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DEATHS IN THE UK REGULAR ARMED FORCES 2005 - 2014

INTRODUCTION

1. This annual National Statistical Notice provides summary information on deaths whilst in Service in 2014 among the UK regular Armed Forces, and trends over the ten year period, 2005-2014. This information updates previous notices and includes new data for 2014. The information shown has been compiled from data held by Defence Statistics on 24 February 2015.
2. The data are presented for the Naval Service (Royal Navy and Royal Marines), the Army (including the Gurkhas), the Royal Air Force, and on a Tri-Service basis (**Table 1** and **Figure 1**). Non-regular members of the UK Armed Forces who died whilst deployed on operations are included in the data presented.
3. This notice provides information on the major categories of cause of death for the ten year period 2005-2014 (**Tables 5-8** and **Figure 4**). This notice also presents information on comparisons to the UK general population. In line with National Statistics protocols, amendments have been annotated by the letter 'r' and explanations provided in the section '**Changes to previously published data**'.
4. For data on suicide, this Notice includes both coroner-confirmed suicides and open verdict deaths in line with the definition used by the Office for National Statistics (ONS) in the publication of National Statistics. These data are published in more detail in the Statistical Notice, "Suicide and Open Verdict deaths in the UK regular Armed Forces 1984-2014", also released 26 March.
5. Details of the data sources and the methods used to collect and analyse the data and additional information are described in the section '**Data Sources & Methods**'.

KEY POINTS

6. In 2014, a total of 68 deaths occurred among the UK regular Armed Forces, of which 12 were serving in the Naval Service, 40 in the Army, and 16 in the RAF.
7. The overall mortality rate for the UK Armed Forces was 42 per 100,000 personnel at risk:
 - o The Naval Service mortality rate decreased from 42 per 100,000 in 2013 to 35 per 100,000 in 2014, the lowest rate in the ten year period.
 - o The Army mortality rate decreased from 65 per 100,000 in 2013 to 42 per 100,000 in 2014, the lowest rate in the ten year period.
 - o The RAF mortality rate increased from 23 per 100,000 in 2013, the lowest rate in the ten year period, to 40 per 100,000 in 2014. This is driven by an increase in Land Transport Accident deaths among RAF personnel.
8. During the ten year period 2005-2014, the overall Armed Forces age and gender standardised mortality rates fluctuated from a high of 106 per 100,000 in 2009 and 2007 to a low of 42 per 100,000 in 2014; this decrease was due to no Hostile Action deaths in 2014.
9. In 2014, for the UK regular Armed Forces:
 - o Land transport accidents was the largest cause of death - 21 deaths (31%)
 - o Cancer was the second largest cause of death 15 deaths (22%)
 - o Other accidents accounted for 12 deaths (18%)
 - o For the first time since 2002 there were no deaths due to Hostile Action.
10. Overall, in 2014, the UK regular Armed Forces were at a statistically significant lower risk of dying compared to the UK general population. The UK regular Armed Forces were at a 80% significantly decreased risk of dying as a result of a disease related condition and at a 27% significantly decreased risk of dying as a result of external causes of injury and poisoning compared to the UK general population.

DATA SOURCES & METHODS

Data Sources

11. Defence Statistics receive weekly notifications of all regular Armed Forces deaths from the Joint Casualty and Compassionate Cell (formerly the single Service casualty cells). Defence Statistics also receive cause of death information from military medical sources in the single Services. At the end of each calendar year, Defence Statistics cross-reference the medical information it holds against publicly available death certificate information available from the NHS. Regarding suicides and open verdicts, to ensure the highest accuracy of information and that all cases previously recorded as 'awaiting verdict' have been followed up, Defence Statistics carry out an annual audit of MOD data held by the ONS and other authorities.
12. Defence Statistics are currently working with NHS and ONS to access death certificate data, if there are any amendments to cause of death classifications they will be provided in the next release of this statistical publication.
13. To record information on cause and circumstances of death, Defence Statistics uses the World Health Organisation's International Statistical Classification of Diseases and Health-related Problems 10th revision (ICD-10). In addition, Defence Statistics also record the casualty reporting categories used by the Joint Casualty and Compassionate Cell, used for reporting to the Chain of Command and for notifying the next of kin.
14. Defence Statistics have included the Joint Casualty Compassionate Cell categories of killed in action and died of wounds which together provide information on the number of Service personnel who have died on operations as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical treatment facility.
15. In line with the definitions in ICD-10 a land transport accident is defined as any accident involving a device that has been designed for, or is being used at the time for, the conveyance of either goods or people from one place to another on land. The scope of this definition covers incidents that occur on and off the public highways and incidents that involve non-motorised forms of transport. The definition therefore includes all military specific vehicles irrespective of where the accident took place. Road traffic accidents refer only to accidents on a public road.
16. Defence Statistics regularly check all deaths for information on coroner's verdicts (England & Wales) and the results of investigations by the Procurator Fiscal for Scotland where possible. For Northern Ireland, Defence Statistics liaise with the Northern Ireland Statistics and Research Agency (NISRA) who handle the official information on behalf of the Northern Ireland Office. In this notice, all these sources of information are referred to as 'coroner's verdicts'. There is an obligation for all accidental deaths and those resulting from violent action to be referred to these officials. Inquests are usually held within a few months of the death, but occasionally a few years may elapse. Therefore some recent deaths may not have clearly defined cause information. Where this is the case, deaths are included with accidental deaths in **Tables 4, 5, 6, 7 and 8**.
17. Defence Statistics have undertaken a review of the deaths for which a verdict was outstanding (awaiting verdict), as a proportion of those reported in this notice occurred a number of years ago and in some instances the deaths occurred overseas. Following investigations with ONS and the Defence Inquest Unit, Defence Statistics have been unable to trace awaiting verdicts prior to 2007 and have deemed it unlikely that the final outcome of these deaths (such as inquests) will be traced. The majority of the awaiting verdicts that Defence Statistics were aware of prior to 2007 were for deaths that occurred to Service personnel overseas. As such Defence Statistics have identified that the earliest death still awaiting a coroner's inquest occurred in 2007. This has resulted in nine deaths awaiting verdicts prior to 2007 being finalised as accidental deaths (see paragraph 16). A further 11 deaths which occurred after 2007 are awaiting a coroner's verdict.
18. Where trends over time have been presented, an update on previous data published has been provided in the section '**Changes to previously published data**' and annotated with an 'r' to indicate a revision has been made.

Data Coverage

19. The information on deaths presented here are for the regular Armed Forces, including all trained and untrained personnel and non-regulars who died on deployment are also included since they are classified as 'regular' personnel for the duration of their overseas deployment.
20. The data in this notice exclude the Home Service of the Royal Irish Regiment, full time reservists, Army Reserve and Naval Activated Reservists since Defence Statistics do not receive routine notifications of all deaths among reservists and non-regulars, and because reliable denominator data to produce interpretable statistics are not available.
21. The Naval Service includes both the Royal Navy and the Royal Marines.

Methods

22. Rates enable comparisons between groups and over time, taking account of the number of personnel in a group (personnel at risk) at a particular point in time. The number of events (ie. deaths) is divided by the number of personnel at risk and multiplied by 100,000 to calculate the rate.

23. In order to compare time trends and to take into account the different age and gender structures of their respective single Service strengths, rates have been age and gender standardised. In order to facilitate comparisons with previously published reports data has been standardised to the 2014 Armed Forces population. For this direct standardisation process, Defence Statistics have estimated the rates that would have been observed if each study population (i.e. each of the single Services) had the same age and gender structure as the standard population (the 2014 Armed Forces population).
24. In order to understand if a difference in rates is statistically significant, 95% confidence intervals are used. Statistical significance indicates that a finding is not due to chance. The 95% confidence interval for a rate provides the range of values within which we expect to find the real value of the indicator under study, with a probability of 95%. If a 95% confidence interval around a rate excludes the comparison value, then a statistical test for the difference between the two values would be significant at the 0.05 level. If two confidence intervals do not overlap, a comparable statistical test would always indicate a statistically significant difference. The small number of deaths in some of the sub-group analysis may result in wide confidence intervals in the corresponding rate or ratios. The impact of this is that the range in which we expect the true value of that statistics to lie is much larger, making it harder to interpret the true underlying trend.
25. The effects of standardisation may, on occasion, lead to unexpected results particularly where small numbers are involved. Standardised rates can also be strongly influenced by variations in the age and gender structure of the deaths concerned, even when totals may remain the same. With the recent changes to the Armed Forces population through redundancy programmes, changes in recruitment patterns and the move to the new employment model and the new structures required to meet Future Force 2020¹, there will be an impact on the trends presented as the Armed Forces population shrinks and the age and gender profile of the serving population changes. As seen in 2012 for the RAF overall rate of deaths, caused by the reduction in recruitment of personnel under 20 years of age.
26. To enable comparisons with deaths in the UK population, Standardised Mortality Ratios (SMR), adjusted for age, gender and year, were calculated. An SMR is defined as the ratio of the number of deaths *observed* in the study population to the number of deaths *expected* if the study population had the same age- and gender-specific rates as the standard population in each specific year multiplied by 100 by convention. An SMR over (or under) 100 indicates a higher (or lower) number of observed deaths than expected (based on standard population rates). An SMR of 100 implies that there is no difference in rates when comparing the UK regular Armed Forces population with the UK population.
27. The 95% confidence interval for a SMR provides the range of values within which we expect to find the real value of the indicator under study, with a probability of 95%. If the confidence interval for an SMR does not include 100, the result is deemed to be statistically significant. The small number of deaths in some of the sub-group analysis may result in wide confidence intervals in the corresponding rate or ratios. The impact of this is that the range in which we expect the true value of that statistic to lie is much larger, making it harder to interpret the true underlying trend.
28. Deaths data in England and Wales are supplied by and used with the permission of ONS. Deaths in Northern Ireland are supplied by and used with the permission of NISRA and GRO supply deaths in Scotland.
29. In 2006 the ONS changed from reporting the number of deaths that occurred in each year to the number of deaths that were registered in each year. A major driver for this change was that for an annual extract of death occurrences to be acceptably complete, it must be taken some months after the end of the data year to allow for late death registrations. This change has little effect on annual totals but allows the output of more timely mortality data. The UK death figures reported are based on deaths registered in the data year and therefore the year in which a death is registered may not correspond to the year in which the death occurred. Therefore the UK death data used by Defence Statistics up to and including 2005 is based on deaths that occurred in the year. The UK death data used by Defence Statistics for 2007 onwards is based on deaths that were registered in the year. To produce the UK death data for 2006 Defence Statistics have followed advice provided by the ONS and used deaths that both occurred and were registered in the year. Using UK population deaths that both occurred and were registered in year resulted in an increased dominator population for the 2006 SMR calculation which resulted in a lower SMR for 2006 (when compared with the 2006 SMR reported in publications before this change in methodology). Users should note that this revised corrected methodology has brought the 2006 SMR findings in line with the SMR findings for other years.
30. The UK population estimates used to calculate SMRs refer to the usually resident population on 30 June of each year. The usually resident population is defined by the standard United Nations definition for population estimates and includes people who reside in the area for a period of at least 12 months whatever their nationality. ONS mid-year population estimates are based on updates from the most recent census, allowing for births, deaths, net migration and ageing of the population.
31. The UK general population data for 2014 was not available for this report to calculate standard mortality ratios

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62487/Factsheet5-Future-Force-2020.pdf

(SMRs), therefore, Defence Statistics has used the 2013 data as an estimate for the 2014 figures as there is little year on year variation for the UK figures. Thus, any patterns reported here may be subject to minor fluctuations when the 2014 data becomes available.

Strengths and weaknesses of data presented in this notice

32. A strength of this publication is that considerable validation is undertaken against military and public records to ensure that the information provided is complete and accurate and users of this publication should be confident that the numbers of fatalities presented are accurate. However, some causes of death (including Suicide and Open Verdict deaths) require a Coroner's report before the cause of death can be formally classified and there is often a time lag between when the death occurred and when the Coroner's inquest takes place. This can result in final cause of death information not being timely and complete for recent years and these deaths are reported as 'other accidents' or 'cause not available' whilst waiting for final cause of death to be determined. This can lead to revisions in the cause of death categories when these verdicts are returned (see paragraph 39 for more information about the extent of these revisions).
33. In addition, deaths certificates for personnel who die overseas are issued by the MOD and if buried overseas, are not always subject to a coroner's inquest to certify cause of death. Users should be aware of this when using cause of death information.
34. The release of the information in this notice is controlled by the statistics code of practice as outlined in the Statistics and Registration Act, 2007. This stipulates that statistics in their final form cannot be released prior to a publication. Thus because it can take many months or even years for a coroner's inquest, Defence Statistics do not update the numbers in between the publication of this notice, to ensure there is no breach of the code of practice. Therefore, any requests for information on deaths among the UK Armed Forces are provided using the underlying dataset used to compile this notice.
35. The information presented in this publication has been structured in such a way to release sensitive deaths information into the public domain in a way that contributes to the MOD accountability to the British public but which doesn't compromise the operational security of UK Armed Forces personnel by revealing detail on individual incidents such as mechanism or type of military vehicle involved; nor that risk inadvertently revealing individual identities and therefore breaching the rights of the families of the deceased personnel (for which the MOD has a residual duty of care). Defence Statistics are regularly asked to release information such as date of death, location of death, deaths within a unit or rank held by the deceased, however, these requests are assessed on a case by case basis to ensure the information presented is aggregated to a level to ensure individual's cannot be identified or that compromises operational security.
36. The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.
37. Designation can be broadly interpreted to mean that the statistics:
 - meet identified user needs;
 - are well explained and readily accessible;
 - are produced according to sound methods; and
 - are managed impartially and objectively in the public interest.
38. Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Changes to previously published data

39. In preparing this document, Defence Statistics carried out a review of the data recorded on deaths to Service personnel to ensure the highest accuracy of information and that all cases previously recorded as 'awaiting verdict' have been followed up with the ONS and other authorities. There have been 11 amendments to the classifications given to the cause of death previously reported :
 - 2012 – one death has been added as a missing person was declared dead, one record has been amended from Other Accidents to Suicide and Open Verdict, one record had been amended from Other Diseases to Cancer
 - 2013 – three records have been amended from Cause Unavailable to Other Accidents, one record has been amended from Cause Unavailable to Suicide and Open Verdict, one record has been amended from Cause Unavailable to Diseases of Circulatory System, one record has been amended from Cause Unavailable to Other Diseases, and two records have been amended from Other Accidents to Suicide and Open Verdict.

RESULTS

Overall numbers and rates

40. **Table 1** provides details of the number of deaths, together with the corresponding age and gender standardised rates (per 100,000 personnel at risk) by Service for the ten year period, 2005-2014.

41. In 2014, there were 68 deaths in the regular Armed Forces. Of these, 12 deaths were in the Naval Service, 40 in the Army and 16 in the RAF.

Table 1: UK regular Armed Forces deaths by Service, Year of occurrence 2005-2014, numbers, age and gender standardised rates¹.

Year	All		Naval Service ²		Army		RAF	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2005	160	82	27	70	93	91	40	72
2006	191	99	33	85	111	95	47	92
2007	204	106	27	74	145	128	32	74
2008	137	74	40	110	79	74	18	37
2009	205	107	23	58	158	133	24	55
2010	187	97	30	77	136	116	21	50
2011	132	69	19	52	98	88	15	33
2012	130	72	20	59	95	89	15	42
2013	86	50	13	42	63	65	10	23
2014	68	42	12	35	40	42	16	40

Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk.

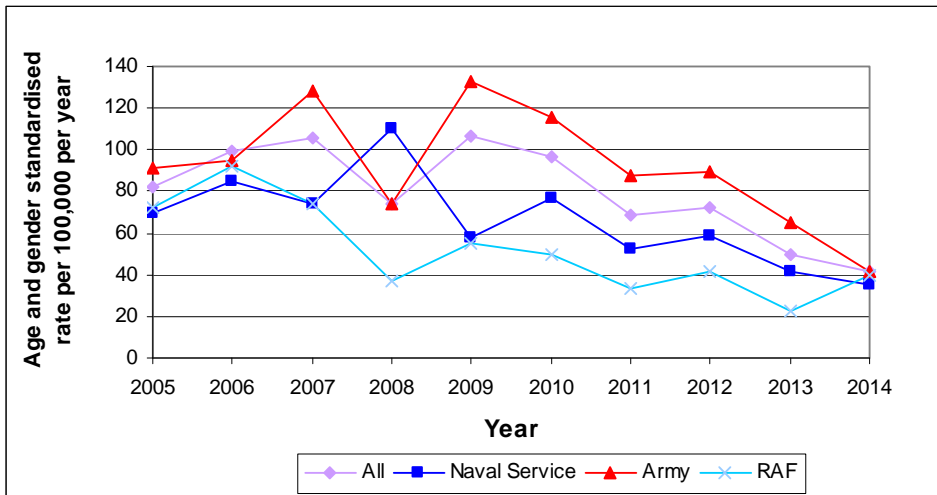
²Naval Service includes Royal Navy and Royal Marines.

42. In 2014 the mortality rate for the UK Armed Forces was 42 per 100,000. This represented a 16% decrease on the previous ten year low rate of 50 per 100,000 seen in 2013.

43. The highest mortality rate in 2014 was observed in the Army (42 per 100,000). There was no statistically significant difference in the mortality rates in each of the Services (see **Table 4** later in this publication).

44. **Figure 1** illustrates recent changes in overall mortality rates by Service.

Figure 1: UK regular Armed Forces Mortality rates¹ by Service, 2005-2014.



Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk.

45. In 2006 there was one incident involving multiple fatalities when two Royal Marines died and a further six Royal Marines and one Royal Navy personnel died on operations in separate incidents. Operational fatalities due to hostile action among Royal Marines account for the increase in the mortality rate in the Naval Service in 2008 and 2010.

46. The fluctuations in Army fatality rates since 2006 were accounted for by operational fatalities in Iraq and Afghanistan. In 2014, for the first year since 2002, there were no lives lost as a result of hostile action.

47. In 2005 a Hercules crash in Iraq which claimed the lives of nine RAF personnel accounted for the RAF rate of 72 per 100,000 and the increase to 91 per 100,000 in 2006 was accounted for by the loss of 12 RAF personnel in a Nimrod crash in Afghanistan in September 2006. The rise in rates from the low of 23 per 100,000 in 2013 to 40 per 100,000 in 2014 was driven by an increase in Land Transport Accident (LTA) deaths.

48. As multiple deaths occurred in the same incident on several occasions during the latest ten year period (e.g. air transport incidents), **Table 2** provides details of the number of separate incidents and the number of individual deaths, by year of occurrence, for all accidental and violent deaths excluding suicides.

Table 2: UK regular Armed Forces Accidental and Violent deaths (excluding Suicides) by Service, 2005-2014, deaths and incidents, numbers¹.

Year	All		Naval Service ²		Army		RAF	
	Number	Incidents*	Number	Incidents	Number	Incidents	Number	Incidents
2005	93	78	13	13	62	56	18	10
2006	138	107	23	21	87	76	28	16
2007	154	131	15	14	123	107	16	13
2008	88	74	27	22	57	50	4	3
2009	150	120	10	10	128	100	12	11
2010	150	137	22	22	118	105	10	10
2011	86	78	11	10	68	62	7	7
2012	74	59	r 8	r 8	r 59	r 49	7	5
2013	r 45	r 42	r 3	r 3	r 37	r 35	5	r 4
2014	34	28	3	3	24	19	7	7

Source: Defence Statistics (Health)

¹In some instances, personnel from more than one Service have been killed in the same incident, therefore, the data for single Services may not add up to the total provided in the 'All incidents' column.

²Naval Service includes Royal Navy and Royal Marines.

'r' indicates a change in previously published data (see paragraph 39).

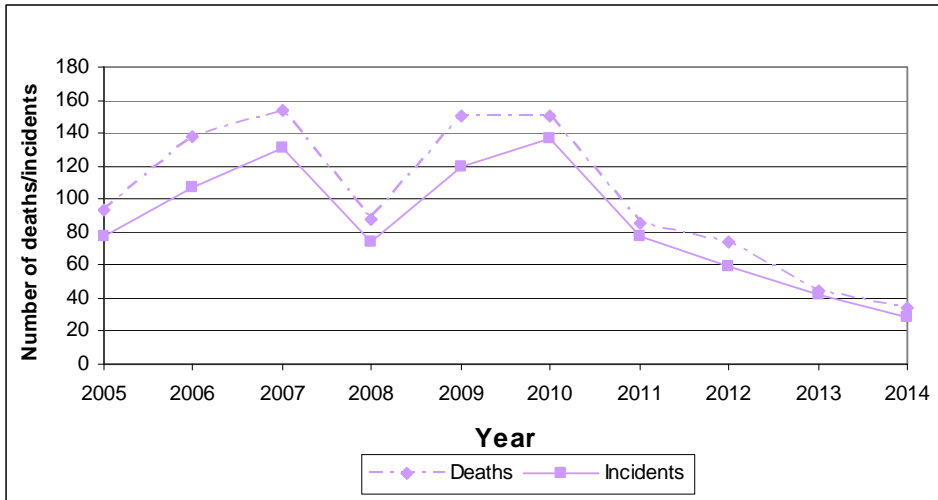
49. **Table 2** shows annual variations in the number of fatal incidents during the ten year period, 2005-2014 by Service. In 2014, there were 28 fatal incidents, representing a 33% decrease from 42 incidents in 2013. This is the lowest number of incidents over the latest ten year period.

50. Of the 28 fatal incidents in 2014 two were operational incidents (accounting for six deaths as a result of operational accidents). In comparison, of the 42 fatal incidents in 2013, seven occurred on operations (accounting for nine deaths as a result of hostile action).

51. In 2014, there were 26 non-operational fatal incidents (accounting for 28 deaths) compared to 35 non-operational fatal incidents (accounting for 36 deaths) in 2013. In 2014 19 of these incidents (accounting for 21 deaths) were Land Transport Accidents.

52. These findings are illustrated in **Figure 2**, which shows both the annual changes in the number of deaths and the incidents for the total Armed Forces population.

Figure 2: UK regular Armed Forces deaths and fatal incidents, 2005-2014, numbers.



Source: Defence Statistics (Health)

53. Since 2005 there have been 11 major incidents (where four or more deaths occurred) involving multiple deaths that occurred in the Middle East accounting for the deaths of 66 individuals. Four of these 11 major incidents involved aircraft.

Comparisons with the UK general population

54. In order to compare deaths among the UK regular Armed Forces with those among the general UK population, Standardised Mortality Ratios (SMR) have been calculated for each Service overall. The year on year changes in the UK general population have been taken into account in these calculations. An SMR below, equal to, or above 100 indicates that the rate for the Armed Forces or the Service is respectively below, equal to, or higher than the rate in the general UK population (see ‘Data Sources & Methods’ on page 2 for further clarification). If the 95% confidence interval does not encompass 100, then this difference is statistically significant. The width of the confidence interval gives us some idea about how uncertain we are about the reported statistic. The small numbers in some of the sub-group analysis presented in this notice may result in wide confidence intervals in the corresponding rate or ratios. The impact of this is that the range in which we expect the true value of that statistic to lie is large and there is a risk of misinterpreting a chance occurrence for a true finding (see paragraph 27).

Table 3: UK regular Armed Forces deaths by Service, 2005-2014¹, numbers, Standardised Mortality Ratios² (SMR) (95% confidence intervals (CI)).

Cause	All		Naval Service ³		Army		RAF	
	Number	SMR (95% CI)	Number	SMR (95% CI)	Number	SMR (95% CI)	Number	SMR (95% CI)
2005	160	75 (64-88)	27	62 (41-91)	93	88 (71-107)	40	62 (46-85)
2006	191	87 (76-101)	33	73 (52-103)	111	100 (83-120)	47	75 (57-100)
2007	204	96 (84-110)	27	61 (40-89)	145	132 (112-155)	32	55 (39-78)
2008	137	65 (55-76)	40	89 (65-122)	79	72 (58-90)	18	32 (19-50)
2009	205	99 (86-113)	23	53 (33-79)	158	146 (125-170)	24	43 (28-64)
2010	187	94 (81-108)	30	71 (50-102)	136	131 (111-155)	21	39 (24-60)
2011	132	71 (60-84)	19	48 (29-76)	98	100 (82-122)	15	30 (17-50)
2012	130 r	76 r (64-90)	20 r	56 r (34-86)	95	105 (86-128)	15	34 (19-56)
2013	86	52 (42-65)	13	37 (20-63)	63	73 (57-93)	10	24 (11-44)
2014	68	44 (35-56)	12	35 (18-61)	40	50 (37-68)	16	40 (23-64)

Source: Defence Statistics (Health)

¹Change in how UK deaths collated, prior to 2006 includes deaths occurred in year, post 2006 includes deaths registered in year (see paragraph 29).

²Standardised mortality ratios have been age and gender standardised.

³Naval Service includes Royal Navy and Royal Marines.

^r indicates a change in previously published data (see paragraph 39).

55. In 2014, the UK regular Armed Forces were at a statistically significantly lower risk of dying than the UK general population (SMR = 44, 95% CI: 35-56) (see **Table 3**). Please see paragraph 79 for a possible explanation of this finding.

56. For the years 2006, 2008 and 2010 the Naval Service was not significantly different to the UK general population. Operational incidents account for the higher SMR for the Naval Service for these years. For all other years the Naval Service SMR was statistically significantly lower than the UK population. In 2014 there was a 65% statistically significant decreased risk of dying in the Naval Service compared to the UK population (SMR = 35, 95% CI: 18-61).

57. In 2007, 2009 and 2010, the Army was at a significantly increased risk of dying compared to the UK population, accounted for by the number of operational deaths. For the years 2004, 2005, 2006, 2011 and 2012 the risk of dying for the Army was no different than for the UK population. For 2008, 2013 and 2014 the Army had a statistically significant lower risk of dying than the UK general population.

58. In 2006, the risk of dying for the RAF was no different to the UK general population. For all other years, the RAF annual SMR was statistically significantly lower than the UK general population. In 2014 there was a 60% statistically significant decreased risk of dying in the RAF compared to the UK population. (SMR = 40, 95% CI: 23-64).

Cause of death information for 2014

59. **Table 4** provides a breakdown of the main cause of death for the UK regular Armed Forces as a whole and for each of the single Services.

60. The information provided in the following tables includes all deaths that occurred in-Service both on and off duty. It is not possible from the information presented in this National Statistic notice to identify those deaths that were work related that may or may not have been the result of health and safety failures.

61. One non-regular member of the UK Armed Forces, a Reservist, died whilst deployed on operations during 2014 due to an accident. This death has been included in the figures presented since reservists are classified as 'regular' personnel for the duration of their overseas deployment.

Table 4: UK regular Armed Forces deaths by Cause of death and Service, 2014, numbers, rates¹ and SMR^{2,3}.

Cause	All			Naval Service ⁵			Army			RAF		
	Number	Rate (95% CI)	SMR (95% CI)	Number	Rate (95% CI)	SMR (95% CI)	Number	Rate (95% CI)	SMR (95% CI)	Number	Rate (95% CI)	SMR (95% CI)
All	68	42 (33-54)	44 (35-56)	12	35 (18-61)	35 (18-61)	40	42 (31-58)	50 (37-68)	16	40 (23-65)	40 (23-64)
Disease-related conditions	18	11 (7-18)	20 (12-32)	3	9 (2-25)	15 (3-43)	9	11 (5-22)	21 (10-40)	6	12 (4-26)	23 (9-51)
Cancers	15	9 (5-15)	55 (31-90)	3	9 (2-25)	47 (10-138)	6	7 (3-15)	47 (17-102)	6	12 (4-26)	73 (27-159)
Diseases of the circulatory system	2	1 (0-4)	8 (1-30)	0	-	-	2	3 (0-11)	18 (2-64)	0	-	-
Other	1	1 (0-3)	3 (0-15)	0	-	-	1	2 (0-8)	5 (0-29)	0	-	-
External causes of injury and poisoning	40	25 (18-34)	63 (47-86)	5	15 (5-35)	37 (12-87)	27	27 (18-39)	76 (50-110)	8	25 (11-48)	57 (25-112)
Deaths due to accidents	33	21 (15-29)	100 (71-140)	3	9 (2-25)	43 (9-126)	23	23 (14-34)	122 (77-183)	7	23 (9-47)	96 (38-197)
Land Transport Accidents	21	13 (8-20)	251 (156-384)	0	-	-	15	15 (8-24)	301 (168-496)	6	19 (7-42)	361 (133-787)
Other	12	7 (4-13)	48 (25-85)	3	9 (2-25)	57 (12-167)	8	8 (3-16)	58 (25-114)	1	3 (0-19)	18 (0-98)
Deaths due to violence³	1	1 (0-3)	-	0	-	-	1	1 (0-6)	-	0	-	-
Hostile Action	0	-	-	0	-	-	0	-	-	0	-	-
Other	1	1 (0-3)	49 (1-273)	0	-	-	1	1 (0-6)	84 (2-471)	0	-	-
Suicide and Open verdicts	6	4 (1-8)	21 (8-47)	2	6 (1-23)	34 (4-121)	3	3 (1-9)	19 (4-56)	1	2 (0-10)	16 (0-88)
Cause not currently available	10	6 (3-11)	336 (161-618)	4	11 (3-29)	622 (170-1593)	4	4 (1-11)	246 (67-631)	2	4 (0-14)	281 (34-1016)

Source: Defence Statistics (Health)

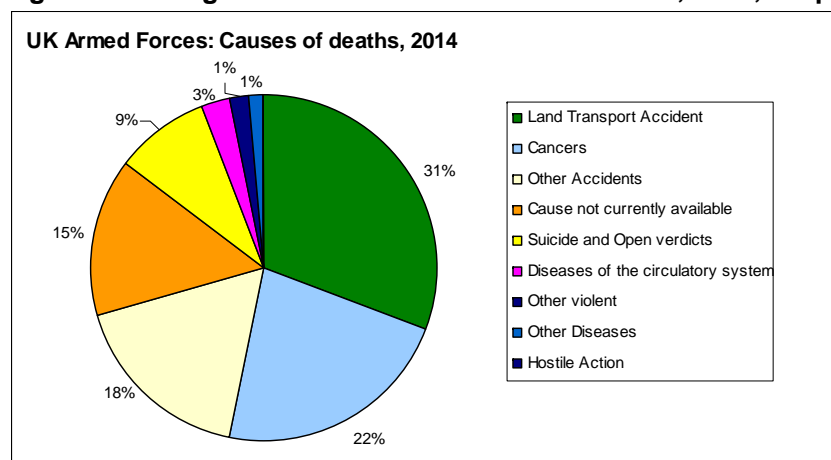
¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk. Individual rates may not add up to totals due to rounding.

²Standardised mortality ratios have been age and gender standardised.

³An overall SMR for deaths due to violence has not been calculated due to lack of comparable UK population data.

⁴Naval Service includes Royal Navy and Royal Marines.

Figure 3: UK regular Armed Forces: Cause of death, 2014, Proportion



Source: Defence Statistics (Health)

*Percentages may not add up to 100% due to rounding.

Deaths due to disease

62. In 2014, 18 UK Armed Forces deaths (26%) were caused by disease-related conditions, of which 15 were due to cancers, two due to circulatory system disorders and one due to other causes (**Table 4** and **Figure 3**).

63. The Tri-Service rate of deaths due to disease related conditions in 2014 was 11 per 100,000 (95% CI: 7-18). There was no significant difference between the rates of each of the three services.

64. In 2014, the UK Armed Forces were at a 80% statistically significant decreased risk of dying of a disease related condition compared to members of the UK general population (SMR = 20, 95% CI: 12-32).

Deaths due to external causes of injury and poisoning

65. In 2014, 40 deaths (59%) were due to external causes of injury and poisoning, a rate of 25 per 100,000 (95% CI: 19-35) (**Table 4** and **Figure 3**).

66. In 2014 the UK Armed Forces were at a 37% statistically significant decreased risk of dying as a result of external cause of injury and poisoning compared to the UK general population (SMR = 63, 95% CI: 47-86). This is the second time in the 10 year period 2005-2014 that the UK Armed Forces have had a statistically significant lower risk of dying as a result of external cause of injury and poisoning and in 2014 was due to there being no Hostile Action deaths as a result of the end of operations in Afghanistan.

Deaths due to accidents

67. In 2014, 33 deaths (39%) were caused by accidents in the Armed Forces (**Table 4** and **Figure 3**), of which Land Transport Accidents (LTA) accounted for 21 deaths (31% of all deaths).

68. The highest mortality rate for Land Transport Accidents was observed among the RAF (19 per 100,000, 95% CI: 7-42), however this was not significantly different than the mortality rate observed for the Army (15 per 100,000, 95% CI: 9-25). There were no deaths as a result of Land Transport Accidents observed among the Naval Service in 2014.

69. In 2014, the UK Armed Forces were at a 151% statistically significant increased risk of dying as a result of a Land Transport Accident compared to the UK general population (SMR = 251, 95% CI: 156-384).

70. Other accidents resulted in 12 deaths (21%) in the Armed Forces in 2014. This was comparable with the previous year (19 deaths, 22% of all deaths in 2013).

Deaths due to violence

71. In 2014, one death (1%), which was in the Army, was due to violent causes (**Table 4** and **Figure 3**). This was the only year during the period presented in this report that there have been no deaths due to hostile action, the result of the drawdown of operations in Afghanistan during 2014.

Deaths given either suicide or open verdicts

72. As at 24 February 2015 there were six coroner-confirmed suicide and open verdict deaths in 2014 at a rate of 4 per 100,000 (**Table 4**). There were 11 deaths which occurred since 2007 (of which three were in 2014) awaiting a coroner's inquest and it is therefore possible that the suicide data presented here may be revised when the results of any outstanding inquests are known. These deaths are included in the 'Accidents' classification until a verdict is given (see paragraph 16).

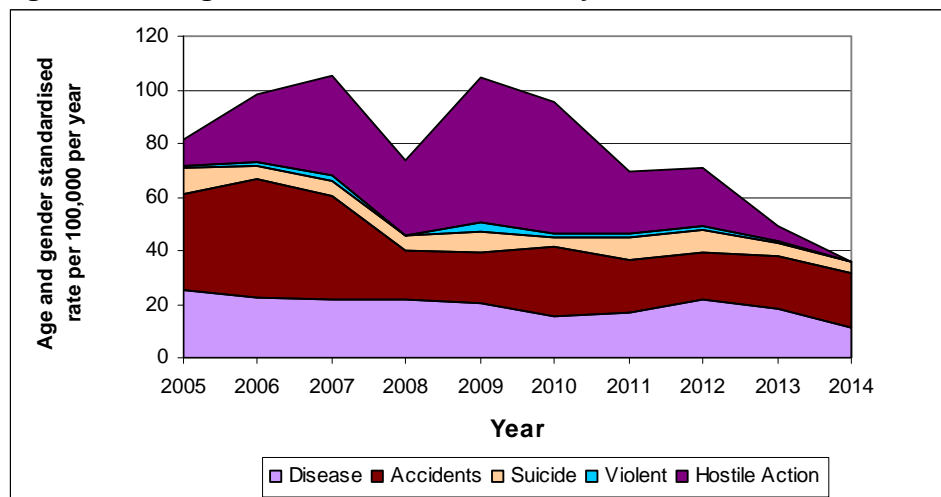
Time trends: Cause of death

Rates

73. Deaths as a result of accidents have shown a downward trend since 2006, from a rate of 44 per 100,000 in 2006 to 21 per 100,000 in 2014, largely as a result of a fall in Land Transport Accident deaths after 2006. Whilst deaths as a result of hostile action accounted for the single largest cause of death each year between 2007 and 2012, the rate has fluctuated year on year as a result of

operational tempo (**Table 5** and **Figure 4**) and has fallen since 2012 as the result of the drawdown of operations in Afghanistan to none in 2014.

Figure 4: UK regular Armed Forces deaths by cause, 2005-2014, rates¹.



Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk.

74. **Tables 5-8** provide a breakdown of the main causes of death for the UK Armed Forces from 2005-2014 by Service. Information is presented as numbers, rates and standardised mortality ratios (SMR).

75. Over the last ten years the single largest cause of death each year among UK regular Armed Forces personnel has changed as a result of operational tempo (Hostile Action deaths) and declining rates of deaths as a result of Land Transport Accidents. Between 2005 and 2006 Land Transport Accidents was the single largest cause of death in the UK Armed Forces. Between 2007 to 2012 hostile action was the largest cause of death. In 2013 deaths due to Cancer were the largest cause of death, however this was mainly due to a reduction in deaths due to Hostile Action and Land Transport Accidents as the rate of deaths due to cancer has remained stable over the ten year period. Land Transport Accidents were again the single largest cause of death in 2014.

76. The statistical notice 'Annual UK regular Armed Forces Land Transport Accident Deaths 2010-2014' provides a more detailed analysis of recent trends and populations at risk of Land Transport Accident deaths.

Standardised mortality ratios (SMR)

77. In 2013 (latest UK population data available) the three leading causes of death among the UK population were disease-related conditions; Cancers, Circulatory disease and Respiratory disease. In comparison, the three leading causes of death among the UK regular Armed Forces in 2014 consisted of one disease-related condition (Cancers) and two accident related causes (Land Transport Accidents and Other Accidents).

78. Throughout the last ten years, the UK regular Armed Forces have been at a significantly decreased risk of dying as a result of disease related conditions compared to the UK general population (**Table 5**).

79. The low SMR for UK regular Armed Forces deaths as a result of a disease related condition may partially be explained by the 'healthy worker effect' often observed in occupational studies. This is deemed to occur when 'workers' are found to have lower mortality or other adverse health outcome rates than the general population due to the fact that certain groups of people are excluded from employment, particularly those who are ill or who have disabilities. This is to be expected in studies of Armed Forces mortality, as this population are generally a highly selected group of individuals who are likely to have higher than usual levels of fitness and possibly lower levels of ill-health.

80. For the period 2005 to 2007 and 2010 the UK Armed Forces were at a significantly increased risk of dying as a result of accidents compared to the UK general population. For all other years there was no significant difference in deaths due to accidents between members of the UK Armed Forces and the UK general population (2014: SMR = 100, 95% CI:71-140). A number of other factors specific to Service life both on and off duty may play a role in the increased risk of UK Armed Forces dying as a result of an accident compared to the UK population.

81. With the exception of 2008, 2012 and 2013, the UK regular Armed Forces have been at a significantly increased risk of dying as a result of Land Transport Accidents compared to the UK general population (2014 : SMR = 251, 95% CI: 156-384). For the years 2008, 2012 and 2013 there was no significant difference in deaths due to Land Transport Accidents between members of the UK Armed Forces and the UK general population.

82. With the exception of 2008 (when there were no violent related deaths in the UK Armed Forces) and 2009 (where there were seven deaths, six incidents and there was a significantly increased risk of dying as a result of violence related deaths), the UK Armed Forces showed no significant difference with the UK general population for the occurrence of deaths related to violence, excluding hostile action deaths. The number of deaths due to violence related causes excluding Hostile Action, remains small throughout the period 2005-2014 and therefore the calculated SMR are subject to variation, making it difficult to interpret underlying trends.

83. Between 2005 and 2014, the UK Armed Forces have been at a significantly decreased risk of dying as a result of a suicide compared to the UK general population (2014: SMR = 21, 95% CI: 8-47). Please note that this comparison includes deaths among males and females. The Statistical Notice "Suicide and Open Verdict deaths in the UK Armed Forces" provides comparisons to the UK general population for males only.

Table 5: Deaths in the UK regular Armed Forces: Causes, 2005-2014, numbers, rates¹ and standardised mortality ratios^{2,3,4,5}.

Cause	Numbers														Rates														SMR													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014												
All	160	191	204	137	205	187	132	130 r	86	68	82	99	106	74	107	97	69	72	50	42	75	87	96	65	99	94	71	76	52	44												
Disease-related conditions	44	40	38	38	36	27	31	38	31 r	18	25	22	22	22	21	15	17	22	18	11	33	31	30	30	29	22	29	39	33	20												
Cancers	23	25	27	23	19	16	19	28 r	19	15	13	14	16	13	11	9	10	16	11	9	67	72	81	70	58	48	59	93	67	55												
Diseases of the circulatory system	16	14	7	10	9	8	9	6	5 r	2	9	8	3	6	5	5	4	3	1	45	41	22	30	28	25	31	22	20	8													
Other	5	1	4	5	8	3	3	4 r	7 r	1	3	0	2	3	5	1	1	2	4	1	8	2	7	8	13	5	6	10	18	3												
External causes of injury and poisoning	115	150	164	98	165	157	101	90 r	53 r	40	56	76	83	52	84	80	53	49	31	25	148	178	203	122	208	219	135	128	79	63												
Deaths due to accidents	71	88	77	36	36	52	39	32	34 r	33	35	44	39	18	19	26	20	18	20	21	179	202	171	83	83	138	101	89	96	100												
Land Transport Accidents	53	61	51	26	28	36	26	15	15	21	25	30	26	13	14	18	13	8	9	13	225	239	226	135	162	258	225	148	167	251												
Other	18	27	26	10	8	16	13	17	19 r	12	10	14	13	5	5	8	7	9	11	7	112	150	116	41	31	68	48	66	72	48												
Deaths due to violence⁴	22	50	77	52	114	98	47	42	11	1	11	26	39	28	57	50	25	23	6	1	-	-	-	-	-	-	-	-	-	-												
Hostile Action ³	21	48	73	52	107	95	43	40	9	0	10	25	37	28	54	49	23	22	5	1	-	-	-	-	-	-	-	-	-	-												
Other	1	2	4	0	7	3	4	2	2	1	0	1	2	-	3	1	2	1	1	1	30	52	118	-	274	108	151	93	92	49												
Suicide and Open verdicts	22	12	10	10	15	7	15	16 r	8 r	6	10	6	5	6	8	3	8	9	5	4	63	33	31	30	45	22	45	49	27	21												
Cause not currently available	1	1	2	1	4	3	0	2	2 r	10	1	1	1	1	2	2	-	1	1	6	28	24	48	27	105	75	-	62	63	336												

Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk. Individual rates may not add up to totals due to rounding.

²Standardised mortality ratios have been age and gender standardised.

³No comparisons between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population.

⁴An overall SMR for deaths due to violence has not been calculated due to lack of comparable UK population data.

⁵Change in how UK deaths collated, prior to 2006 includes deaths occurred in year, post 2006 includes deaths registered in year.

'r' indicates a change in previously published data (see paragraph 39)

Table 6: Deaths in the Naval Service¹: Causes, 2005-2014, numbers, rates² and standardised mortality ratios^{3,4,5,6}.

Cause	Numbers														Rates														SMR													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014												
All	27	33	27	40	23	30	19	20 r	13	12	70	85	74	110	58	77	52	59	42	35	62	73	61	89	53	71	48	56	37	35												
Disease-related conditions	9	10	8	12	10	4	4	9	6	3	26	28	21	31	24	11	11	26	18	9	33	36	29	43	37	15	17	42	29	15												
Cancers	4	5	5	6	5	2	2	8 r	4	3	13	12	12	14	13	6	5	23	12	9	57	69	71	85	71	28	29	122	63	47												
Diseases of the circulatory system	4	5	2	4	3	1	2	1	0	0	11	16	4	12	8	3	6	3	-	-	53	68	28	54	43	14	31	17	-	-												
Other	1	0	1	2	2	1	0	0 r	2	0	3	-	5	5	4	2	-	-	6	-	8	-	8	15	16	8	-	-	23	-												
External causes of injury and poisoning	18	23	19	27	13	26	15	10 r	6	5	44	57	53	75	34	66	41	30	21	15	118	137	117	166	82	180	99	71	44	37												
Deaths due to accidents	12	15	10	11	2	7	2	6 r	2 r	3	31	37	28	29	4	18	6	18	6	9	156	175	112	127	23	93	26	85	28	43												
Land Transport Accidents	7	10	6	8	2	3	2	2	1	0	15	23	16	21	4	8	6	6	3	-	156	204	137	213	60	110	90	105	57	-												
Other	5	5	4	3	0	4	0	4 r	1 r	3	16	14	12	8	-	10	-	12	3	9	156	137	88	61	84	-	77	19	57	-												
Deaths due to violence⁵	1	8	5	16	8	15	9	2	1	0	2	20	14	46	22	39	24	6	6	-	-	-	-	-	-	-	-	-	-	-												
Hostile Action ⁴	0	8	5	16	7	15	8	2	0	0	-	20	14	46	20	39	22	6	-	-	-	-	-	-	-	-	-	-	-	-												
Other	1	0	0	0	1	0	1	0	1	0	2	-	-	-	3	2	-	6	-	6	152	-	-	-	198	-	192	-	229	-												
Suicide and Open verdicts	5	0	4	0	3	4	4	2	3 r	2	11	-	11	-	7	9	11	6	9	6	72	-	60	-	44	62	59	31	49	34												
Cause not currently available	0	0	0	1	0	0	0	1	1	4	-	-	-	3	-	-	-	3	3	11	-	-	-	127	-	-	-	150	152	622												

Source: Defence Statistics (Health)

¹Naval Service includes Royal Navy and Royal Marines.

²Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk. Individual rates may not add up to totals due to rounding.

³Standardised mortality ratios have been age and gender standardised.

⁴No comparisons between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population.

⁵An overall SMR for deaths due to violence has not been calculated due to lack of comparable UK population data.

⁶Change in how UK deaths collated, prior to 2006 includes deaths occurred in year, post 2006 includes deaths registered in year.

'r' indicates a change in previously published data (see paragraph 39).

Table 7: Deaths in the Army: Causes, 2005-2014, numbers, rates¹ and standardised mortality ratios^{2,3,4,5}.

Cause	Numbers										Rates										SMR									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
All	93	111	145	79	158	136	98	95	63	40	91	95	128	74	133	116	88	89	65	42	88	100	132	72	146	131	100	105	73	50
Disease-related conditions	18	13	14	14	17	13	20	25	20 r	9	24	15	17	17	19	15	21	28	23	11	29	21	23	23	28	21	38	52	43	21
Cancers	7	9	9	8	10	8	11	19	10	6	10	11	12	10	10	10	12	22	11	7	46	56	58	52	65	51	72	132	73	47
Diseases of the circulatory system	8	4	4	4	4	6	3	5 r	2	10	4	4	5	5	4	6	4	6	3	52	26	27	26	27	26	43	23	41	18	
Other	3	0	1	2	3	1	3	3	5 r	1	4		1	2	3	1	3	2	6	2	10	-	3	6	10	3	13	14	24	5
External causes of injury and poisoning	75	97	129	65	138	120	78	69	42 r	27	67	79	109	56	111	99	68	60	41	27	173	204	278	142	304	291	181	169	108	76
Deaths due to accidents	50	48	56	24	23	36	31	21 r	27 r	23	45	38	47	19	19	30	27	18	26	23	221	191	213	95	91	165	139	100	132	122
Land Transport Accidents	38	40	38	17	19	28	22	12	12	15	32	32	31	14	15	23	19	10	11	15	272	261	277	146	181	334	316	192	219	301
Other	12	8	18	7	4	8	9	9 r	15 r	8	13	6	16	5	5	7	7	8	15	8	139	81	143	51	27	59	58	61	100	58
Deaths due to violence⁴	12	39	67	33	105	82	37	38	10	1	10	33	56	30	83	67	31	33	9	1	-	-	-	-	-	-	-	-	-	-
Hostile Action ³	12	38	63	33	99	79	34	36	9	0	10	32	52	30	79	65	29	32	8	-	-	-	-	-	-	-	-	-	-	-
Other	0	1	4	0	6	3	3	2	1	1	0	1	4	-	5	2	2	1	1	1	-	45	202	-	400	183	193	159	77	84
Suicide and Open verdicts	13	10	6	8	10	2	10	10 r	5 r	3	12	7	6	7	8	2	9	9	6	3	69	49	33	43	53	11	52	53	29	19
Cause not currently available	0	1	2	0	3	3	0	1	1 r	4	-	1	1	-	3	3	-	1	1	4	-	47	90	-	147	140	-	57	57	246

Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk. Individual rates may not add up to totals due to rounding.

²Standardised mortality ratios have been age and gender standardised.

³No comparisons between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population.

⁴An overall SMR for deaths due to violence has not been calculated due to lack of comparable UK population data.

⁵Change in how UK deaths collated, prior to 2006 includes deaths occurred in year, post 2006 includes deaths registered in year.

'r' indicates a change in previously published data (see paragraph 39).

Table 8: Deaths in the RAF: Causes, 2005-2014, numbers, rates¹ and standardised mortality ratios^{2,3,4,5}.

Cause	Numbers										Rates										SMR									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
All	40	47	32	18	24	21	15	15	10	16	72	92	74	37	55	50	33	42	23	40	62	75	55	32	43	39	30	34	24	40
Disease-related conditions	17	17	16	12	9	10	7	4	5	6	28	30	31	24	17	22	11	6	9	12	39	41	41	32	25	28	22	14	19	23
Cancers	12	11	13	9	4	6	6	1	5	6	19	20	27	19	6	13	10	2	9	12	99	95	121	87	39	58	61	11	59	73
Diseases of the circulatory system	4	5	1	2	2	3	1	2	0	0	7	9	1	3	4	6	1	3	-	-	32	43	9	19	20	30	11	25	-	-
Other	1	1	2	1	3	1	0	1	0	0	2	1	3	2	6	3	-	2	-	-	5	6	12	6	18	6	-	9	-	-
External causes of injury and poisoning	22	30	16	6	14	11	8	11	5	8	42	62	43	14	37	28	21	36	14	25	114	150	87	33	79	68	47	71	34	57
Deaths due to accidents	9	25	11	1	11	9	6	5	5	7	21	52	28	2	29	23	15	20	14	23	95	253	112	11	116	109	70	64	65	96
Land Transport Accidents	8	11	7	1	7	5	2	1	2	6	19	25	18	2	19	14	5	8	5	19	154	206	155	26	202	176	85	51	115	361
Other	1	14	4	0	4	4	4	4	3	1	2	27	10	-	9	9	11	12	8	3	23	307	75	-	66	74	64	69	51	18
Deaths due to violence⁴	9	3	5	3	1	1	1	2	0	0	14	5	15	6	3	3	3	7	-	-	-	-	-	-	-	-	-	-	-	-
Hostile Action ³	9	2	5	3	1	1	1	2	0	0	14	4	15	6	3	3	3	7	-	-	-	-	-	-	-	-	-	-	-	-
Other	0	1	0	0	0	0	0	0	0	0	-	2	-	-	-	-	-	-	-	-	-	116	-	-	-	-	-	-	-	-
Suicide and Open verdicts	4	2	0	2	2	1	1	4	0	1	7	4	-	6	5	2	3	9	-	2	44	22	-	25	26	14	13	55	-	16
Cause not currently available	1	0	0	0	1	0	0	0	0	2	1	-	-	-	2	-	-	-	-	4	97	-	-	-	102	-	-	-	-	281

Source: Defence Statistics (Health)

¹Rates have been age and gender standardised to the 2014 Armed Forces population, expressed per 100,000 personnel at risk. Individual rates may not add up to totals due to rounding.

²Standardised mortality ratios have been age and gender standardised.

³No comparisons between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population.

⁴An overall SMR for deaths due to violence has not been calculated due to lack of comparable UK population data.

⁵Change in how UK deaths collated, prior to 2006 includes deaths occurred in year, post 2006 includes deaths registered in year.

'r' indicates a change in previously published data (see paragraph 39).