

## **IAFN Position on Reducing Gun Deaths and Injuries in the United States**

### **Problem Statement**

In the United States more than 32,000 deaths and more than 67,000 injuries from guns occur every year.<sup>i</sup> The firearm homicide rate is 25 times higher and the firearm suicide rate is 8 times higher in the United States than in other high-income countries.<sup>ii</sup> Approximately 1,300 children are killed as a result of guns each year and 5,790 are treated for gunshot wounds.<sup>iii</sup> It is estimated that 3.5% of 2-5 year-olds and 22.2% of 14-17 year-olds have witnessed a shooting sometime in their life.<sup>iv</sup> Nearly one million women alive today have been shot or shot at by an intimate partner.<sup>v</sup> Injuries from guns result in more than 36,000 hospitalizations and almost 31,000 emergency department visits. Firearms are the second-leading cause of death due to injury after motor vehicle crashes for adults and adolescents.<sup>vi</sup> The average cost of a gun-related hospital admission is \$32,237.<sup>vii</sup> Total lifetime cost for fatal firearm injuries based on averages of data collected between 2010 and 2012 is \$44,041,023,000 and total lifetime costs for nonfatal firearm injuries are \$4,251,361,000.<sup>viii</sup>

### **IAFN Position**

1. Congress should provide funding to federal agencies, including National Institutes of Health and the Centers for Disease Control and Prevention for research to reduce gun deaths and injuries.
2. Evidenced based legislation should be enacted including:
  - a. Universal criminal background checks for all firearm purchases, including sales by gun dealers, sales at gun shows, and private sales between individuals.<sup>ix</sup>
  - b. Background checks for ammunition
  - c. Firearm identification by either microstamping or ballistic fingerprinting.<sup>x</sup>
  - d. Reduce availability to persons who may pose a threat to themselves or others.
  - e. Fully enforcing policies that prevent people with domestic violence restraining orders or convictions from obtaining firearms and requiring the relinquishing of existing firearms in their possession.<sup>xi,xii</sup>
  - f. Regulation of 3-D printed guns to prevent access to untraceable and unregistered firearms.
3. Improve access to the diagnosis and treatment of mental and substance use disorders because of the risk for firearm-related suicides in persons with these conditions.
4. Health care providers should routinely incorporate discussions about gun safety into well-child care visits<sup>xiii</sup> and screen for interpersonal violence and abuse in both acute and primary care settings across the lifespan in order to reduce the risk of gun deaths and injuries.

5. Creating school-wide programs that address bullying, violence, anger, depression and other social and emotional issues that impede academic achievement.<sup>xiv</sup>

### **Rationale**

Deaths and injuries caused by guns are a public health problem requiring a public health solution. Like any other type of injury prevention, it is essential to have research to guide interventions to improve health outcomes. Current CDC funding for gun violence research is less than 0.085% of the total research budget, even though it is clear that public health research has brought about significant change to some of the nation's most critical health problems, including smoking, motor vehicle accidents and infectious diseases. More robust research, with the necessary funding, is needed to create pathways to reducing gun deaths and injuries. Regardless, there is evidence that specific commonsense restrictions on firearms access can enhance safety. Legislators need to be willing to use this information to create laws to protect the health of Americans.

Forensic nurses provide specialized nursing care that focuses on patient populations affected by violence and trauma. The forensic nursing role includes: education, prevention, and detection and treatment of the effects of violence in individuals, families, communities and populations.<sup>xv</sup> Forensic nurses are involved at many levels and in many settings with patients impacted by gun violence. As nurse death investigators they work alongside medical examiners and coroners (or may be employed as coroners themselves), at the scenes of shootings and suicides. Working with victims of intimate partner violence, sexual assault, elder abuse and child abuse they provide support and education about the risks of injury and homicide when there is a gun in the home, and document and assist in the treatment of these injuries. They testify in criminal trials about the histories of gun-related assaults reported by patients and threats of gun violence used to coerce or intimidate victims in crimes across the US. Forensic nurses also see in their patients the acute and chronic effects of witnessing gun violence that manifest in myriad physical and mental health challenges. And as more communities come together to analyze response systems to better address violent crime, including gun violence, forensic nurses are often at the table advocating for the medical-forensic needs of these vulnerable patients and the institutional resources needed to provide effective care. No community in America is untouched by gun violence. The cost of gun injuries, to individuals, families and our society should no longer be ignored.

Authored by: IAFN Board of Directors, 2018

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- <sup>iv</sup> Finkelhor, D., Turner, H., Ormrod, R., Hamby, S. and Kracke, K. (2009) Children's Exposure to Violence : A Comprehensive National Survey . United States Department of Justice Office of Justice Programs.
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- <sup>vii</sup> Peek-Asa, C., Butcher, B. and Cavanaugh, J (2017) Cost of hospitalization for firearm injuries by firearm type, intent, and payer in the United States. **Injury Epidemiology** 4:20
- <sup>viii</sup> Id
- <sup>ix</sup> Weinberger SE, Hoyt DB, Lawrence HC, Levin S, Henley DE, Alden ER, et al. Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association. *Ann Intern Med*. 2015;162:513–516. doi: 10.7326/M15-0337
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- <sup>xi</sup> Vigdor, E.R., Mercy, J.A. (2006) Do Laws Restricting Access to Firearms by Domestic Violence Offenders Prevent Intimate Partner Homicide?, **Evaluation Review**, 30(3), 313-46.
- <sup>xii</sup> Siegel, M., Diez, C., et al. (2017). State Intimate Partner Violence-Related Firearm Laws and Intimate Partner Homicide Rates in the United States, 1991-2015. *Annals of Internal Medicine*, 167(8), 536-543.
- <sup>xiii</sup> Council on Injury, Violence and Poison Prevention Executive Committee (2012). Firearm-Related Injuries Affecting the Pediatric Population. **Pediatrics**, 130(5), e1416-e1423.
- <sup>xiv</sup> American Public Health Association. 2016 Gun Violence Prevention. Available at: [https://www.apha.org/media/files/pdf/factsheets/160317\\_gunviolencefs.ashx](https://www.apha.org/media/files/pdf/factsheets/160317_gunviolencefs.ashx)
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