## 10 things every healthcare professional should know about firearm injury

- 1. **Firearm injury is a significant yet preventable public health threat.** Firearm violence is commonly considered a criminal justice issue, but firearm injuries almost always engage hospitals, clinics, and morgues. In fact, the prevention of firearm suicides, which outnumber firearm homicides and are not crimes, is often viewed as the responsibility the healthcare system and providers. Healthcare providers have a vital role in preventing intentional and unintentional firearm injuries and their impact on patients, families and communities.
- 2. **Firearm injury is not only a big city problem**. The risk of firearm death in very rural counties is the same as the risk in big cities. This is true for adults, youth and children.<sup>2 3</sup> While rural areas have higher risks for firearm suicide and unintentional injury, and risks for firearm homicide and assault are greater in urban areas, the overall risks make firearm injury a problem in big cities and small towns alike.<sup>2 3</sup>
- 3. **Having a gun in the home can raise the risks for firearm death.** The risks for firearm homicide, suicide and unintentional death are significantly higher for adults in homes with a gun. <sup>4 5</sup>Adolescents and young adults in homes with firearms have higher rates of violent victimization and perpetration, even after accounting for other risks. <sup>6</sup>
- 4. On the whole, carrying a firearm does not guarantee protection and may increase injury risk. While individual circumstances vary, persons should take this into account this when making decisions about firearm possession. Considering safety plans that provide alternatives to firearms may be in order for individuals with minimal firearms experience.
- 5. **Firearms and alcohol don't mix**. Heavy alcohol use significantly increases the chances of being shot.<sup>8</sup> In addition to treating individual alcohol abuse, healthcare providers can make public health recommendations to better regulate alcohol sales and to strengthen laws to restrict gun use by intoxicated individuals or individuals with a history of alcohol abuse.<sup>9</sup>
- 6. Healthcare professionals can effectively intervene, even if patients are not ready to discuss firearm risks. Many patients and families are willing to discuss suicide concerns, consider safety options, and accept help. Two strategies were found to be effective in reducing suicide rates: 1) provider education in recognizing and treating depression and 2) reducing access to lethal means, including firearms. Emergency departments and trauma centers offer the opportunity to reduce repeat or retaliatory violence in injured youth. Addressing distress and mood disorders, providing relationship therapy, brief interventions for at-risk drinkers, nutritional supplements, and encouraging help-seeking can lower risks for future violence.
- 7. **National success in reducing injuries from car crashes can serve as a model for reducing firearm injury.** <sup>17</sup> Just as speeding or distracted driving escalates risks on an unsafe road, misuse of firearms in the wrong places and at inappropriate times can intensify risks for violent injury and death. A patient's firearm risks should be examined in the context of his or her environment, their household, and their history of risk-taking behaviors.
- 8. **Healthcare professionals can help patients recover more fully from the trauma of violence**. Depression, even following minor injury, can have a significant impact on functioning a year later. Addressing psychological health and building resiliency can reduce the risks for future violence and improve overall health and wellbeing. Resources for understanding, preventing, and addressing traumatic stress can inform care. 19
- 9. The "secondhand" impact of firearm violence and traumatic stress on parents, siblings, partners, children and peers can be devastating and is often overlooked. Exposure to community violence is associated with increased depressive symptoms, anxiety, post traumatic stress and aggression. Recognizing and addressing these symptoms can improve overall health and wellbeing and break the cycle of firearm violence. Routine assessment may be indicated for individuals with high levels of exposure to violence. Repetitive exposure to violence, being shot, losing friends or family to violence, and/or living in an unsafe area promotes inappropriate responses, such as illegal gun carrying.<sup>21</sup>
- 10. **Health professionals can help foster evidence-based prevention in their community.** By partnering with communities, hospitals can serve as resources for understanding and effectively intervening to reduce the impact of firearm violence.<sup>22</sup> Health professionals can serve as advocates for patients affected by violence and for policies based on data and evidence rather than politics.



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<sup>&</sup>lt;sup>3</sup> Branas C, Nance M, Elliott M, et al. 12002. Urban-rural shifts in intentional firearm death: different causes, same results. *Am J Public Health*. 94(10):1750 –1755.

<sup>&</sup>lt;sup>4</sup> Wiebe D. 2003. Homicide and suicide risks associate with firearms in the home: A national case-control study. *Annals of Emergency Medicine*. 41(6):771-782.

<sup>&</sup>lt;sup>5</sup> Wiebe D. 2003. Firearms in US homes as a risk factor for unintentional gunshot fatality. *Accident Analysis and Prevention*. 35(5):711-716.

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