



WHAT YOU CAN DO

to stop firearm violence

Access to guns can lead to tragedy, especially when a patient or someone in the patient's home is at elevated risk for firearm injury or death.

This document and the resources it cites are designed to help you, as a health care provider, identify patients at elevated risk for firearm injury, ask about firearms in the home, and counsel at-risk patients or their caregivers on the risks of firearm access and firearm safety strategies.

Use this material to inform your firearm counseling for four groups of people: gun owners and non-gun owners with guns in the home, people at risk of gun injury or death, and those with loved ones at risk. The information here doesn't comprehensively cover any one of these groups. Furthermore, some patients will belong to more than one of these categories. Find more information and resources for planning a specific approach to firearm counseling based on individual patients' risk factors at the [What You Can Do](#) website.

What You Can Do, as a healthcare provider

- 1 ASK your at-risk patients about firearms.**
Remember, no law prohibits you from asking when it is clinically relevant to the patient or someone else's health.
- 2 COUNSEL at-risk patients about firearm risk and safety.**
- 3 TAKE FURTHER ACTION when your patient or someone in your patient's home is at extreme risk or going through a time of crisis.**

The facts about firearm injury and death	22,938 Americans died by firearm suicide and 14,415 Americans died by firearm homicide in 2016. ¹	Both firearm homicide and firearm suicide rates increased from 2015 to 2016. ¹	105 Americans died by firearm per day on average in 2016. ¹	The estimated annual cost of gun injury in 2012 exceeded \$229 billion ²
31% of households in the US have firearms, and 22% of American adults personally own a firearm. ³	Nearly 3/5 of firearm deaths in the US are from suicide. ¹	45% of suicide victims, on average, came into contact with a primary care provider within one month of suicide. ⁴	Firearm owners with risk factors for firearm violence are less likely to practice safe firearm storage than are owners who do not have such risk factors. ^{5,6}	When firearms are present in the home, risk of suicide increases by a factor of 4.8 and risk for homicide increases by a factor of 2.7 ^{7,8}



You can ask...

There are NO state or federal statutes prohibiting health care providers from asking about firearms access when the information is relevant to the health of the patient or someone else. Regardless, prepare yourself to answer patient questions about how this information will be used.^{9,10}

Most patients are receptive to provider questioning and counseling on firearms, especially in situations of elevated risk.¹¹⁻¹³

If you need help addressing firearms with patients who are hesitant to have the conversation, see the [What You Can Do Counseling Patients on Firearms](#) page.

1 Identify patients at elevated risk of firearm injury⁹

Perpetrators and victims of firearm violence often have recognizable risk factors. Those risk factors may even be the reasons they are in contact with a health care provider like you. There are three general conditions under which inquiring about a patient's firearm access is directly relevant to his or her health.

Patients at acute risk of violence to self or others

This includes patients with suicidal or homicidal ideation or intent

Patients with individual-level risk factors for firearm injury

This includes patients with

- history of violent behavior
- history of violent victimization
- abusive partners
- alcohol or drug abuse
- serious, poorly controlled mental illness

Patients in a demographic group at increased risk of firearm injury

These groups include

- children and adolescents
- middle-aged and older men, for suicide
- adolescent and young adult men, for homicide

Consider the risk factors you identify for a particular patient and tailor your firearm counseling approach and content to each patient's unique situation.

2 Consider your firearms knowledge

Prepare yourself for the firearms conversation. If you need to study up about firearms and firearm safety, see the [What You Can Do Resources](#) page for more materials. Be ready to answer questions or refer patients to another source for more information when necessary.



3 Counsel at-risk patients on firearm safety

To maximize receptiveness, take a respectful approach. Many gun owners know firearm safety and are committed to practicing it. Their gun ownership may reflect deeply-held values and beliefs. Your role is to advise patients about the health impacts firearms can have. Consider requesting permission before asking about firearms, and definitely explain why you're asking. Frame the discussion in the context of patient safety and wellbeing.¹⁴

Ask open-ended questions, and be sure your questioning is not accusatory or judgmental. During a screening conversation, you might shift to firearms by simply saying, “Now I want to ask you a couple of questions about firearms. Are there any firearms in or around your home?” If the patient answers with a yes, you should probe: “Do any of these firearms belong to you?” and “Who has access to them?”

More detail is often helpful. You can ask, “Are all your guns and ammunition locked up in some way?” and “Are all your firearms stored so they can’t be accessed by unauthorized users?”¹⁴

Use your patient’s answers to gauge the risk of firearm injury for the patient and others in the patient’s household. **If the patient is not safely storing firearms, as detailed on the [patient handout](#), explore together the appropriate actions he or she can take to reduce risk of firearm injury or death.**

Recommendations to the patient can include:

- Evaluating current circumstances in the home to determine if having guns in the home is right for everyone spending time there. This includes visitors, like grandkids.
- Participating in a firearm safety training.
- Ensuring safe storage and handling practices for all firearms in the home.
- Safely disposing of any unwanted firearms in the home.
- Using options for safe firearm storage outside of the home in your area, such as gun ranges, especially when someone in the home is at increased risk or going through a time of crisis.

Answer your patient’s questions on firearm violence risk and risk reduction to the extent that you can, and know when and where to refer patients for additional help or information. You can provide them with the [What You Can Do patient handout](#), which details safe storage practices and directs them to additional resources on firearm safety.

4 Recognize an emergency

If the patient or someone in the patient’s home is in a time of crisis, you can recommend firearms be stored outside the home. Local law enforcement or a gun range or retailer might be legally able and available to store firearms temporarily, until the period of imminent risk has ended. Check to see what options exist in your area.

If a patient is at extreme and imminent risk of self-harm or harm to others, you must take immediate action. Depending on the circumstances, this could involve contacting the patient’s family, law enforcement, or mental health services.

5 Follow up

Once you’ve introduced the topic with the patient, whether this was an emergency or not, find out what happened during the patient’s next visit. Circumstances change, and continuous evaluation of whether or not everyone in the home is safe with firearms is important for assessing risk and addressing risk when necessary.



FAQs

Where can I learn about federal firearms laws and firearms laws specific to my state? State firearms laws can be viewed using the [RAND State Firearm Law Database](#). Federal and state laws regarding firearms are also available online at the websites of the [Giffords Law Center](#) and the [NRA Institute for Legislative Action](#).

What laws exist for temporary removal of firearms in crisis situations? Some states have provisions for temporary removal of firearms from people experiencing times of crisis, called Extreme Risk Protection Orders or Gun Violence Restraining Orders. These laws allow a law enforcement officer, an immediate family member, or a household member to petition for a court order to recover guns from an individual in crisis and temporarily prevent them from purchasing firearms, citing specific evidence of extreme risk to self or others. If the order is issued, law enforcement will collect the guns and temporarily hold them until the situation stabilizes.

When no extension is issued and the order expires, the person can ask the court to return the firearms, often pending clearance of a background check. Find out if such a law exists in your state. Providers may not be able to petition directly for such an order, but they can consider contacting local law enforcement or a family member.

My patient has risk factors for firearm injury but is not in an acute emergency. What should I do with the information she provides me about her firearm access? If your at-risk patient has access to firearms and is not safely storing or handling them, discuss changes she can make to improve her firearm safety habits.

If it's helpful, note the patient's responses to firearm questions. Plan to follow up about firearms access and your recommendations at the next visit to find out whether the patient was able to follow your firearm safety recommendations, and why or why not. Remember that the circumstances regarding firearms might change from one visit to the next.

My patient has an unwanted gun in the home. How can he get rid of it? Guns can usually be sold to licensed gun dealers, and in some places, unwanted guns can be turned in to local law enforcement or given up in a gun buy-back program. The patient should check with local law enforcement to learn about the options in your area.

What materials can I send home with my patients regarding firearms access and safety? A 2-page handout for patients on what they can do to prevent firearm violence is available on our [website](#), along with other firearm safety resources.

Where can I learn more about firearm violence, how to identify risk factors, and how to approach firearm safety counseling?

See the [WYCD website](#) for more resources. These include peer-reviewed articles on firearm violence and the provider's role in firearm violence prevention, as well as other materials on provider training in firearm violence prevention.^{9,10,14-17}

If you're interested in participating in general firearms safety training, get in touch with your local gun range to see what training is offered and to sign up.

REFERENCES

1. Web-based Injury Statistics Query and Reporting System (WISQARS). Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2016.
2. Follman M, Lurie J, Lee J, West J. The true cost of gun violence in America. 2015.
3. Smith TW, Son J. General Social Survey final report: trends in gun ownership in the United States, 1972–2014. 2015.
4. Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. Am J Psychiatry 2002; 159:909-16.
5. Nelson DE, Grant-Worley JA, Powell K, Mercy J, Holtzman D. Population estimates of household firearm storage practices and firearm carrying in Oregon. JAMA 1996; 275:1744-8.
6. Nordstrom DL, Zwerling C, Stromquist AM, Burmeister LF, Merchant JA. Rural population survey of behavioral and demographic risk factors for loaded firearms. Inj Prev 2001; 7:112-6.
7. Kellermann AL, Rivara FP, Rushforth NB, et al. Gun ownership as a risk factor for homicide in the home. N Engl J Med 1993; 329:1084-91.
8. Kellermann AL, Rivara FP, Somes G, et al. Suicide in the home in relation to gun ownership. N Engl J Med 1992; 327:467-72.
9. Wintemute GJ, Betz ME, Ranney ML. Yes, you can: physicians, patients, and firearms. Ann Intern Med 2016; 165:205-13.
10. Betz ME, Ranney ML, Wintemute GJ. Physicians, patients, and firearms: the courts say "yes". Ann Intern Med 2017; 166:745-6.
11. Betz ME, Flaten HK, Miller M. Older adult openness to physician questioning about firearms. J Am Geriatr Soc 2015; 63:2214-5.
12. Sege RD, Hatmaker-Flanigan E, De Vos E, Levin-Goodman R, Spivak H. Anticipatory guidance and violence prevention: results from family and pediatrician focus groups. Pediatrics 2006; 117:455-63.
13. Walters H, Kulkarni M, Forman J, Roeder K, Travis J, Valenstein M. Feasibility and acceptability of interventions to delay gun access in VA mental health settings. Gen Hosp Psychiatry 2012; 34:692-8.
14. Betz ME, Wintemute GJ. Physician counseling on firearm safety: a new kind of cultural competence. JAMA 2015; 314:449-50.
15. Wintemute GJ. What you can do to stop firearm violence. Ann Intern Med 2017; 167:886-87.
16. Wintemute GJ. The epidemiology of firearm violence in the twenty-first century United States. Annu Rev Public Health 2015; 36:5-19.
17. Pinhol EM, Mitchell JD, Butler JH, Kumar H. "Is there a gun in the home?" Assessing the risks of gun ownership in older adults. J Am Geriatr Soc 2014; 62:1142-6.

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