



## **Gun Violence Prevention**

### **Problem Statement**

Gun violence is a contemporary global human rights crisis. It includes homicide, violent crime, attempted suicide, completed suicide, and unintentional death or injury. Worldwide, more than 500 people die and 2,000 non-fatal injuries occur daily as a result of gun violence (Amnesty International, 2022). At least 2 million people are living with the residual of gun injuries (Amnesty International, 2022). Gun violence is a particularly acute problem in the United States (US), ranking first in firearm homicides among countries with developed economies (IHME, 2022). When compared to other high-income countries, the US has 13 times more firearm-related homicides than France, 22 times more than the entire European Union, and 23 times more than Australia (IHMC, 2022). In the US alone, more than 45,000 people died as the result of gun violence in 2020; representing 124 lives lost each day (CDC, 2021). Seven out of ten medically treated gun injuries in the US result from gun-related assault and nearly two out of ten are the result of unintentional gun injuries. Few intentionally self-inflicted gun injuries are seen in emergency department; the majority of these individuals die as a result of their injuries (CDC, 2021).

All age groups experience gun violence, however, younger people are especially vulnerable. Gun-related injuries are among the five leading causes of death for people aged 1-44 years in the U.S. (CDC, 2021). Gun-related injuries in children and adolescents are now the leading cause of death among 1 to 19-year-olds (Goldstick et al., 2022). Annually, more than 3,599 children and adolescents in America are shot and killed and 15,000 are shot and wounded – an average of 52 each day (Goldstick et al., 2022). Other demographic characteristics also increase vulnerability to gun violence. Black men and boys are 21 times more likely to die as a result of gun violence when compared to their white peers (EFSGV, 2021, 2022). Intimate partner violence (IPV) victims are also vulnerable to being victims of gun violence. Approximately 1 in 4 women and 1 in 10 men will experience some form of IPV in their lifetimes (CDC, 2018). Homicide is all too often the tragic endpoint of IPV (Walker-Descants et al., 2021). In the U.S. more women are killed by romantic partners than any other type of perpetrator (Cooper & Smith, 2011). United States crime reports suggest that one in five homicide victims are killed by an intimate partner, and specifically over half of female homicide victims in the US are killed by a current or former male intimate partner. (CDC, 2022). The single biggest risk factor in the escalation of nonfatal IPV to homicide is having a gun in the home (Frye et al., 2005). Gun violence also results in trauma to individuals peripherally involved, especially children. Exposure to gun violence negatively impacts a child's educational, physical, emotional, and life outcomes (JECDEMS, n.d.).



The economic consequences of gun violence are also substantial. Medical costs for gun violence fatalities in the US totaled 290 million dollars in 2020 (JECDEMS, n.d.). The initial direct medical cost of non-fatal gun violence to consumers and health care systems is estimated at 1 billion dollars (JECDEMS, n.d.). Individuals exposed to gun violence often develop mental health sequelae which also results in economic cost, estimated at 225 billion US dollars in 2019 (JECDEMS, n.d.). The ever present threat of gun violence has resulted in increased security within school systems resulting in a 3 billion dollar economic burden (JECDEMS, n.d.). Gun violence impacts individuals, families, communities, and society.

### **Position**

It is the position of the International Association of Forensic Nurses (IAFN) that:

1. *Global and national agencies, including the World Health Organization, National Institutes of Health, and the Centers for Disease Control and Prevention, prioritize consistent funding for research that tracks critical statistics around gun violence, injury and death; and makes evidence-based recommendations on reducing gun injuries and deaths.*
2. *In solidarity with other health care organizations, IAFN implores the US to pass evidence-based legislation including:*
  - a. *The requirement of universal criminal background checks and waiting periods for all gun purchases, including sales by gun dealers, sales at gun shows, and private sales between individuals (Rand, 2023a).*
  - b. *Sanchez et al., 2020; Weinberger et al., 2015).*
  - c. *Enforcement of policies that restrict access to guns by people with domestic violence restraining orders or convictions, to include relinquishment of existing guns in their possession. (Stansfield et al., 2021).*
  - d. *Limitation of gun access to people convicted of misdemeanor stalking crimes.*
  - e. *Ban of assault weapons and high-capacity magazine sales (AAP, 2022; ENA, 2022).*
  - f. *Implementation of child-access prevention laws (Rand, 2023b).*
  - g. *Implementation of minimum age requirements for the purchase of firearms (Rand, 2018b).*
3. *Public health and welfare systems prioritize addressing poverty, poor housing and school conditions, structural racism and other long-standing systemic inequities that place marginalized groups at increased risk for gun violence (CDC, 2022; Tracy et al., 2019).*



4. *Healthcare providers routinely incorporate discussions about gun safety into well-child visits (AAP, 2021) and screening for interpersonal violence and abuse in both acute and primary care settings across the lifespan (AAP, 2021; AMA, 2022).*
5. *Schools at all levels of education incorporate programs that address bullying, violence, anger, depression and other social and emotional issues that impede academic achievement (Tracy et al., 2019; American Public Health Association, 2021).*

### **Rationale**

Forensic nurses provide specialized nursing care that focuses on patient populations affected by violence and trauma such as intimate partner violence, sexual assault, elder abuse, and child maltreatment. The forensic nursing role includes education, prevention, and treatment of the effects of violence on individuals, families, communities, and populations (ANA & IAFN, 2017). Forensic nurses are involved at many levels and in many settings with patients impacted by gun violence. Forensic nurses are engaged in screening for high lethality situations, patient education, and ideally prevention. Forensic nurses are often among the first responders to gun violence such as intentional or accidental shootings, mass shootings, and attempted or completed suicides. Forensic nurses may also testify in criminal trials about gun-related assaults or gun violence used in coercion and intimidation. Forensic nurses witness the acute and chronic effects of gun violence, manifesting in a myriad of physical and mental health sequelae. As more communities come together to analyze response systems to better address gun violence, forensic nurses are often at the table advocating for the medical-forensic needs of patients and the institutional resources needed to provide effective care.

Injuries and death caused by gun violence are a public health problem requiring a public health solution. Like any other type of injury prevention, up to date research and information are essential to guide interventions to improve health outcomes. It is clear that public health research has brought about significant change to some of the world's most critical health problems, including smoking, motor vehicle accidents, and infectious diseases. The Rand corporation (2023a), a research organization that for over 75 years has worked to develop solutions to public policy challenges to help make the world safer, conducted a systematic review of eighteen broad classes of gun policies implemented in some US states and the effects of those policies on violence outcomes. The results strongly indicate that additional research is desperately needed to address the problem of gun violence in the US. Child access prevention laws that included imposing penalties upon adults who allowed children unsupervised access to guns were found to decrease suicide and unintentional injuries and death (Rand, 2023b). Imposing waiting periods to obtain firearms were associated with a decrease in suicide and violent crime (Rand, 2018a). Legally required background checks for individuals wanting to purchase a gun resulted in a decrease in violent crime (Rand, 2018a). Laws requiring the surrender of firearms by prohibited



possessors were also found to decrease violent crime (2018a). A legal minimum age requirement to buy a firearm was associated with a reduction in suicide (Rand, 2018b). Prohibitions of gun sales associated with domestic violence was found to result in a decrease in violent crime. Finally, a ban on assault weapons was associated with a reduction in mass shootings.

While funding for gun violence research has seen recent significant increases, funding must be ongoing to address this complex sociological issue. Despite the US constitutional and legislative protections that confound approaches to addressing gun violence in the same manner, the ability to conduct more robust research, to create pathways to reducing gun violence should not be impeded. All efforts to prevent gun violence must involve rigorous research which accurately measures the impact of policies to better identify opportunities to reduce morbidity and mortality. There is evidence that specific commonsense restrictions on gun access can enhance safety. Governments need to be willing to use this information to create laws to protect the health of citizens.



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