

# Growing up – or not – with Gun Violence



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## KEYWORDS

• Firearms • Injuries • Child development • Counseling • Safe storage • Violence

## KEY POINTS

- Firearm violence can disrupt normal child development.
- In combination with normal child developmental stages, firearms pose significant risk of death, injury, and psychosocial trauma.
- Speaking to children is not enough to prevent firearm violence.
- Prevention of firearm violence requires adult responsibility, including methods to reduce child/adolescent access to firearms.

## INTRODUCTION

Death is the ultimate interference with child development. Firearm violence has the potential to disrupt child development completely, by causing premature child death, or to hinder normal health via the loss of family members, guilt from having pulled the trigger (unintentional or otherwise), stress of chronic community violence, the ominous threat of mass shootings, or even accumulated adverse responses to media violence. Unintentional injury is the leading cause of death in children and adults aged 1 to 44 years and the fourth most common cause of death in the overall population.<sup>1</sup> Gun trauma may cause physical, emotional, and mental health disruption to injured victims as well as to those who were not directly in a bullet's trajectory.

Firearm injury prevention research has been insufficiently funded for decades.<sup>2</sup> Children have been among the victims of mass shootings and have experienced the consequences of interpersonal, family, and community violence that occurs in homes and streets on a daily basis.<sup>3</sup> Studies have enumerated pediatric firearm death and injury; additional research catalogues the consequences of violent trauma to children and adolescents,<sup>4</sup> including physical and behavioral disruptions, assault recidivism, perpetration of violence, and negative socioeconomic outcomes.<sup>5,6</sup> Research-based guidance

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about how to prevent firearm violence caused by or inflicted on children and adolescents provides insight, but no clear map toward elimination.<sup>7</sup> More questions remain than answers. There is still more to discover about the interplay between normal child and adolescent growth, mental health, learning, attention and firearm access, ownership, handling, play, shooting, and violence. In addition, risk and outcome variances that might be caused by differences posed by conditions of mental illness, chronic disease, learning or attention disorders, and social determinants either in children or their household members and how these affect firearm injury risk or should inform policy have not been completely described.

Despite seemingly daily headlines, the consequences of gun injury on children's lives and development and, relatedly, how child growth and development influence gun events are incompletely understood. However, where associations are strong, such as accumulated research indicating a direct relationship between firearm availability and risk of homicide, suicide, and unintentional gun injury, there is less science on how to meaningfully reduce that availability, at least in the United States.<sup>8,9</sup> This omission is of great concern, because firearm injury accounts for nearly 18% of all deaths in the United States; almost as many deaths as those caused by car crashes.<sup>10</sup> Unlike motor vehicle deaths, the number of firearm deaths has not decreased over the past half-decade, but instead its slight increase has been driven largely by suicides.<sup>9</sup>

## GUN INJURIES

Gun injuries are a leading cause of death for children and adolescents.<sup>11</sup> The United States outpaces all other high-income countries in overall firearm death, firearm homicide, firearm suicide, and unintentional firearm deaths by several-fold.<sup>12</sup> Most homicides and suicides in the United States are firearm homicides and suicides. The more guns there are, the higher the burden of violence: for every 1% increase in household gun ownership, youth firearm homicide increases 2.4%.<sup>13</sup>

Firearm suicide accounts for approximately two-thirds of all US firearm deaths, although firearm homicide outnumbered firearm suicides among the young. Unintentional deaths are harder to accurately enumerate, because such incidents, particularly among children, may be coded as homicides or suicides in vital statistics data.<sup>14,15</sup>

However, even when such data are used, unintentional firearm death disproportionately affects youth.<sup>16</sup> In 2014, 106 children died of unintentional firearm-related injuries.<sup>17</sup> Unintentional firearm injuries are among the top 10 leading causes of injury-related deaths for children aged 7 to 16 years.<sup>17</sup> These shootings occur most often when children gain access to an unsecured firearm in a home.<sup>11,18,19</sup>

Pediatric firearm homicide may also occur close to home. When the source of the gun is known, it often did not come further than friends and family. Most school shooters obtained their guns from home or a relative.<sup>20</sup> The origin of guns used by youth in crimes is more storied. A national sample of incarcerated youth who committed crimes as juveniles reported that 47% of their guns came from the street or black market, whereas 38% were obtained from a friend or family member.<sup>21</sup>

## NORMAL CHILD DEVELOPMENT AND RISK OF FIREARM INJURY

Pediatrics is concerned with optimal child growth, development, and health. Pediatricians follow patients from birth into adulthood and ensure their continued development, often assessing progress against recognizable milestones. As children journey through development, they interact with their environment. Their growth stage poses challenges and even risks that differ based on physical, emotional, and cognitive abilities. In every developmental phase, child and adolescent curiosity, which

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