



Ministry
of Defence

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12 September 2022

Dear [REDACTED],

Thank you for your email of 20 August 2022 in which you requested the following information:

“Between the timeframe of 1984 - 2020, has there been more British Royal Air Force soldiers who have committed suicide while serving in the British Royal Air Force than being killed in combat.

Between the timeframe of 1984 - 2020, has there been more British Royal Navy soldiers who have committed suicide while serving in the British Royal Navy than being killed in combat.”

I am treating your correspondence as a request for information under the Freedom of Information Act 2000. A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held.

For the period 1 January 1984 to 31 December 2020, there were **21** hostile action deaths and **174** suicides among UK RAF ranks. This information has been presented in **Table 1**.

Table 1: Hostile action¹ and suicide² deaths among UK RAF ranks³, number 1 Jan 1984 to 31 Dec 2020

Period	Hostile Action	Suicide & Open verdicts
1 Jan 1984 to 31 Dec 2020	21	174

Source: Defence Statistics Health

1. For hostile action definition, refer to section 16.
2. For suicide definition, refer to section 16.
3. Identified as NATO other ranks OR1-9.

For the period 1 January 1984 to 31 December 2020, there were **76** hostile action deaths and **133** suicides among UK Royal Navy ranks. This information has been presented in **Table 2**.

Table 2: Hostile action¹ and suicide² deaths among UK Royal Navy³ ranks⁴, number 1 Jan 1984 to 31 Dec 2020

Period	Hostile Action	Suicide & Open verdicts
1 Jan 1984 to 31 Dec 2020	76	133

Source: Defence Statistics Health

1. For hostile action definition, refer to section 16.
2. For suicide definition, refer to section 16.
3. Royal Navy includes Royal Navy and Royal Marines.
4. Identified as NATO other ranks OR1-9.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

The tables above present hostile action deaths that occurred as a result of Operation VERITAS, Operation HERRICK, Operation TORAL, Operation GRANBY, Operation TELIC, Operation SHADER, Operation BANNER, Operations in Sierra Leone, and Operations in the Balkans.

The information on deaths presented are for UK armed forces identified as NATO other ranks OR1-9. This includes regular personnel and only those reserves who have died whilst on deployment as Defence Statistics Health do not routinely receive notification of all reserve deaths.

For the period 1 January 1984 to 31 December 2020, the suicide rate for the Royal Navy and the RAF was **statistically significantly lower** than the UK general population.

The population sizes of UK armed forces deployed on Operations that may have faced hostile action, and the overall number of UK armed forces who served in this period differ greatly. There were years between 1984 and 2020 where the Royal Navy and RAF were not deployed on Operations. Thus, meaningful comparisons cannot be made between the number of hostile action deaths and the number of suicides.

Defence Statistics Health compiles the Department's authoritative deaths database for all UK Armed Forces personnel who died whilst in Service since 1984. Information is compiled from several internal and external sources from which we release several internal analyses and external National Statistics Notices.

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 NHS Digital and The General Registrar's Office Scotland.

When providing statistics on suicides, Defence Statistics Health rely exclusively on the information provided by coroners in England and Wales and in Northern Ireland, and the Procurator Fiscal in Scotland. This ensures the Department's objectivity, as all accidental deaths and those resulting from violent action have to be referred to these officials for investigation. For sake of brevity these sources of information have been labelled collectively 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 causal information. In these cases, deaths are identified as waiting verdicts and classified as "Other Accident" whilst awaiting a Coroner's verdict.

The information presented includes coroner-confirmed suicides in line with the definition used by the Office for National Statistics (ONS) in the publication of National Statistics. The National Statistics definition of suicide includes deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent. In England and Wales, it has been customary to assume that most injuries and poisonings of undetermined intent are cases where the harm was self-inflicted, but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves and thus given an open or narrative verdict by the coroner.

All deaths are coded to the International Classification of Diseases 10th edition (ICD-10) which is produced by the World Health Organisation (WHO). Information held in death certificates is analysed and assigned the appropriate ICD code to ensure that deaths included are only those which meet the National Statistics definition of Suicide and these may be a suicide, open verdict or narrative verdict conclusion from the Coroner. The ICD-10 codes are what define suicides and are: ICD-10 codes: X60-X84: intentional self harm; Y10-Y34: injury or poisoning of undetermined intent; Y87.0 and Y87.2: sequelae of intentional self harm, injury or poisoning of undetermined intent.

Hostile Action (HA) includes deaths categorised as Killed in Action or Died of Wounds:

- Killed in Action (KIA) - A battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility.
- Died of Wounds (DOW) - A battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility. This only includes those who have died of wounds whilst under the care of Defence Medical Services.

For this response, we have defined “killed in combat” as deaths as a result of hostile action.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner’s website at <https://ico.org.uk/>.

I hope this is helpful.

Yours sincerely

Defence Statistics Health Head (B1)