

# Family Member Reports of Firearm Storage Practices and Personality Characteristics and Suicide Risk in US Army Soldiers

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## INTRODUCTION

- Nearly half of all suicide deaths in the United States and approximately two-thirds of all suicide deaths in the military involve firearms.<sup>1</sup>
- Previous research has shown firearm storage practices to be associated with suicide risk among US Army soldiers.<sup>2</sup> Furthermore, symptoms of borderline personality disorder (BPD), especially impulsivity, were found to increase risk for suicide.<sup>3</sup>
- The purpose of this project is to examine the relationship between family-reported firearm storage practices, personality characteristics, and suicide risk among U.S. Army soldiers.

## METHODS

### Sample

- Reports from interviews of next-of-kin (NOK) were obtained from the Soldier Health Outcomes Study (SHOS-B), a case-control psychological autopsy study comparing suicide decedents (U.S. Army soldiers who died by suicide while on active duty;  $n = 135$ ) to two control types: propensity-matched controls (PS;  $n = 128$ ) and Army soldiers reporting suicidal ideation in the past year ( $n = 108$ ).<sup>4</sup>

### Measures

- The psychological autopsy interview was developed using a measure-development procedure that involved:
  - extensive literature reviews of prior autopsy studies;
  - review of measures used in these prior studies; and
  - to the extent possible, mirroring the questions asked of family members and supervisors to facilitate comparisons across informants.<sup>5,6</sup>

### Analyses

- Multivariable logistic regression analyses were used to assess firearm storage practices, history of mental health disorders from the military medical record<sup>7</sup>, and lifetime history of personality characteristics as predictors of suicide death.
- Trait impulsivity was assessed using items from the UPPS Behavior Scale.<sup>8</sup>
- Borderline personality disorder (BPD) score summed reported symptoms.<sup>9,10</sup>
- Coefficients were exponentiated in logistic models to create ORs with 95% CIs.
- $\chi^2$  tests were performed when fitting the models.
- SAS Software version 9.4 used for all analyses.<sup>11</sup>

## RESULTS

- BPD score from NOK reports predicted increased suicide risk compared to PS controls (OR [95% CI] 1.3 [1.1, 1.6];  $\chi^2_{10,14}$ ,  $p = 0.0015$ ) after adjusting for covariates including a history of a lifetime mental health disorder diagnoses from the military medical record (OR [95% CI] 4.1 [1.7, 9.8];  $\chi^2_{1,9.84}$ ,  $p = 0.0017$ ). Impulsivity, anger, and unsecured firearm storage practices were not significant in multivariable analysis.



Fig 1. Revolver in lock case with combination lock. (2022). UC Davis Health [Image]. Retrieved from <https://health.ucdavis.edu/news/headlines/how-to-protect-kids-from-gun-violence-at-home/2022/06><sup>12</sup>

Table 1. Family member reports of Firearm Storage Practices and Personality Characteristics among US Army Soldiers

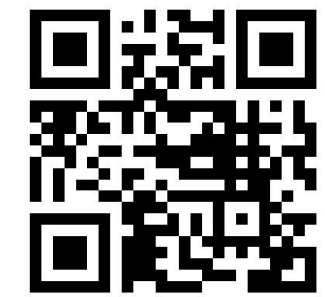
Variable	Cases $n = 61$	12M Suicide Ideation Controls $n = 108$				Propensity-matched (PS) Controls $n = 128$			
		n (w%)	n (w%)	OR(95%CI)	$\chi^2$	p-value	n (w%)	OR(95%CI)	$\chi^2$
<b>Lifetime Mental Health Disorder Diagnoses<sup>a</sup> Yes vs No</b>	47 (78%)	70 (61.5%)	1.1 (0.2,6.1)	0.02	0.8975	54 (39.8%)	<b>4.1 (1.7,9.8)*</b>	<b>9.84</b>	<b>0.0017*</b>
<b>Impulsivity Score<sup>b</sup> Mean (SD)</b>	3.48 (2.21)	2.24 (0.61)	1.1 (0.7,1.6)	0.09	0.7633	2.74 (2.71)	0.9 (0.8,1.1)	1.06	0.3032
<b>Anger Score Mean (SD)</b>	2.72 (2.61)	1.50 (2.08)	1.1 (0.7,1.7)	0.11	0.7401	1.38 (2.11)	1 (0.9,1.3)	0.19	0.6615
<b>Firearm Storage<sup>c</sup> Unsecured vs Secure</b>	47 (82.1%)	73 (72.1%)	1.1 (0.2,5.4)	0.02	0.8854	88 (69.9%)	1 (0.4,2.4)	0	0.9436
<b>Borderline Personality Symptoms Score Mean (SD)</b>	3.37 (2.18)	2.05 (1.79)	1.2 (0.8,1.8)	0.76	0.3821	1.65 (1.72)	<b>1.3 (1.1,1.6)*</b>	<b>10.14</b>	<b>0.0015*</b>

Notes: \* values are significant at p-value <0.05 (cases vs controls). Each predictor was adjusted for deployment status and years of active service. Firth correction was applied to cell with  $n < 5$ .  
a) Mental Health Disorders Diagnoses are from the military medical record.  
b) Overall impulsivity score totals all impulsivity items (urgency, perseverance, sensation seeking, and premeditation; two items each)  
c) Secure firearms are locked and unloaded, Unsecured firearms are unlocked and/or loaded.  
Abbreviations: OR = Odds Ratio, CI = Confidence Interval,  $\chi^2$  = Wald Chi-square; W% = weighted percentages

## CONCLUSION

- Contrary to our hypothesis, family reports of unsecured storage practices, impulsivity, and anger were not significant predictors of suicide death.
- Reports of BPD symptoms significantly predicted suicide death, even after controlling for lifetime history of mental disorders..
- A limitation of the study is the relatively small sample size, limiting our power to detect smaller effects or to test for interactions.
- Future research may explore the effectiveness of early identification of BPD traits and interventions on suicide death in US Army soldiers.

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## REFERENCES

- Anestis, M. D., Bandel, S. L., Butterworth, S. E., Bond, A. E., Daruwala, S. E., & Bryan, C. J. (2020). Suicide risk and firearm ownership and storage behavior in a large military sample. *Psychiatry Research*, 291, 113277. <https://doi.org/10.1016/j.psychres.2020.113277>
- Dempsey, C. L., Benedek, D. M., Zurowski, K. L., Riggs-Donovan, C., Ng, T. H. H., Nock, M. K., Kessler, R. C., & Ursano, R. J. (2019). Association of firearm Ownership, use, accessibility, and storage practices with suicide Risk among US Army soldiers. *JAMA Network Open*, 2(6), e195383. <https://doi.org/10.1001/jamanetworkopen.2019.5383>
- Fruhbaurova, M., DeCou, C. R., Crow, B. E., & Comtois, K. A. (2021). Borderline personality disorder and self-directed violence in a sample of suicidal army soldiers. *Psychological services*, 18(1), 104–115. <https://doi.org/10.1037/ser000369>
- Nock, M. K., Dempsey, C. L., Aliaga, P. A., Brent, D. A., Heeringa, S. G., Kessler, R. C., ... Benedek, D. (2017). Psychological Autopsy Study Comparing Suicide Decedents, Suicide Ideators, and Propensity Score Matched Controls: Results from the Study to Assess Risk and Resilience in Military Members (Army STARRS). *Psychological Medicine*, 1-12. doi:10.1017/S0033291717001179
- Conner, K. R., Beautrais, A. L., Brent, D. A., Conwell, Y., Phillips, M. R. & Schneider, B. 2011. The next generation of psychological autopsy studies: Part 1. Interview content. *Suicide and Life-Threatening Behavior*, 41, 594-613.
- Conner, K. R., Beautrais, A. L., Brent, D. A., Conwell, Y., Phillips, M. R. & Schneider, B. 2012. The next generation of psychological autopsy studies: Part 2. Interview procedures. *Suicide and Life-Threatening Behavior*, 42, 86-103.
- Military medical record provided a history of 22 psychiatric diagnoses by ICD-9 codes and count of inpatient and outpatient encounters. The MH variable included ADHD, adjustment disorder, alcohol, anxiety, bipolar, conduct/ODD, minor depression, major depressive disorder, eating disorder, non-affective psychosis, organic mental disorders, other disorders, other impulse-control disorders, personality disorders, sex disorders, sleep disorders, somatoform/dissociative disorders, traumatic stress, PTSD, drug-induced mental illness, drug abuse without dependence, and drug-dependence.
- Whiteside, S. P., & Lynam, D. R. (2001). The Five Factor Model and impulsivity: using a structural model of personality to understand impulsivity. *Personality and Individual Differences*, 30(4), 669–689. [https://doi.org/10.1016/s0191-8869\(00\)0064-7](https://doi.org/10.1016/s0191-8869(00)0064-7)
- First MB, G. M., Spitzer RL, Williams JBW, and LS Benjamin (1997). Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II). Washington, D.C., American Psychiatric Press, Inc.
- SAS Institute Inc. (2018) SAS (Version 9.4) [Computer software].
- Revolver in lock case with combination lock. (2022). UC Davis Health [Image].Retrieved from <https://web.archive.org/web/20220603160016/https://health.ucdavis.edu/news/headlines/how-to-protect-kids-from-gun-violence-at-home/2022/06>

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