Help Wanted: Studies of Firearms Injuries Affecting Children

The continued high incidence of firearms deaths in the United States is a national disgrace. Despite declining rates over the past decade, firearm injuries remain the second leading cause of death for young Americans, trailing only motor vehicle crashes. The toll of gun violence extends well beyond those killed or injured. Children growing up in communities with high rates of gun violence grow up without a favorite uncle, classmate, close friend, or relative. These effects are real, as described in the Adverse Childhood Experiences Study, which demonstrated the long-term consequences of witnessing violence on physical and mental health.

The article, by Carter et al in this issue, describes patterns of firearm ownership among adolescents and young adults who presented to the emergency department for assault-related injuries. Nearly 1 in 4 of these patients had a firearm; few of them were obtained legally. Many of the patients in the Carter study obtained their guns from friends and family. In the case of younger patients and those living with their parents, the implications of the Carter paper support the American Academy of Pediatrics recommendations that there should either be no guns in the home or, when that is not possible, the gun(s) should be stored unloaded and locked, with ammunition locked separately. On the basis of the high prevalence of gun ownership among adolescents and young adults treated for assault-related injuries, perhaps we should routinely initiate a discussion about restricting access to guns whenever we see a patient with a history of assault-related injury. Parents should be advised of the dangers of allowing their children to own handguns.

However, physician counseling has only limited potential efficacy. Ordinarily, a significant preventable cause of childhood injury or death would be expected to generate a vigorous and effective public health response. We have seen dramatic declines in children’s exposure to cigarette smoke, reductions in childhood lead poisoning and motor vehicle fatalities, and increased attention to childhood obesity. Our failure to develop a public health response to gun deaths stands out as a unique exception.

The Carter article demonstrates the type of results we might expect from careful scientific examination of issues related to firearm injuries. A robust public health approach might build from the reported results in several ways: (1) Can these results be replicated in other sites? (2) Because we know that states and local jurisdictions in the United States have vastly different patterns of firearms regulations, could emergency department surveys be used to assess the effectiveness of these regulations? (3) Could emergency department surveillance be used to monitor the progress of public health efforts to reduce minor’s access to guns? (4) Can we develop effective means to reduce the access to firearms among these high-risk patients?
However, current federal laws and policies make it highly unlikely that these, or other similar efforts, will be undertaken. In 1996, and in every budget cycle since, Congress has explicitly forbidden the Centers for Disease Control and Prevention (CDC) from conducting research that would “advocate or promote gun control.” Since then, the CDC, our nation’s largest and most important public health agency, has dramatically restricted research aimed at better understanding and preventing firearm injuries and deaths. For the past 3 years, within the overall CDC budget of $6.5 billion, an average of only $102,997 has been devoted to firearm injury prevention. Although the United States collects comprehensive data on automobile deaths, the comparable National Violent Death Reporting System has never been fully funded. According to a study commissioned by Mayors Against Gun Violence, the volume of academic research on firearms violence has dropped by 60% since 1996, now accounting for only 30 articles per million academic publications. The Obama administration seems determined to improve this appalling gap in our public health effort. After the Newtown massacre, the administration pledged $10 million in firearms research by the CDC, and the administration has proposed fully funding the National Violent Death Reporting System. If these efforts survive Washington politics, we may finally see substantial progress.

We need more studies like the Carter study that appears in this issue of Pediatrics. As pediatricians interested in evidence-based prevention, and, more important, as pediatricians allied with our patients and their families in the effort to optimize the health and development of every American child, we should look to Washington to revitalize research efforts to reduce the terrible toll that firearms take on American children and their families and communities.

REFERENCES

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