

Public Health Approaches to Protecting Youth from **Gun** Violence -COVID and Beyond

A Pediatrician's Approach

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Disclosure Statement

I, Mary Beth Miotto, DO NOT have a financial interest or affiliation with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

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Between 1960 and 1990 the death rate for children aged five to 14 fell 48 percent ... a growing share of the accelerating reduction in child mortality arises from a sharp drop in deaths from unintentional injury or accident.

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National Bureau of Economic Research: No. 12, December 1999

Young doctors, nurses and parents
may have been raised on headlines
of gun violence

1999
Columbine

2007
Virginia
Tech

2012
Aurora
and Sandy
Hook

2018
Parkland

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BRIGHT FUTURES AND PEDIATRIC ANTICIPATORY GUIDANCE

- 1994: 1st Edition of the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents
- 2000: The 2nd Edition of the Guidelines was released in 2000 and updated in 2002, under the auspices of the National Center for Education in Maternal and Child Health at Georgetown University.
- 2002: The American Academy of Pediatrics (AAP) established the Bright Futures National Center (BFNC) to spearhead implementation efforts and update the Guidelines for a third time.
- 2017: The Bright Futures Fourth Edition was released by the AAP.



Most fatal firearm injuries in both younger and older children occurred in a home.

Can't we intervene to prevent injuries in the home?

DEVELOPMENTALLY APPROPRIATE SAFETY COUNSELING: *INFANTS*

No significant direct firearm risk (intentional/unintentional)

- Motor Vehicle safety and rear-facing child safety seats
- Burn prevention: Fall prevention:
- Choking /strangulation prevention:
- Drowning prevention:
- Safe sleep environment: "Back to sleep"
- CPR training
- The only firearm risk may be in case of domestic violence



Photo illustration by Juliana Jiménez. Photo by Thinkstock.
<https://slate.com/news-and-politics/2015/10/gun-accidents-why-are-parents-who-leave-loaded-weapons-lying-around-never-prosecuted.html>

The proportion of firearm injuries involving a handgun was similar for younger and older children (59% and 57%, respectively).

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DEVELOPMENTALLY APPROPRIATE SAFETY COUNSELING: *PRESCHOOLERS*

Developmental Traits: Curious & Impulsive:

We typically provide guidance on:

Traffic safety Burn prevention Fall prevention
Poison prevention Drowning prevention

FIREARM INJURY RISK: **Generally UNINTENTIONAL**

- **Preferable:** Keep firearms out of the home during this period
- **Secondary:** Keep firearms unloaded & locked separately from locked ammunition
- **ASK** about these safety issues from babysitters, other family members, playdates

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A gun was mistaken for a toy in 16% of younger children's deaths and in only 1 death involving an older child.

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The most common circumstance surrounding unintentional firearm deaths of both younger (60%) and older children (49%) was playing with a gun.

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DEVELOPMENTALLY APPROPRIATE SAFETY COUNSELING: *SCHOOL-AGE CHILDREN*

Developmental Traits: Curious, Interested in Impressing Peers, Impulsive:

We typically provide guidance on:

Traffic safety Water safety Sports safety

FIREARM INJURY RISK: UNINTENTIONAL and INTENTIONAL

- **Preferable:** Keep firearms out of the home during this period
- **Secondary:** Keep firearms unloaded & locked separately from locked ammunition

ASK about these safety issues from playdates, babysitters, other family
Speak directly to child and to parents about scenarios

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Kids are Curious

64 boys ages 8-12 broken into groups.

3 guns are hidden in a room with a 2-way mirror.

Two brightly colored squirt guns

One 38-millimeter semi-automatic handgun. The handgun was dismantled but a sensor indicated when trigger was depressed

75% of the boys found the real handgun.

50% of the boys who found the real handgun pulled the trigger.

One of the 64 boys tried to prevent the boys in his group from touching the gun and he went to get an adult. He was heavily teased by his peers.

Parents had been surveyed prior to the boys entering the room about:

- whether their children had been educated about gun safety.
- whether their children seemed interested in guns.

Parents' assessment of interest did not correlate with the children who pulled the trigger.

Parents report of prior gun safety education did not deter children from pulling the trigger. ☹️

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Older children, relative to younger children, more often died in incidents involving showing a gun to others and/or mistakenly thinking the gun was unloaded or the safety was engaged.

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<https://www.mottchildren.org/posts/your-child/gun-safety-and-children>

DEVELOPMENTALLY APPROPRIATE SAFETY COUNSELING: **ADOLESCENTS**

Developmental Traits: Impulsive, Curious, Following Peers

We typically provide guidance on:

Traffic safety Water safety Sports safety

FIREARM INJURY RISK: UNINTENTIONAL & INTENTIONAL

- **Preferable:** Keep firearms out of the home during this period
- **Secondary:** Keep firearms unloaded & locked separately from locked ammunition

ASK about these safety issues at the homes of other family members

Speak directly to child and to parents about scenarios

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Intentional vs unintentional injuries

The Special Case of Adolescents

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The Teen Paradox: Mood Disorders versus Teen Angst

- Screen for depression, anxiety, school problems, and alcohol misuse.
- Realize that it doesn't take a diagnosis of depression to act on negative thoughts. Teens can be impulsive and when a "bad thing" happens to them (fight with best friend, bad grade, car accident, breakup, parental discord), access to a firearm can turn an impulse into a life-changing decision.

The Teen Paradox: A highly impulsive act at a low point

Impulsivity is more linked to youth suicide with a firearm (not mental health)

25% contemplated suicide for less than 5 minutes before making attempt

25% contemplated suicide for 5-19 minutes before making attempt

Only 13% contemplated suicide for more than a day before their attempt

Youth who attempt suicide are less likely to have disclosed intent to commit suicide, or made a previous intent

9/10 of those who attempt suicide will not go on to complete suicide. Most will get treatment and go onto live full lives.

75% of firearms used in a suicide or suicide attempt come from the residence of the victim or a friend or relative.

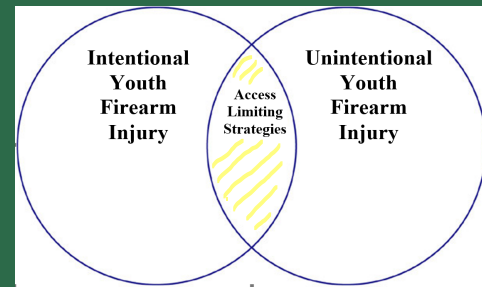
Youth Suicide: Getting YOUNGER

RISK ASSESSMENT:

- Precipitants: ACUTE CRISIS and LIFE STRESSORS: relationships, school, crime problems
- Mental health factors: Screen for depression and alcohol misuse in adolescents.
- Availability of lethal means during a dispute or in times of crisis

WHAT HELPS:

- Programs that help children and youth manage emotions
- Programs that help youth develop skills to resolve school, relationship and peer problems.
- Programs that improve help-seeking and coping skills.
- These programs also demonstrate preventive effects on peer violence and dating violence in teens.



Preventing Intentional AND Unintentional Firearm Injuries

- Safe storage practices (i.e., unloading and locking all firearms and ammunition) can potentially be lifesaving in these instances.
- Previous studies indicate that these practices are protective against adolescent firearm suicide attempts and against unintentional firearm deaths in children.

Every day,
87 children,
 teens and young adults are
injured or killed by guns
 in the United States.



Source: CDC WISQARS, 2015-18 fatal injuries and 2015-17 non-fatal injuries.

#ASKingSavesKids



COVID: The story doesn't change but motive, opportunity and means may increase during the pandemic:

Preschoolers and School-Age Children:

Are home more. Is there more unsupervised play?

School-age and Teenage Youth:

More social isolation, less "normalization" of feelings

Fewer trusted adults and "safety valves"

Greater levels of "normal" loneliness and school "failure"

Higher incidence of depression and anxiety

Fewer opportunities for private counseling outside of school

Family Stressors for all:

Financial, Marital, Mental health, Interpersonal Violence, Substance Use

Opportunities during COVID

- Ask every child and parent "how are things at home?" to get a sense of family stressors. Listen.
- Take the time to talk to families about their child's days at home. What have they noticed their children do when the hours at home are long?
- Discuss the findings of increased home firearm injuries during children's school breaks at home (weekends, holidays, summer).
- Discuss steps a family might take to ensure safe playdates and babysitting visits.
- Screen teen patients for depression, loneliness, anxiety and alcohol misuse.
- Invite a parent to a "look around" during a telehealth visit.

In our child health practices:

1. Universally **screen** for access to firearms at all encounters.
2. **Talk** to families about increased stress in the home and everywhere their children spend time.
3. **Counsel on safe storage** at every visit even if the family themselves do not own guns.
4. **Learn** if your state has an Extreme Risk Protection Order to help families cope with mental health concerns and firearm access. Help connect families with community agencies if they are interested.
5. Screen & **recognize** signs of depression and talk about suicide in teens.
6. Learn how to engage in "**lethal means reduction counseling**" (<https://www.hsph.harvard.edu/means-matter/recommendations/clinicians/>).

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