

## Recognizing the Impact of Gun Violence on Youth- and How Health Care Professionals can Address It

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O'Neil Conference  
September 28th, 2023



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### Learning Objectives

1. Describe how firearm injury affects the spectrum of pediatric, adolescent, and young adult patients
2. Determine which hospital-based approaches you may choose to implement to decrease firearm injury in youth we work with.
3. Identify interventions beyond the clinical setting that contribute to reducing firearm injury risk.

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### Outline

- Epidemiology of Firearms on Youth
- Discuss health care approach to firearm injury risk reduction
- Efforts beyond the clinical setting
  - Advocacy
  - Legislation

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### Towards a Public Health Approach to Reducing Gun Violence

- Consider the Range of Prevention
  - Primary/Universal
  - Secondary/Selected
  - Tertiary/Indicated

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### Case Discussion- Consider your Clinical Setting

- In the outpatient setting, a 14 yo female presenting for a routine sports physical.
- In the ED, a 15 yo male who was assaulted by a group of teenagers
- In the inpatient setting, a 17 yo male admitted for a GSW to his leg who underwent an orthopedic procedure

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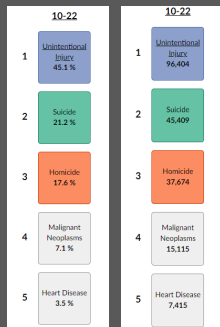
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### Leading Causes of Death 10-22 yo 2011-2020



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) fatal injury reports. Centers for Disease Control and Prevention Web site: [webappa.cdc.gov/wisqars/nscip/mortality10\\_22.html](http://webappa.cdc.gov/wisqars/nscip/mortality10_22.html). Accessed January 31st 2022.

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### Question: MVA's vs Firearms Mortality ?

1. MVA deaths > firearm
2. MVA deaths about equal to firearms
3. Firearms deaths > MVAs

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### Firearm c/w MVA Mortality 2001-2018

	Firearms N	MVA N	Firearm Rates	MVA Rates
2001	6,907	11,127	13.14	21.17
2002	7,008	11,866	13.08	22.15
2003	7,068	11,390	13.01	20.96
2004	6,751	11,423	12.27	20.77
2005	7,054	11,207	12.74	20.24
2006	7,379	11,229	13.27	20.19
2007	7,105	10,793	12.73	19.34
2008	6,869	9,037	12.28	16.15
2009	6,469	7,788	11.54	13.9
2010	6,401	7,349	11.43	13.12
2011	6,483	7,229	11.54	12.86
2012	6,671	7,186	11.82	12.73
2013	6,408	6,799	11.34	12.03
2014	6,402	6,801	11.35	12.06
2015	7,127	7,060	12.7	12.58
2016	7,753	7,318	13.88	13.11
2017	7,939	6,993	14.28	12.58
2018	7,732	6,534	13.94	11.78

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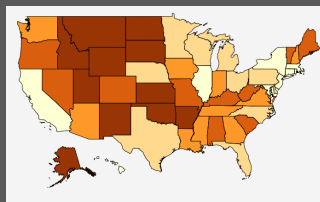
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### Suicide

- 2<sup>nd</sup> leading cause of death 10-22 yo
- 45% of mortality due to firearms- leading mechanism of death



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) fatal injury reports. Centers for Disease Control and Prevention Web site. [webappa.cdc.gov/servlet/ncjsr/morttable10\\_us.html](http://webappa.cdc.gov/servlet/ncjsr/morttable10_us.html). Accessed January 31st 2023.

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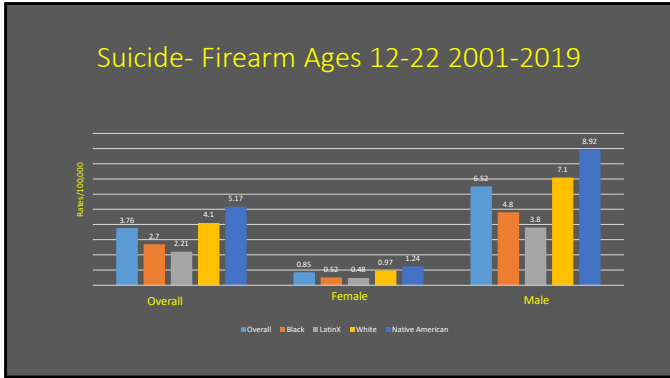
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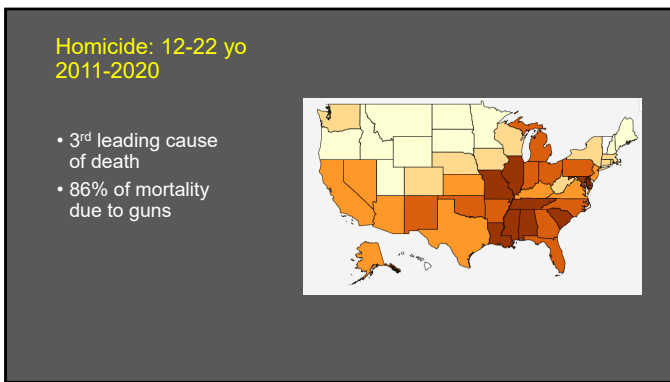
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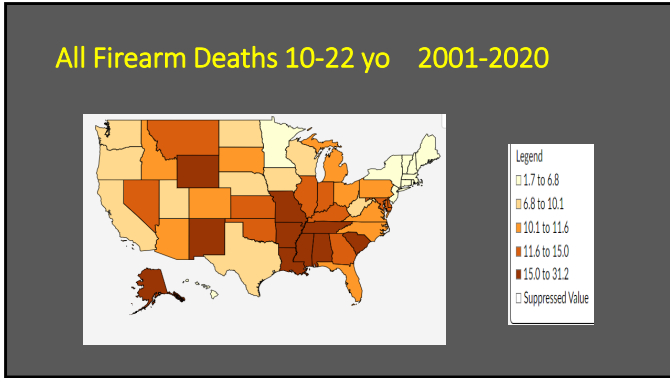
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### All Firearm Mortality by Age Group 2020

Age Group	Homicide	Suicide	Unintentional	Undetermined	Total	Rate
0-10	176	0	63	0	277	.65
10-14	218	224	30	22	494	2.38
15-19	2442	1069	56	50	2880	17.26
20-24	3599	2104	73	53	5829	26.99
Total	6435	3397	222	125	9780	9.36

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### All Firearm Mortality by Age Group 2020-CO

Age Group	Homicide	Suicide	Unintentional	Total	Rate
0-10	0	0		0	
10-14	0	0		14	3.87
15-19	29	34	6??	65	17.74
20-24	33	65	2??	100	26.3
Total	62	99	8		

In CO, 61.6% of all firearm deaths are due to suicide

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) fatal injury reports. Centers for Disease Control and Prevention. Web site: [webapps.cdc.gov/sa/web/nisq/mortrate10\\_us.html](http://webapps.cdc.gov/sa/web/nisq/mortrate10_us.html). Accessed January 16, 2023.

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### Firearm Mortality Rates

2018-2019	Firearm Homicides		Firearm Suicides	
	All Ages	Ages 10-19	Ages > 9	Ages 10-19
US Total	4.5	4.3	8.1	2.9
Metropolitan Areas	4.8	4.9	6.2	2.0
Denver	3.4	5.0	10.2	3.8

Kegler SK, Stone DM, Mitty JA, Dahlborg LL. Firearm Homicides and Suicides in Major Metropolitan Areas — United States, 2018–2019, and 2012–2019. *MMWR Morbidity and Mortality Weekly Report*. 2022;71:14–18. DOI: <https://doi.org/10.1093/mmwr.mm7101a1>

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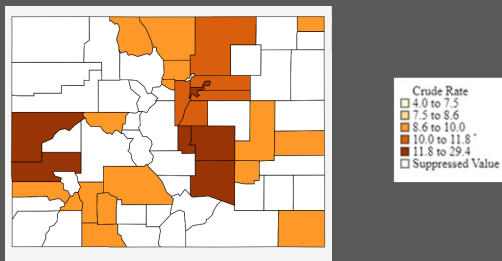
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### Colorado Firearm Mortality 2001-2019



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### Unintentional Death 2019

Age group	N
0-9	35
10-14	16
15-19	66
20-24	62
<b>Total</b>	<b>179 (rate .17)</b>

Shooters- 97% male  
 Victims- 81% male  
 28% shoot themselves  
 51% shoot other children

- Locations
  - 39% occur at a friends home
  - 11% hunting



Hemmenway D, Solnick S. Children and unintentional firearm death. In: Epidemiol. 2013;23(6). Wisc/Amu CDC

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### Non fatal firearm injuries



25,000-35,000/yr  
 78% Assault  
 19% Unintentional

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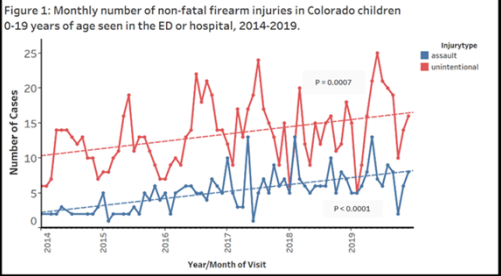
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Figure 1: Monthly number of non-fatal firearm injuries in Colorado children 0-19 years of age seen in the ED or hospital, 2014-2019.



**Unintentional firearm injuries are increasing and predominate in the summer months when children are at home, out of school.**

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### Youth Firearm Access

- THE Critical Factor that determines morbidity and mortality due to firearms
- Focus for healthcare has been to determine ways to decrease youth access



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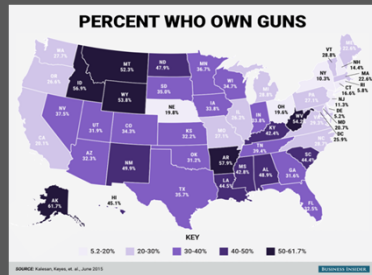
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### National Gun Ownership

- National: 29.4%
- Colorado: 34.3%
- Alaska: 61.7%
- Delaware 5.7%



Kalichman B, et al. Gun Ownership and Social Gun Culture 2015; Wiley Periodicals, L.P.

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### Youth firearm Access

- 40% of households with children have at least one firearm
- 44% store firearms locked and unloaded
- 6% of households with youth (15% of firearm households) have a loaded, unlocked firearm



Miller M, Ansel D. Firearm Storage in US Households with Children: Findings from the 2011 National Firearm Survey. JAMA Open Network. 2022;5(2):e22148822. doi:10.1001/jamaopen.2022.148822

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### With a gun in the home individuals are...

- 3 times as likely to die from homicide
- 5 times as likely to die from suicide



Kellerman, A.L., Rivara, F.P., Bushnell, N.B., Somes, G., Reay, D.T., Francisco, J., Banton, J.G., Probstski, J., Figner, C., & Hackman, B.B. (1992). Suicide in the home in relation to gun ownership. The New England Journal of Medicine, 326(1), 1094-1098.

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### Behavioral Factors Associated with Firearm Access

		Potential Access AOR (95% CI)	Possessed Firearm AOR (95% CI)
Age	Each Year Older	1.26 (1.14, 1.4)	
Gender	Male	1.54 (1.01, 2.4)	
Violence	+ VIPRS	2.2 (1.4, 3.6)	
	Physical Aggression	2.4 (1.5, 4)	
	Serious Delinquency		4.7 (1.4, 16)
	Alcohol Use	2.0 (1.2, 3.8)	
	Cyberbully Victim	1.7 (1.02, 2.6)	
Mental Health	Internalizing Problems	1.9 (1.1, 3.3)	
	Peer Problems	1.9 (1.1, 3.2)	
	Any + SDQ	1.83 (1.1, 3)	
Parents w Firearms			8.6 (2.1, 34.8)

Sigel EJ, Arredondo Matson S, Mercado MC. Increased Violence Involvement and Other Behaviors and Mental Health Factors Among Youth with Firearm Access. Journal of Adolescent Health. 2021;68(1):63-71. PMID: 33951136

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### Impact on Firearms and Health

- Injury- Acute
- Psychologic sequelae
  - Witness/victim/perpetrator
  - PTSD
  - Major Depressive Disorder

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**Post Injury Impact**

- Health Care Utilization
  - Significant increase post firearm injury- n= 1519
    - Increase of 110% in prior low utilization youth ( 8705 c/w 18, 686)
  - Increase in youth with diagnoses of youth with Complex Chronic Conditions( at least 1 organ system that will last longer than 12 months and have high service utilization)
    - 119 (6.5%)before injury 239 (13.1%) post injury
- Health Care Costs
  - \$8.3 million pre injury vs \$24.9 million post injury

Pattani ED, Goyal MK, Hall M, Goshier De Souza R, Chaudhary S, Alpers DR, Fain JA, Frazier EW. Nonfatal Firearm Injuries: Utilization and expenditures for children pre- and postinjury. *Acad Emerg Med.* 2013 Aug;18(8):983-91. doi: 10.1093/acem/pjs127.

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**Post Injury Impact**

- 38% had MH diagnosis prior to injury
- 44% at index (injury) visit
- 55% had a MH diagnosis one year post injury
- **25 % of youth with had a NEW mental health diagnosis 1 year subsequent to injury**
  - Stress related disorder -17%
  - Substance use- 20%
  - Disruptive/conduct disorder
  - ADHD- 20%
  - MDD- 13%
- Complex Chronic Condition predicted higher MH dx

Datta DR, Mallonardo L, Park AS, Simpson AN, Andrews AL. Increase in Mental Health Diagnoses Among Youth With Nonfatal Firearm Injuries. *Acad Pediatr.* 2021 Sep-Oct;21(7):1105-1108. doi: 10.1016/j.acap.2021.06.003. Epub 2021 Jun 14. PMID: 34311401.

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**Post-injury period: What we know**

- Risk of re-injury is high
  - 14-24 year olds within 2 years
    - **37% violent injury requiring ED care**
  - 12-19 year olds within 4 weeks
    - 18% been beaten up, 13% sustained injury requiring medical attention, 3% shot or stabbed
    - 3% beat someone up, 27% carried knife/gun, 3% shot or stabbed someone
- Retaliatory intent is important

Kaufman, *Am J Emerg Med.* 2016; Wiebe, *J Adol Health.* 2011; Cunningham, *JAMA Peds.* 2015; Meyers, *JAH.* 2017.

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### What can health professionals do?

- Primary Prevention
  - Screen for firearm access
  - Counsel on safer storage
  - Distribute locking devices

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### Hypothetical Model Increasing Safer Storage

- Compared observed fatalities (suicide, unintentional) in 2015
- 33.4% households with children and guns; 47% 'unlocked'
- Modeled an intervention - hypothetically increased safe storage from 10% to 50%
- Decreased overall mortality between 6- 32%

Monuteaux MC, Azrael D, Miller M. Association of increased safe household firearm storage with firearm suicide and unintentional death among US youth. JAMA Pediatr. 2020;174(1):657-662.

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### Evidence Supporting Counseling Alone

- Counseling alone can lead to change <sup>a</sup>.
- Counseling parents with suicidal children/adolescents (in an ED setting) decreases youth access to firearms.<sup>b</sup>



A. Albright TL, Bunge SK. Improving firearm storage habits: impact of brief office counseling by family physicians. J Am Board Fam Pract. 2003;16(1):40-46.  
B. Grossman DC, Cushman P, Kobrowski TD, et al. Firearm safety counseling in primary care settings: a randomized, controlled trial. Pediatrics. 2000;106(1):22-26.

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### Evidence: Counseling/Safe Storage

- Distributing free gun cabinets alone improves safe storage<sup>40</sup>
- Counseling and free cable locks<sup>37</sup>
- Counseling and free gun lock<sup>38</sup>



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### Safe Storage Device Program @ CHCO

- Started in 2014 through grant funding/injury prevention initiatives
- Intensified in the last 3 years due to significant donations
- Primary Care
  - Ado Med
  - CHC
  - Young Mom's
- Inpatient Psychiatry
- Psychiatric ED
- Regular ED
- Approximately 1500 lock boxes, 200 cable locks distributed

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### To screen, or not to screen?

- Significant Debate among Firearm Research Experts-
- Is it off-putting to firearm owners?
  - About 20% of firearm owners (or 6% of your patients) state they do not agree with either screening and/or hearing a firearm safety message
- Little science to really go on...

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### Benefits of Screening

- Among firearm owners, using an EMR embedded screen:
  - HCPs documented firearm access 73% intervention group c/w 26% control
- Changing the PE template- adding a firearm access question
  - 84% post change documented FA access c/w 25% pre change (p<.001)

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### Current Practice @ CHCO Ado Med

- Ado Med
  - Adolescents/Young Adults
    - Do you have any guns in or around your house?
  - Parents:
    - Do you have any guns in or around your house?
    - If you do have any firearms at home, are you interested in taking home any safe storage devices today, such as a lockbox for handguns, or cable locks for rifles/shotguns? Y/N

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### Reasons not to screen ?

- Utilize universal safer storage message

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### Universal Approach to Counseling

*" I would like to bring up the topic of firearm safety. We bring this up regardless of whether you have any guns at your house. We know that access to guns for kids poses lots of health risks, whether a teenager is considering suicide or is just over at a friend's house playing around. The safest situation for teenagers is not to have direct access to guns. The next safest situation is that if you do have any firearms at home, to make sure they are locked up in a safe, or with cable or trigger locks, and that ammunition is stored separately (and locked as well). We encourage parents to inquire about firearm access at their child's friend's house and how the guns are stored if there are guns at the friend's house."*

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### Key Principals to Consider when Counseling on Firearm Safety

- Respect the parents' position on firearm ownership
- Be non-judgmental
- The Mantra: If there are guns, the safest way to have them is to
  1. store all guns locked (lock box/gun cabinet, trigger locks, cable locks);
  2. store all guns unloaded; and
  3. store ammunition separately and locked in a lock box
  4. Ensure adults do not use the common 'codes' for lock boxes, etc

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### Counseling On Access to Lethal Means (CALM)

#### Suicide Focus

1. Means Matters (gun > hanging > overdose)
  - 90% completion with gun; <5% with ingestion
  - 82% who complete suicide by firearm use gun from the home
2. Suicide Impulsive (50% attempt within 1 hour)
3. Only 10% of those who survive an initial attempt eventually die via a future attempt

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### Facts to Use When Counseling

- Youth living in a home with firearms are at increased risk for homicide and suicide
- Suicide is the 2nd leading cause of death for teenagers, with firearms a common method
- In 85% of firearm suicides, adolescents use a parent's gun
- Unintentional deaths and injuries happen, 40% of the time at a friend's house
- The safest home for teenagers is one without guns
- Teens often know codes or where keys are stored

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### High Risk Situations (Secondary Prevention)

- Suicidal ideation/plan
- Major depressive disorder
- Violence Involvement



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### Secondary Prevention

- Motivational Interviewing- focused on safety, gun carrying, gang reduction
- Similar approaches to primary prevention
  - Screen???
  - Counseling...BUT higher risk situations, particularly SI, suggest:
  - Temporary Removal of Firearms from the home

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### Firearm Counseling

- + Violence-related injury, + Firearms
- *Youth: "Thank you for sharing with me that you often carry a gun for protection. Can you think of a situation where carrying a gun might make you less safe? What other things might be helpful to keep you safe?"*

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### Higher Risk Situation

- *"That's great that the guns are safely stored; however, teenagers, if they are determined, can potentially gain access to the safe. That being the case, we strongly recommend that all your guns, at least for now, be kept out of your house. Do you know any place, such as the house of a friend without kids or your hunting club, where you could keep your guns until your son is better?"*

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### Post-injury period: What we know

- Risk of re-injury is high
  - 14-24 year olds within 2 years
    - **37% violent injury requiring ED care**
  - 12-19 year olds within 4 weeks
    - 18% been beaten up, 13% sustained injury requiring medical attention, 3% shot or stabbed
    - 3% beat someone up, 27% carried knife/gun, 3% shot or stabbed someone
- Retaliatory intent is important

Kaufman, Am J Emerg Med. 2016; Wiebe, J Adol Health, 2011; Cunningham, JAMA Peds, 2015; Meyers, JAH, 2017.

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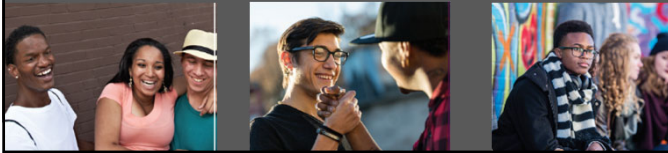
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### Post-injury period: What can we do? Indicated/Tertiary Intervention

- An important opportunity for intervention



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### Many Approaches

- Hospital-based violence intervention
- Street Outreach
- Group Violence Intervention
- Re-entry Programs
- Survivor and Family Assistance
- Peace Fellowships
- Place-based interventions



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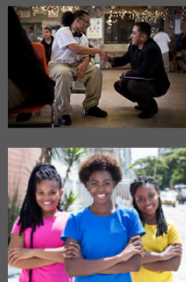
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### Role of Youth-Serving Professionals

- Key sources of support
- Circumstances of the assault
- Safety assessment
- Risk for retaliation
- Weapon carrying/access
- Mental health



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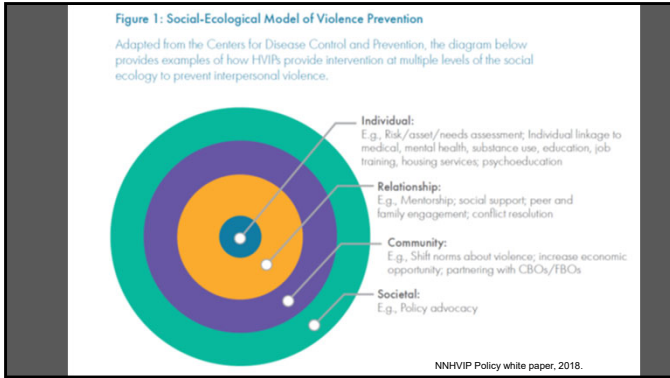
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### Hospital-Initiated Violence Intervention Programs (HVIPs)

- Interdisciplinary involvement
- Comprehensive assessment
- Individualized case management
- Navigation to services

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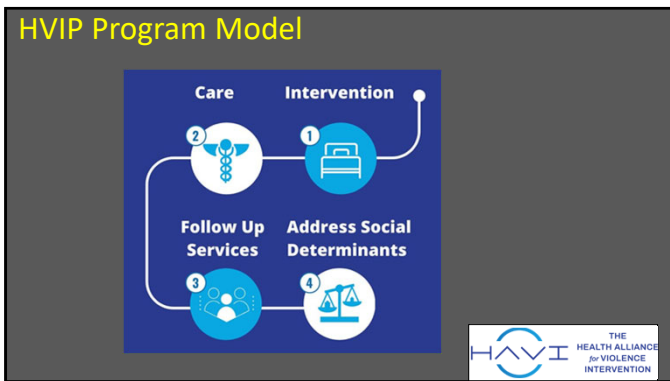
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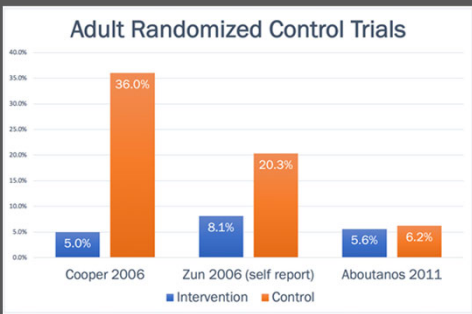
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### HVIP Evidence



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### Indicated/Tertiary Intervention

- Assault injured/firearm violence involved youth
- At Risk Intervention and Mentoring (DH)
- Hospital Based Violence Intervention Program
  - Recent grant funding from OJJDP
  - Focuses on assault injured youth seen in ED
  - High risk youth in primary care
  - Wrap around services, comprehensive needs assessment
- Blueprints for Healthy Youth Development
  - Family based counseling interventions

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### Comprehensive Hospital Based Adolescent Violence Assessment and Treatment at CHCO

1. Screen for Risk - CHCO Ado Med Clinic
2. Assessment- CHCO Ado Med Clinic
3. Linkage to Evidence Based interventions (FFT)
4. ED- At Risk Intervention and Mentoring (AIM)
5. Inpatient ( 6<sup>th</sup> floor primarily)- AIM

- ▣ Project Director: Dr. Eric Sigel
- ▣ AIM Director: Erica Green

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### Legislative Impact on Access to Guns and Firearm Deaths

- Adolescents less likely to carry a gun in states with more restrictive gun control policies
- States with more legislation- smart firearm laws- have fewer firearm deaths



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### Child Access Protection Laws

- Range of laws holding parents liable for varying degrees of child access to firearms
- 27 states have some CAP law
- most stringent type of negligence laws are the child could access laws, which apply if a child could potentially access a firearm (CO-2021)

	Relative Risk Reduction	95% CI	Most Stringent	95% CI
All FA fatalities	13%	-18%, -7%		
FA Suicides	12%	-20%, -2%		
FA Homicides	15%	-22%, -7%		
FA Unintentional	13%	-24%, -1%	59%	-68, -49

Apfel MA, Monahan MC, Reed CA, et al. Child Access Protection Firearms Laws and Firearm Fatalities Among Children Aged 0 to 14 Years, 1991-2016. JAMA Pediatr. 2022;176(10):1144-1149. doi:10.1001/jamapediatrics.2022.4237

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### Extreme Risk Protection Order

- ERPO is a civil order granted by a judge to prohibit an individual from purchasing or owning a firearms if they pose a risk of hurting themselves or others.
- Individuals can initiate the process, filing a petition with the courts
- If approved, then law enforcement will remove firearms from the house
- Allows law enforcement to ban purchase of new firearms and allows temporary removal of firearms already owned.
- Implementation in Indiana and Connecticut has reduced the rate of suicide by 7.5% and 13.7%, respectively.

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### Work by Colleagues

1. Eugene S Farley Jr Health Policy Center- Policy Brief- <https://www.healthpolicycenter.org/wp-content/uploads/2022/06/Policy-Brief-2022-06-20-1.pdf>  
Sindhu P. Sudanagunta, MD, Emma C. Gilchrist, MPH, Maya Haasz, MD and Shale L. Wong, MD, MSPH
2. Peds ED based work- Maya Haasz MD- Leverage the Peds ED to increase safe storage of firearms in homes with youth;  
evaluating video delivery of safe storage messaging;  
long term outcomes of pediatric firearm injuries.
3. Dr. James Todd: epidemiologic work on firearms and youth in Colorado
4. Working group meets monthly- CHCO Firearm Injury Prevention
5. University Wide group led by Emmy Betz MD- Firearm Injury Prevention Initiative

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### Advocacy Efforts

- Newly formed office at CDPHE: Office for Gun Violence Prevention
- American Academy of Pediatrics
  - Policy statement on firearms
  - "How Pediatricians Can Advocate for Children's Safety in Their Communities"—pragmatic advocacy strategies
- The Children's Safety Network
  - Repository of publications and injury prevention informational resources
  - [www.childrenssafetynetwork.org](http://www.childrenssafetynetwork.org)
- The Brady Campaign
  - Advocacy opportunities
  - [www.bradiycampaign.org](http://www.bradiycampaign.org)

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### Opportunities for Involvement On Campus

- Firearm Injury Prevention Initiative- Campus Wide
  - [Emergency Medicine | Major Programs | Firearm Injury Prevention Initiative \(cuanschutz.edu\)](http://cuanschutz.edu)
- Children's Hospital Firearm Injury Prevention Workgroup
  - Clare Decker, MPH, CPH, CPST
  - Injury Prevention and Outreach Coordinator
- [Clarice.Decker@childrenscolorado.org](mailto:Clarice.Decker@childrenscolorado.org)

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### Thanks for listening

- Happy to take any questions.
- You can reach me at [eric.sigel@childrenscolorado.org](mailto:eric.sigel@childrenscolorado.org)

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### General Resources

- Zero Suicide: Counseling on Access to Lethal Means
  - [Zero Suicide \(edc.org\)](http://ZeroSuicide.org)

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### Resources from AAP

#### AAP Gun Safety & Injury Prevention Initiative

- Counseling for patients and families on firearm safety
- <https://www.aap.org/en/patient-care/gun-safety-and-injury-prevention/>
  - modules to facilitate skill-building in gun safety counseling using evidence-based approaches
  - video demonstrations of key skills with simulated patients
  - messages derived from qualitative research with families from different demographics (urban/rural, gun-owning vs not, and various US regions)
  - webinars and other supporting material

#### •SAFER Training Course

- <https://www.aap.org/en/patient-care/gun-safety-and-injury-prevention/safe-storage-of-firearms/>




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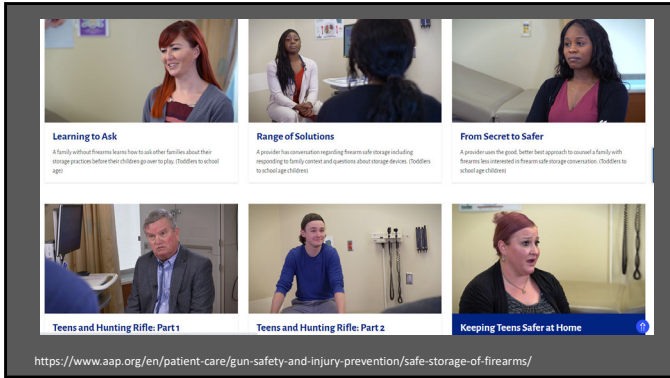
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<https://www.aap.org/en/patient-care/gun-safety-and-injury-prevention/safe-storage-of-firearms/>

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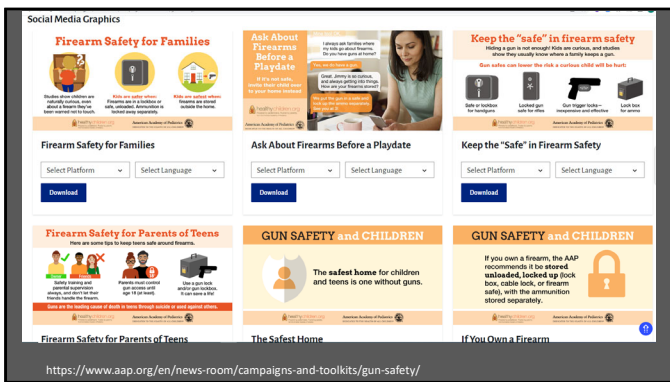
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<https://www.aap.org/en/news-room/campaigns-and-toolkits/gun-safety/>

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