



**Department of Defense  
Quarterly Suicide Report  
Calendar Year 2014  
4<sup>th</sup> Quarter**

**Defense Suicide  
Prevention Office  
(DSPO)**

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# Department of Defense Quarterly Suicide Report Calendar Year 2014 4<sup>th</sup> Quarter

## Purpose

The Department of Defense (DoD) Quarterly Suicide Report (QSR) summarizes suicide counts for the Active Component (AC), Reserves, and National Guard. One of the principle goals of this report is to improve the timeliness and usefulness of the Department of Defense surveillance systems relevant to suicide prevention. The importance of timely and accurate data reporting allows leaders at all levels to have reliable information on suicides that will enable them to make appropriate decisions related to suicide prevention.

## Summary of Results

The Services reported that there were 69 AC suicides during the 2014 4<sup>th</sup> Quarter. During that same data collection period, the Reserves reported 21 suicides and the National Guard reported 18 suicides.

Table 1 depicts the number of suicides within each component.

## Data Sources

Suicide mortality data in this report are provided by the Armed Forces Medical Examiner System (AFMES) with inputs from the individual Service suicide prevention programs. Population data are collected from the Defense Manpower Data Center (DMDC).

For all other Service members whom AFMES does not track (e.g., National Guard or Reserve Service members not in active duty status) the suicide data originates from civilian authorities and is made available through the Services to AFMES.

## Suicides

Suicides, defined as self-inflicted death with evidence (either explicit or implicit) of intent to die, are broken down by component, (AC or Reserve Component (RC)), and Service.

The AC suicide numbers provided in this report also include the Cadets and Midshipmen at the military academies.

The data provided for the RC include Reserve and National Guard suicides regardless of the Service member's duty status at the time of death. The RC refers collectively to the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the Coast Guard Reserve when the Coast Guard is operating as a Service of the Department of the Navy.

Military retirees and members in Temporary or Permanent Disability Retired Lists (TDRL, PDRL) are not included in this report as that data may overlap with Department of Veterans Affairs data.



## Results

Table 1. *Suicides by Component and Service*

DoD Component and Service	2012	2013			2014				
	Total Suicide Counts	Q3 Suicide Counts	Q4 Suicide Counts	Total Suicide Counts	Q1 Suicide Counts	Q2 Suicide Counts	Q3 Suicide Counts	Q4 Suicide Counts	Total Suicide Counts
<b>Active Component</b>	<b>320</b>	<b>71</b>	<b>60</b>	<b>254</b>	<b>73</b>	<b>70</b>	<b>56</b>	<b>69</b>	<b>268</b>
Air Force	50	15	12	48	19	11	12	17	59
Army	165	33	29	120	27	31	31	33	122
Marine Corps	48	14	9	45	11	9	6	8	34
Navy	58	9	10	41	16	19	7	11	53
<b>Reserve Component</b>	<b>192</b>	<b>53</b>	<b>57</b>	<b>220</b>	<b>46</b>	<b>34</b>	<b>47</b>	<b>39</b>	<b>166</b>
Reserve	72	24	21	86	24	14	20	21	79
Air Force Reserve	3	5	4	11	2	1	3	4	10
Army Reserve	50	16	12	59	13	4	15	10	42
Marine Corps Reserve	11	2	4	11	4	5	1	2	12
Navy Reserve	8	1	1	5	5	4	1	5	15
<b>National Guard</b>	<b>130</b>	<b>29</b>	<b>36</b>	<b>134</b>	<b>22</b>	<b>20</b>	<b>27</b>	<b>18</b>	<b>87</b>
Air National Guard	20	6	4	14	6	2	4	2	14
Army National Guard	110	23	32	120	16	18	23	16	73

**Note:** All figures above may be subject to change in future publications as updated information becomes available.

Suicide counts are current as of January 31, 2015.

## Discussion

The Quarterly Suicide Report presents data on suicide trends in order to provide more timely and accurate reporting outside of the annual Department of Defense Suicide Event Report (DoDSER). The data presented is a snapshot in time with every effort made to reflect the most up-to-date information. Table 1 presents the quarterly data for past years where that data is available to allow for a more precise understanding of suicide trends.