.1%)	51 (59.8%)

Table 2. Firearm Storage Characteristics

	Full Sample	Past Year Suicidal Thoughts	Past Month Suicidal Thoughts
Sample Size	719 n (%)	180 n (%)	85 n (%)
At Home			
Never (0%)	16 (2.2%)	2 (1.3%)	0 (0.0%)
Rarely (1%-25%)	31 (4.3%)	11 (5.9%)	5 (5.9%)
Occasionally (26%-50%)	56 (7.9%)	17 (9.2%)	6 (6.8%)
Often (51%-75%)	61 (8.5%)	22 (12.0%)	12 (14.2%)
Almost Always (76%-99%)	59 (8.2%)	19 (10.6%)	10 (12.1%)
Always (100%)	386 (53.6%)	85 (47.3%)	35 (41.1%)
No Answer Given	86 (12.0%)	24 (13.4%)	17 (19.6%)
Prefer Not to Answer	23 (3.2%)	0 (0.0%)	0 (0.0%)
Loaded			
Never (0%)	192 (26.7%)	41 (23.0%)	26 (30.0%)
Rarely (1%-25%)	60 (8.4%)	16 (8.8%)	2 (2.8%)
Occasionally (26%-50%)	74 (10.3%)	24 (13.5%)	4 (5.0%)
Often (51%-75%)	50 (7.0%)	11 (5.8%)	6 (6.8%)
Almost Always (76%-99%)	66 (9.2%)	20 (11.4%)	10 (12.0%)
Always (100%)	161 (22.4%)	40 (22.3%)	20 (23.3%)
No Answer Given	86 (12.0%)	24 (13.4%)	17 (19.6%)
Prefer Not to Answer	29 (4.0%)	3 (1.8%)	0 (0.0%)
Locking Device			
Never (0%)	111 (15.4%)	34 (18.6%)	16 (18.3%)
Rarely (1%-25%)	72 (10.0%)	21 (11.6%)	8 (9.6%)
Occasionally (26%-50%)	43 (6.0%)	10 (5.4%)	2 (2.5%)
Often (51%-75%)	72 (10.0%)	28 (15.8%)	8 (9.8%)
Almost Always (76%-99%)	73 (10.1%)	15 (8.5%)	9 (10.8)
Always (100%)	236 (32.8%)	45 (25.2%)	24 (28.5%)
No Answer Given	86 (12.0%)	24 (13.4%)	17 (19.6%)
Prefer Not to Answer	27 (3.7%)	3 (1.4%)	1 (0.9%)
Locked Location			
Never (0%)	52 (7.3%)	15 (8.3%)	4 (4.6%)
Rarely (1%-25%)	61 (8.5%)	8 (4.6%)	6 (7.0%)
Occasionally (26%-50%)	52 (7.3%)	17 (9.5%)	8 (9.6%)
Often (51%-75%)	74 (10.3%)	25 (14.1%)	5 (5.6%)
Almost Always (76%-99%)	62 (8.7%)	24 (13.4%)	9 (11.1%)
Always (100%)	301 (41.9%)	62 (34.5%)	32 (37.4%)
No Answer Given	86 (12.0%)	24 (13.4%)	17 (19.6%)
Prefer Not to Answer	30 (4.2%)	4 (2.3%)	4 (4.9%)

Table 3. Differences in firearm storage practices based on prior disclosure of suicidal thoughts (yes/no) and past 3 month attendance at behavioral health sessions (yes/no) among servicemembers with past year or past month suicidal thoughts.

	Past Year Ideation				Past Month Ideation			
	Disclosed Ideation		Bx Health Session (3 Months)		Disclosed Ideation		Bx Health Session (3 months)	
	Yes	No	Yes	No	Yes	No	Yes	No
Sample Size	45.1% (81)	53.1% (96)	54.5% (85)	45.5% (71)	52.4% (45)	43.7% (37)	69.4% (59)	30.6% (26)
Store 1+ Firearm at Home	4.47 (1.57)a	5.45 (1.11)b	4.81 (1.53)a	5.26 (1.24)b	5.00 (1.44)a	5.11 (1.29)a	5.12 (1.29)a	4.96 (1.46)a
Store 1+ Firearm Loaded	3.33 (1.86)a	3.43 (2.22)a	3.88 (1.85)a	2.99 (2.18)b	3.86 (2.10)a	2.97 (2.46)a	4.56 (1.87)a	1.96 (2.01)b
Store 1+ Firearm with Locking Device	4.39 (1.63)a	3.11 (2.05)b	4.22 (1.60)a	3.12 (2.15)b	5.21 (1.49)a	2.53 (1.98)b	5.03 (1.26)a	2.35 (2.02)b
Store 1+ Firearm in Locked Location	4.65 (1.49)a	4.32 (1.84)a	4.55 (1.40)a	4.36 (1.93)a	5.04 (1.62)b	4.20 (1.90)a	4.88 (1.60)a	4.27 (2.01)a

Note: Bx Health = Behavioral Health. Answers for firearm storage frequency were scored on a 1-6 Likert scale (1 = “Never (0%)”, 2 = “Rarely (1%-25%)”, 3 = “Occasionally (26%-50%)”, 4 = “Often (51%-75%)”, 5 = “Almost Always (76%-99%)”, and 6 = “Always (100%)”).

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Dr. Anestis receives personal income from book royalties, speaking fees, and consulting fees related to firearm suicide prevention. He is also a named investigator on several federally funded grants focused on this topic.

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Ms. AnnaBelle Bryan receives personal income from training fees related to firearm suicide prevention. She is also a named investigator on several federally funded grants focused on this topic.

Data Availability Statement:

Data will be made available by requests to the lead author (Anestis)

Conflicts of Interest:

Dr. Anestis receives personal income in the form of book royalties from a book focused on firearms and suicide. He also receives personal income in the form of speaking fees, honorariums, consulting, and lethal means counseling trainings for events related to firearms and suicide.

Dr. C. Bryan receives personal income in the form of book royalties from a book focused on firearms and suicide. He also receives personal income in the form of speaking fees, honorariums, consulting, and lethal means counseling trainings for events related to firearms and suicide.

Ethics Statement:

All procedures were approved by the Rutgers Biomedical and Health Sciences Institutional Review Board and the Department of Defense Human Research Protection Office.