Cohen Veterans Network

IDENTIFYING GAPS
in **Lethal Means Safety** Counseling Research and Practice **for Military-Affiliated Women**

Cohen Veterans Network
Institute for Quality

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EXECUTIVE SUMMARY

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Lethal means safety counseling (LMSC) is a critical element of suicide prevention aimed at reducing access to means for suicide. This evidence-informed practice is an important risk management strategy for military and veteran populations, where the use of highly lethal means – firearms – contributes to elevated suicide rates (Department of Veterans Affairs, 2024; Kaplansky & Toussaint, 2024). Current best practices in LMSC for the military community often take a gender-neutral approach which does not sufficiently account for the specific and unique needs of military-affiliated women, whose risk is shaped by their gendered life and military experiences (Hoffmire & Denneson, 2018; Monteith, Holliday, Dichter & Hoffmire, 2022; Spark et al., 2022). This report summarizes findings from a gap analysis conducted by Cohen Veterans Network - Institute for Quality to critically assess the current state of lethal means safety research and practice specific to military-affiliated women and identify actionable recommendations to address gaps and improve care.

KEY FINDINGS AND IMPLICATIONS
for improving care for military-affiliated women

▶ *Address gendered misconceptions of suicide risk and behaviors through education and clinical procedures*

Effective assessment of suicide risk requires clinicians to be knowledgeable about firearm related suicide risk among military-affiliated women. Ensuring screening protocols reliably assess firearm access instead of ownership accounts for risk arising from increased firearm knowledge and comfortability in this cohort as well as women's higher rate of exposure to firearms owned by others.

▶ *Develop guidance for addressing the complexities introduced by IPV/MST*

While research has established military sexual trauma and intimate partner violence as barriers to LMSC, critical gaps persist across research, practice, and implementation in navigating these complexities. Research on acceptable and feasible strategies should leverage a wide range of stakeholders, including at-risk women along the full continuum of military service, military families, healthcare providers, case managers, and care coordinators.

▶ *Bridge the military cultural competence and firearms divide*

The cultural divide between military and veteran firearm owners and clinicians introduces barriers to effective LMSC that impact assessment and counseling. From a practice perspective, firearm familiarization training will benefit clinicians working with military-affiliated women. Additionally, addressing research gaps relating to firearm storage preferences and practices for military subpopulations will help inform the development of clinical guidance in this area.

▶ *Meet people where they are*

The reach and effectiveness of LMSC are impacted by engagement with VA care. Many women are either ineligible for or not engaged in VA care. Those who are may hesitate to participate in LMSC due to concerns about losing access to firearms. Future work should prioritize "meet[ing] people where they are" by pursuing public health approaches that promote harm reduction upstream, addressing LMSC implementation barriers in overburdened healthcare systems, and prioritizing individualized, collaborative LMSC that balances patient priorities and safety concerns.

Introduction

Suicide is a significant concern for women who have served in the US military. Suicide is the second leading cause of death among active-duty women (Kaplansky & Toussaint, 2024), while veteran women die by suicide at rates far exceeding their civilian counterparts (Department of Veterans Affairs, 2024). Lethal means for suicide differ for military-affiliated women compared to both civilian women and military-affiliated men. Firearms are the most commonly used means for suicide among both groups of military-affiliated women (Department of Veterans Affairs, 2024; Kaplansky & Toussaint, 2024), a contrast from civilian women (Horwitz et al., 2019). However, rates of poisoning and suffocation among veteran women remain elevated compared to veteran men (Department of Veterans Affairs, 2024).

Recent studies have emphasized the importance of screening and counseling around safe firearm storage as a suicide prevention measure (Khazanov et al., 2025; Spitzer et al., 2024). Access to firearms is a well-documented suicide risk factor (Anglemyer et al., 2014) due to their high lethality (Shenassa et al., 2003) and the common practice of storing firearms loaded and unlocked (Conwell et al., 2002; Miller et al., 2005). Approaches that restrict firearm access during periods of elevated suicide risk are particularly important for veterans who have higher rates of firearm-related suicides than their non-veteran peers (Pruitt et al., 2022).

LMSC involves evaluating a patient's access to lethal methods for attempting suicide and implementing strategies to limit this access (Bryan et al., 2011). Evidence has supported reducing access to lethal means as a strategy to lower suicide rates (Mann et al., 2005), as seen in firearm divestment (Swanson et al., 2023), restricted packaging for medications including paracetamol (Hawton et al., 2013; Lavigne et al., 2024), and the installation of bridge barriers to prevent jumping deaths (Merli & Costanza, 2024; Okolie et al., 2020).

Decreasing access to lethal means during high-risk periods is recommended in VA clinical practice guidelines (2024) and by the Office of the US Surgeon General (2012). This makes lethal means counseling a critical component of suicide safety planning for veterans and military-connected clients. Firearms related LMSC best practices typically involve steps such as removing firearms from the home, storing firearms and ammunition separately, locking firearms in a safe, using external locking devices (i.e., cable or trigger locks), and storing firearms disassembled (Spark et al., 2022). Similarly, recommendations for medication related LMSC include removing unnecessary medications from the home, securely storing daily medications, and also providing and educating at-risk patients on the use of Naxalone (Rocky Mountain MIRECC, 2024). Safety recommendations relating to other lethal means are often absent from LMSC resources or are limited to general suggestions to remove household objects with the potential for harm during

periods of crisis (Rocky Mountain MIRECC, 2024; Psychological Health Center of Excellence, 2024; Department of Veterans Affairs, 2020).

Women veterans and service members often have unique needs, preferences, and challenges, which should be accounted for in LMSC (Monteith, Holliday, Dichter & Hoffmire, 2022; Spark et al., 2022). Despite constituting a significant proportion of the veteran population, women veterans' mental health needs and specific suicide risk factors have often been overlooked in research and practice (Chapman & Wu, 2014; Monteith, Holliday, Dichter & Hoffmire, 2022). This is particularly concerning given that women veterans experience high rates of military sexual trauma (MST), intimate partner violence (IPV), and substance use disorders, all of which are strongly associated with suicidal ideation and attempts (Holliday et al., 2021; Kimerling, Iverson, et al., 2016; Kimerling, Makin-Byrd, et al., 2016; Monteith et al., 2023).

While the VA prioritizes LMSC as a part of its suicide prevention efforts, many veterans, especially women do not seek services at the VA. This is due to several barriers previously identified in the literature including unwelcoming environments and experiences of sexual harassment (Kehle-Forbes et al., 2017; Klap et al., 2019; McDonald et al., 2023). Given these issues, it is important to understand and respect how and when women veterans would prefer to receive safety counseling (Polzer et al., 2023) to optimize the value and impact of these interventions. These factors highlight the need to expand LMSC and training efforts beyond VA settings, ensuring that clinicians serving women veterans across the full range of healthcare settings are equipped to address these issues effectively.

Historically, suicide prevention efforts have not considered the gender-specific needs or preferences of women veterans and most research has not examined how gender may impact veterans' risk for suicide (Hoffmire & Denneson, 2018; Spark et al., 2022). While there is an emerging literature on the preferences and perspectives of this population (Monteith et al., 2020, 2023; Polzer et al., 2023), there remains a gap in our understanding of the clinical and training implications of this work. As summarized by Spark and colleagues "[Lethal Means Counseling] is a recommended practice to prevent firearm suicides…but knowledge to inform optimal strategies among women is lacking" (2022, p. 308). This gap analysis aims to synthesize the perspectives of leading experts in the field and to develop actionable recommendations for both clinicians working with women veterans and those involved in clinical training.

Methodology

Identification of Experts:

The research team began by compiling a list of recognized authorities in the field, focusing on researchers currently or recently publishing in this specialized area and prominent figures from the

domains of training and practice who were widely acknowledged for their expertise in lethal means counseling for military-affiliated women. The team contacted an initial list of 10 potential participants by email. In some cases, initial contacts referred the team to other professionals whom they felt had more specialized experience in the topic. Thus, additional experts were identified and invited to participate on a selective basis. A total of 19 invitation emails outlining the purpose of the project and requesting participation were sent. A final group of seven expert informants from research/policy, practice, and training participated in individual one-hour interviews with the project lead researcher as described below.

Interview Questions:

The interview questions were carefully crafted to elicit insights on specific gaps in research, practice, and research-to-practice translation related to LMSC for military-affiliated women. The questions were structured to draw out detailed perspectives on the unique challenges and unmet needs within this focus area, aiming to capture experts' thoughts on gender-sensitive approaches in suicide prevention for this population. First, participants were asked to identify underexplored topics related to lethal means and suicide risk among military-affiliated women. They were encouraged to highlight key risk factors that remain insufficiently studied and to discuss stakeholder perspectives that are missing from the current literature. Next, the discussion shifted to practice gaps, examining whether existing best practices or standards for lethal means counseling are being met in clinical settings. Participants were asked to reflect on systemic and institutional barriers that might hinder the provision of these services. Finally, the interviews explored the research-to-practice gap, assessing whether findings from academic studies have been successfully translated into clinical care. This included considerations that should shape LMSC for military-affiliated women and whether current protocols adequately address the intersection of gender and military service in this population.

Data Collection and Analysis:

Key informant interviews were recorded and transcribed to ensure accuracy and facilitate analysis. Transcripts were summarized and key themes were synthesized based on recurrence across multiple interviews or emphasis in a single interview. Patterns in responses were identified, with particular attention to gaps in research, practical applications, and the alignment (or misalignment) between existing research and practice. These insights were used to inform actionable recommendations for clinical practice and training.

Insights from Expert Interviews

In total, seven experts participated in this gap analysis, bringing relevant expertise from the perspectives of research, clinical practice, and/or clinical training. Broadly, the experts agreed that research has identified important suicide risk factors and specific concerns and needs relating to

suicide prevention and lethal means restriction for military-affiliated women. Highlighted factors include firearm behaviors and the impact of MST and IPV. Critical next steps to improve care for military-affiliated women include translating current findings into actionable, gender-informed clinical guidance and addressing implementation barriers. This analysis describes identified research gaps, highlighted practice gaps, and key areas for the translation of research findings into clinical practice. These insights serve as the basis for the recommendations for improving suicide prevention efforts for military-affiliated women.

Research Gaps

Overall, interviewees agreed that substantial progress has been made in recent years to identify the specific challenges and suicide risk factors faced by women veterans. At the same time, participating experts identified implementation studies, research dissemination, and translation as key priorities. One researcher has observed a sense of frustration among women veterans regarding the lack of change in response to the experiences and needs shared with researchers. Others critiqued the tendencies for military and veteran research to become trapped within "echo chambers," limiting opportunities to diversify research perspectives and disseminate findings to providers who are not already engaged in this work. Further, experts noted that communication between those focusing on veteran and active-duty populations is curtailed, preventing researchers from engaging with the full continuum of military experiences, from active-duty service through separation to veteran, which has implications for suicide risk.

While implementing existing research findings into clinical care, additional areas for research were identified, including:

1) testing of optimal methods for engaging military-affiliated women in suicide prevention efforts,
2) assessing viability of harm-reduction strategies such as problem-solving counseling offering non-lethal alternatives to firearms to promote personal safety (e.g., alarm systems, pepper spray), and
3) identifying motivations driving firearm ownership, access, and storage practices among military-affiliated sub-populations (e.g. military-connected women, LGBTQ+ veterans, first-time firearm owners post-pandemic) and impacts of intersecting identities on firearm beliefs (e.g. political, geographic, gender, sexual orientation, ethno-racial, and cultural identities).

As research continues, the involvement of previously underrepresented stakeholders is critical. Existing research has focused on women veterans, particularly those who receive VA care, while other military-connected women who are at elevated risk for suicide remain underrepresented in current research efforts. This includes active-duty service members and recently separated veterans not yet enrolled in VA care.

Practice Gaps

Participants noted that while there is some data on the integration of safety planning and LMSC into evidence-based care, it is not consistently and deliberately integrated in most healthcare settings. Available resources tend to be ad-hoc at the institution level. For example, several participating researchers pointed out that while the VA has established guidelines on LMSC, it is difficult to ensure fidelity, particularly for providers and networks outside of the VA. These researchers recognized that workflows, time, and expertise vary widely across healthcare settings and create barriers to LMSC implementation and fidelity. Additionally, experts noted that implementation often relies on a champion within a healthcare unit, which can lead to a lack of standardization and poor sustainability. Experts acknowledged that comprehensive firearm risk assessments take both time and skill, and providers may not be equipped to follow-up if ownership is not immediately endorsed by a patient. This concern particularly impacts providers outside of behavioral health units which may be the only health care contact for many veteran women.

Further, existing guidance does not always sufficiently address cultural competence around firearm ownership. Participating experts highlighted an important culture gap between military-affiliated clients and healthcare providers concerning firearms. In general, providers typically lack the knowledge, familiarity, and comfort around firearms possessed by their clients (Pirelli & Witt, 2017). Participants argued that this cultural divide can impact therapeutic alliance and create barriers to the provision of LMSC. One expert noted that education on firearm culture was where clinicians "turn the corner" in training and begin to recognize the importance firearms may have in the lives of their clients.

Potential impacts of firearm competency gaps:

1) Failure to screen for firearm access
2) Inability to educate clients on the use of safe storage tools
3) Reduced perceived credibility of the provider
4) Impaired development of trust and rapport
5) Reduced effectiveness of problem-solving approaches to storage which increase safety while respecting patient needs and perspectives

Finally, experts discussed systemic gaps and barriers that influence providers' ability to reach at-risk women. For example, the VHA serves only a subset of veterans based on eligibility and patient preferences. Additionally, the VHA, like the wider healthcare system, needs to address historical inequities that create barriers and distrust among women. Despite recent efforts to create inclusive

healthcare spaces for women within the VA, barriers to engagement persist especially for women who have experienced MST or sexual harassment.

Research to Practice Gaps

As research is translated into practice, experts identified three important areas to highlight for clinicians. First and foremost, participants noted that gendered misinformation and biases need to be addressed. Several researchers emphasized that many women veterans do have access to firearms and are trained and comfortable with their use, all of which are risk factors for suicide. Firearms have become the most used lethal means in suicide among military-affiliated women (Department of Veterans Affairs, 2024; Kaplansky & Toussaint, 2024), and yet participants felt that providers often continue to focus on risks of death by "less aggressive means." One researcher described perceptions shared by healthcare providers, who frequently stated overdoses and cutting come to mind when they thought about suicide among women veterans, while firearms did not.

Second, experts advocated that the field needs to disentangle firearm access from firearm ownership. Many screening questions historically assess firearm *ownership*. Women veterans often live in homes with accessible firearms but do not own firearms themselves. For example, National Firearms Survey data indicates that only 24.4% of women veterans personally own firearms compared to 47.7% of men but are more likely to live in households with a firearm they do not own (14.4% vs. 2.2%; Cleveland et al., 2017). In another study of women veterans who accessed reproductive healthcare through the VA, 38% of participants reported having access to firearms through another household member and nearly 40% of participants with access to personal or household firearms reported at least some firearms were stored loaded or unlocked (Monteith, Holliday, Miller, et al., 2022). Researchers shared comments from their own research participants, who indicate that they answer "no" to questions about firearm ownership but are never asked about *access*. As screening questions are updated within healthcare units, experts cautioned that habitual phrasing may impact fidelity by continued emphasis on ownership and, therefore, may not capture the complete picture of risk in instances of access to firearms controlled by others.

Finally, participants recommended that LMSC guidance and training need to address the intersection of MST and IPV with suicide risk and firearm beliefs and behaviors. Experts highlighted current research connecting histories of MST and IPV with firearm behaviors and storage practices and preferences, indicating that these experiences may motivate firearm ownership for personal protection and self-defense (Polzer et al., 2023). Simultaneously, both experiences can potentially elevate suicide risk, while IPV in the context of firearm access may also elevate homicide risk. Experts acknowledged that these circumstances require different approaches to safe storage than other ownership motives and advocated for additional research to identify and test effective clinical strategies.

Recommendations for Clinical Training Development

Based on identified gaps in research, practice, and research-to-practice translation, experts offered recommendations to support the development of gender-informed guidance for LMSC.

▶ *Address gendered misconceptions of suicide risk and behaviors*

Misconceptions persist about the way military-affiliated women engage in suicide behaviors including assumptions about the means women use for suicide as well as firearm access and use. By addressing gendered misconceptions through research dissemination and clinical training, providers will be better equipped to screen for, identify, and address suicide risk relating to firearm access. Experts recommended adjusting screening protocols to reliably assess firearm *access* rather than *ownership*, a small but important distinction that accounts for increased exposure to firearms owned by others among women.

▶ *Develop guidance for addressing the complexities introduced by IPV/MST*

While research has established that MST and IPV are common experiences among military-affiliated women and create complexity in LMSC, guidance for clinical practice in these contexts is lacking and frequently requested during trainings for providers. Experts agreed on the need for additional research to identify and assess best practices for addressing these complexities. This research should include veterans with lived experience, clinicians who have experience engaging with these challenges, and VA IPV and MST coordinators who may be able to provide guidance based on their work with impacted individuals. In the meantime, experts advocated for universal firearms screening for all military-affiliated women who have experienced MST or IPV, given the complex interconnections between these life experiences, firearm behaviors, and risks of firearm harm.

▶ *Bridge the military cultural competence and firearms divide*

The culture gap between gun owners and clinicians introduces barriers to effective LMSC. There is substantial literature on the importance of military cultural competence; however, it generally fails to address firearms or perspectives on firearms within the military population (Gonzalez, 2023; Meyer & Wynn, 2018; Strom et al., 2012; Zwiebach et al., 2019). Given the cultural divide between clinicians and the military population (Pirelli & Witt, 2017), additional training will benefit clinicians working with this population. Additionally, research on firearm storage preferences and practices for subpopulations is necessary to inform clinical approaches to LMSC.

▶ *Meet people where they are*

Experts observed two challenges in the provision of LMSC to military-affiliated women – reaching those not eligible for or engaged in VA care and balancing firearm safety with client needs and preferences.

In both cases, experts expressed the need to "meet people where they are." Several experts advocated for public health approaches that could promote harm reduction and prevent suicide risk upstream. Such approaches would be of benefit to anyone at elevated risk who is not engaged in care, including military-affiliated women. Opportunities include:

1) Initiating research and promoting outreach and education around firearm safety and harm reduction, and
2) Confronting misconceptions of mental health treatment relating to confidentiality and firearm access through gun organizations and other trusted sources.

Experts cautioned against LMSC approaches that focus exclusively on firearm removal during periods of elevated risk as clients may be unwilling to follow through for a multitude of reasons. Rather, **experts advocated for providing universal safety education and engaging in collaborative problem-solving around safe storage** that can meet the unique needs and concerns of each individual client. This approach relies on openness, curiosity, and humility.

Expanding the Scope

This analysis focused heavily on the intersection of gender with firearm-related risk and harm reduction given the rising risk and historic underrepresentation in research. However, two additional concerns arose that warrant emphasis and attention – the impacts of intersecting identities and LMSC for non-firearm means.

Intersectionality has important implications for healthcare outcomes among women veterans (Breland et al., 2024; Dallocchio, 2022) and should be a key consideration in future work. Firearm storage practices vary across ethno-racial identities. For example, Black veteran firearm owners report the highest rates of access to loaded and unlocked firearms (Simonetti et al., 2018). However, the impact of the intersection of gender and ethno-racial identities on firearm practices remains understudied. The development of effective and acceptable safe storage strategies would benefit from additional research on firearm behaviors among military sub-populations, particularly through the lens of intersectionality, including gender identity, racial/ethnic identity, sexual orientation, political beliefs, and regional culture.

Additionally, it is notable that over half of the suicide deaths among women veterans involve non-firearm means, including poisoning (28.8%) and suffocation (17.0%; Department of Veterans Affairs, 2024), while suicide death by asphyxiation was the 5th leading cause of death among active-duty women when analyzed independently (Kaplansky & Toussaint, 2024). Ethno-racial identities may also impact means selection and help-seeking behaviors (Polzer et al., 2025), as seen with the frequency of suffocation in suicide deaths among Asian American and Pacific Islander veterans (Monteith et al., 2025). Non-firearm restriction strategies constitute an important aspect of comprehensive, intersectional LMSC for women veterans, yet there remains a dearth of both

research and clinical guidance on this topic. Experts cited the challenges of safe storage for non-firearm means, particularly ubiquitous objects (i.e., knives, ligatures), as a barrier to the development of clinical guidelines for more comprehensive means safety problem-solving guidance and protocols, underscoring the need for future research in this area.

Conclusion

Lethal means safety counseling is an evidence-informed strategy for reducing suicide risk; however, clinical guidance and practice have historically taken a gender-neutral approach, overlooking the unique experiences, needs, and preferences of the nearly 2.5 million women (Department of Defense, 2024; National Center for Veterans Analysis and Statistics, 2024) who have served or are currently serving in the military. This gap analysis highlights critical opportunities to improve suicide prevention efforts for military-affiliated women, drawing on insights from seven subject matter experts with expertise in research, clinical training, and clinical practice.

Military-affiliated women often embody a unique constellation of experiences, beliefs, and behaviors that impact firearm practices, suicide risk, and receptivity to lethal means counseling. Dissemination of this data to healthcare providers serving the military and veteran communities is essential for comprehensive risk assessment among women seeking care. Additionally, a public health campaign could help raise awareness of these gaps and findings, educating both the public and service providers on the unique considerations necessary for addressing suicide risk among military-affiliated women.

A key priority moving forward is the development of gender-informed LMSC guidance and training. Experts emphasized the high demand for clinical guidance that integrates research on the complex interplay between suicide risk, firearm behaviors, military sexual trauma, and intimate partner violence. Effective training must also address the cultural disconnect between healthcare providers and military-affiliated clients regarding firearms. By building cultural competency and familiarizing clinicians with firearms-related knowledge, providers can enhance their credibility, build trust, and engage in more collaborative problem-solving.

Further research is needed to explore the intersectional experiences and beliefs of military-affiliated women, as well as best practices for safe storage of both firearm and non-firearm means. In the interim, there is an opportunity to engage providers in compiling and systematically sharing strategies based on clinical experience to improve LMSC for this population.

By implementing these strategies, CVN in conjunction with our Face the Fight Foundation partners endeavors to advance the field toward more effective, tailored interventions that bridge existing gaps in policy, practice, and research to enhance suicide prevention efforts for this at-risk and growing, yet persistently understudied, sub-group within our US military and veteran population.

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