

# Talking to Pediatric Patients About Firearm Safety

Speaker: Dr. Annie Thomas

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Sarah Parvinian	CME Reviewer	No

# Upcoming Firearm Safety Webinars:

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## ICAAP & IL Attorney General



**MARCH 12**  
12:00-1:00pm

ICAAP:  
How Pediatricians Can  
Reduce Firearm Suicides

**MARCH 12**  
10:00-11:30am

IL Attorney General's Office:  
Firearm Restraining Orders  
(FROs)

# Today's Speaker



**Dr. Annie Thomas, MD, MPH**  
**Pediatrics, Pediatric Hospital Medicine**  
**Endeavor Health Medical Group**

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# Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Review past firearm safety educational programs
2. Demonstrate methods a pediatric health care clinician can use to provide anticipatory guidance regarding safer firearm storage and other firearm safety topics.
3. Examine the unique aspects of adolescence
4. Use strength-based approaches and other best practices for interviewing adolescents (HEADSS/SHADDS techniques).
5. Explain why reducing access to firearms, can prevent suicide deaths
6. Identify resources to provide anticipatory guidance regarding firearm safety to families.

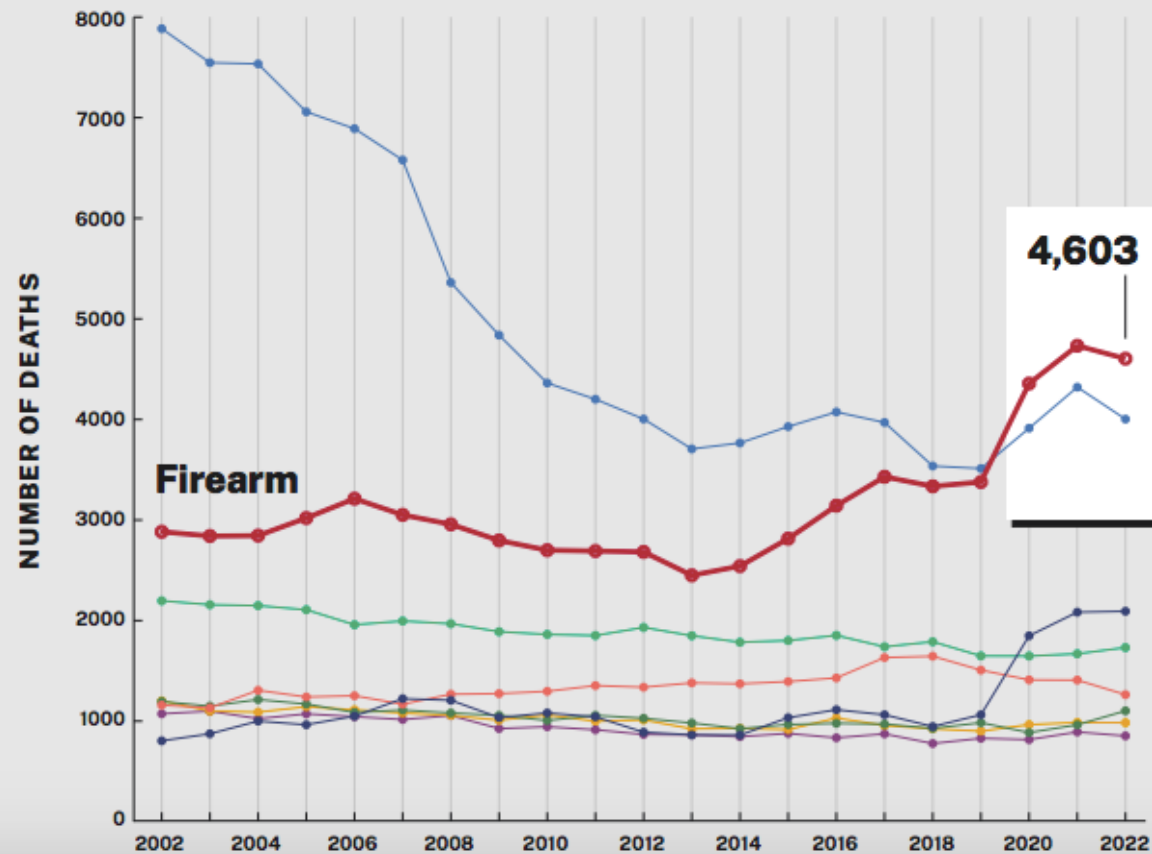
# Scope of the problem



## Firearms are the leading cause of death for children and adolescents

1-19 years of age in the United States, 2002-2022

- Firearm
- Motor Vehicle
- Poisoning (Drug and Non-drug)
- Cancer
- Suffocation
- Congenital Anomalies
- Drowning
- Cardiovascular Disease

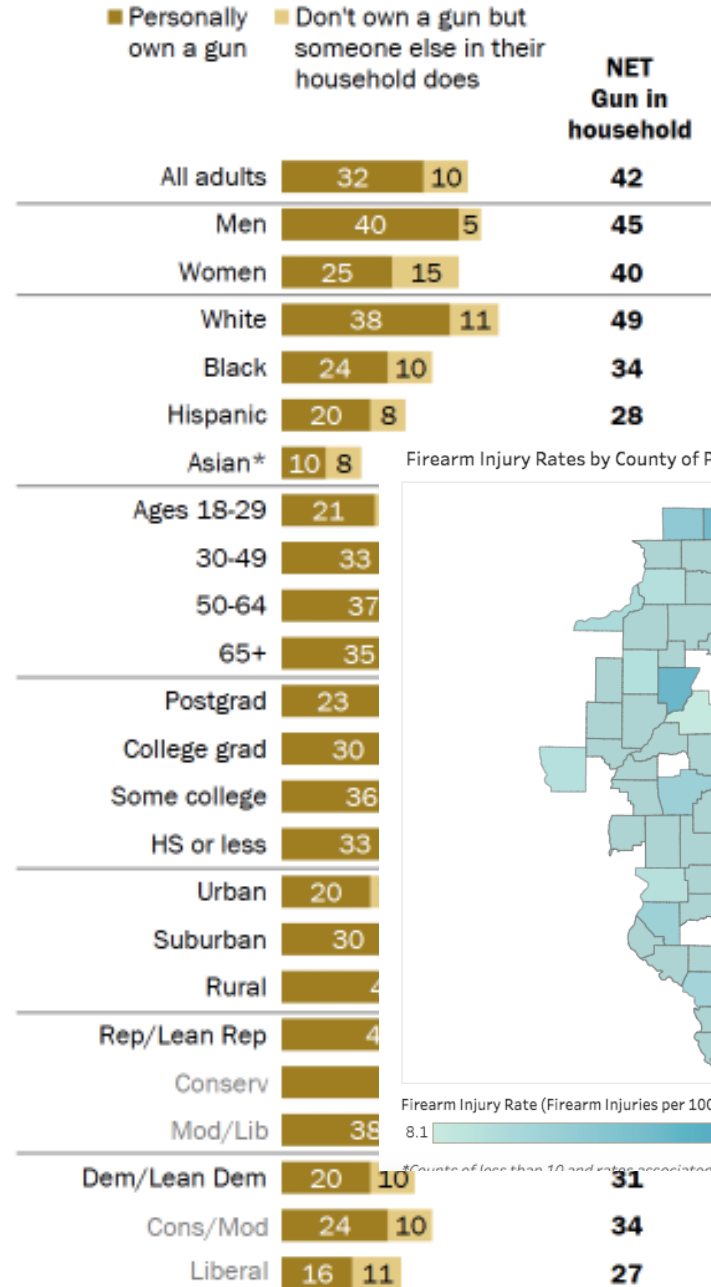


# 4 in 10 Americans live in a home with a gun

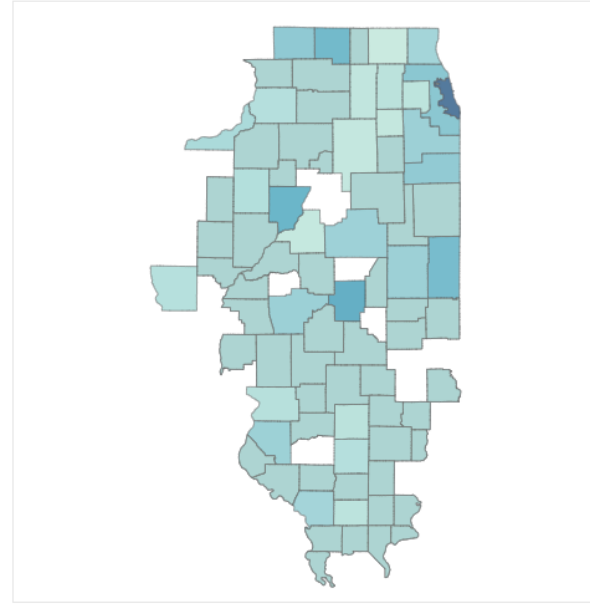


## personally own a gun

% who say they ...



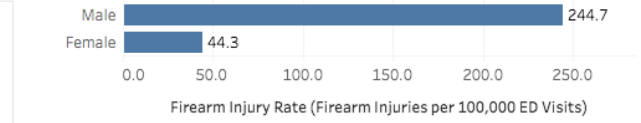
Firearm Injury Rates by County of Patient's Residence



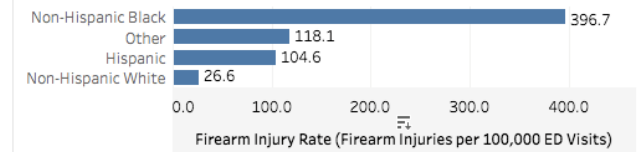
Firearm Injury Rate (Firearm Injuries per 100,000 ED Visits)

\*Counts of less than 10 and rates associated with these counts are suppressed to protect the anonymity of victims

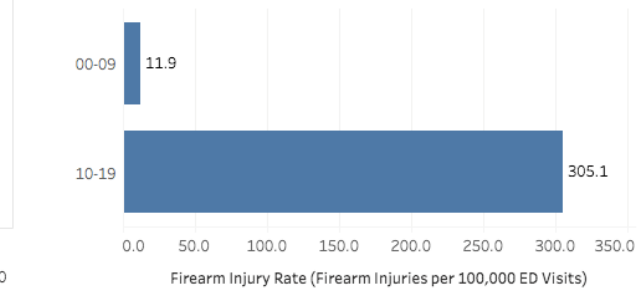
Firearm Injury Rate by Patient Sex



Firearm Injury Rate by Patient Race/Ethnicity



Firearm Injury Rate by Patient Age Range



# Scope of the problem



Homicide

## Firearm injury

Community violence

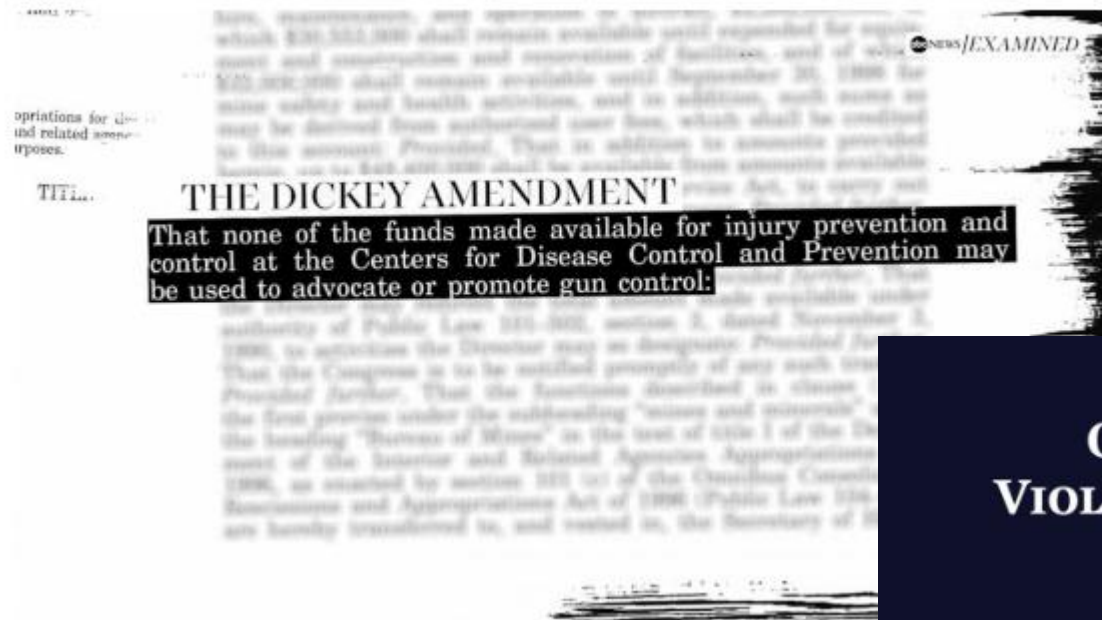
Self-inflicted  
firearm injury  
(suicide attempts)

Unintentional (accidental)  
firearm injury



## Decadeslong gap in gun violence research funding has lasting impact

For more than 20 years, the federal government did not support gun studies.



## OFFICE OF GUN VIOLENCE PREVENTION



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THE WHITE HOUSE



START WHERE YOU ARE.  
USE WHAT YOU HAVE.  
DO WHAT YOU CAN.

*- Arthur Ashe*



# Parental beliefs can endanger kids



Parents tend to **UNDERestimate** kids' curiosity and knowledge of location of guns

**OVERestimate** their kids' self control

# Can we just teach kids to be safe around firearms?



## Educational programs usually take two forms

- “Just say no” approach
  - NRA's Eddie Eagle program "Stop -- don't touch -- leave the area—tell an adult"
- Skills-building approaches, which attempt to teach children skills they can use to resist playing with guns.

# Can we just teach kids to be safe around firearms?



1. control group
2. scripted firearm safety discussion
3. scripted discussion about firearm safety, and a programmed psychomotor exercise
4. scripted discussion about firearm safety, a programmed psychomotor exercise, and a role-playing exercise

TABLE 1. Research Design

Group	Pretest	Discussion	Psychomotor	Role Play	Posttest
One	✓				✓
Two	✓	✓			✓
Three	✓	✓	✓		✓
Four	✓	✓	✓	✓	✓



# Can we just teach kids to be safe around firearms?



**Conclusions:** Knowledge was increased in all intervention group even one month after intervention

But does this keep children safer?



# Comparison of the two methods



- 4 and 5 year old children were randomized to 3 groups
- Eddie eagle safety program
  - Behavior skills training
    - instruction, modeling, rehearsal, and praise/corrective feedback
  - Control (no intervention)

# Results

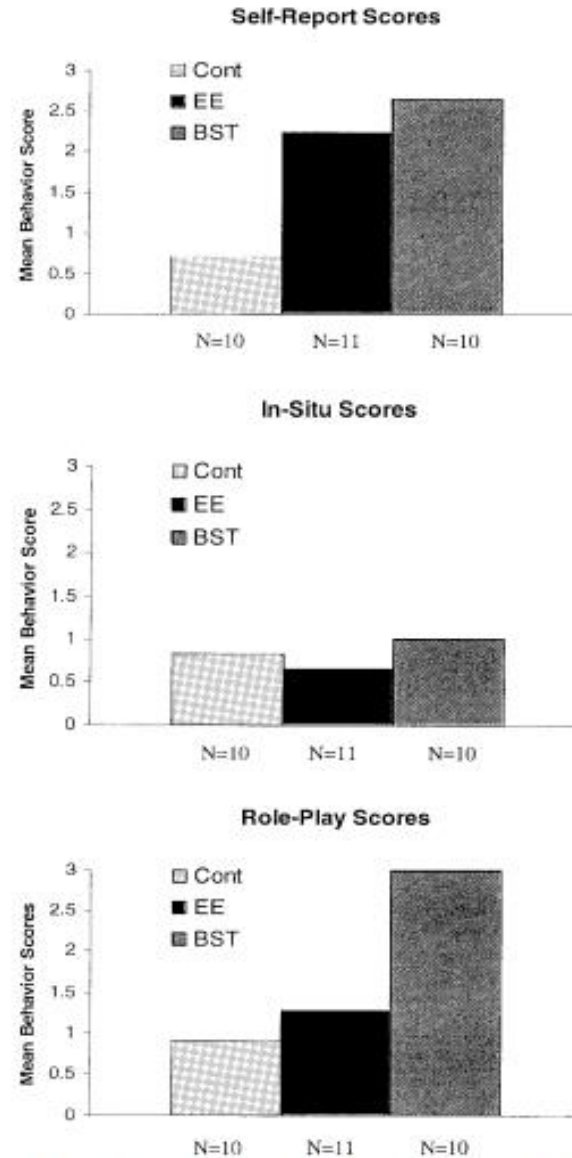


Fig 1. Mean assessment scores for the 3 groups for each of the 3 assessments (self-report, role play, and in situ). The top panel shows mean scores on the verbal measure, the middle panel shows mean scores on the in situ measure, and the bottom panel shows mean scores on the role play measure for all 3 groups.

Within a week of training,

- children were asked what would you do scenarios?
- They were also asked to imagine a role play situation and able to "act it out"
- The in situ evaluation, children were placed in a novel situation at home or school



Firearm safety programs overall improve knowledge but not behavior change

# Why don't they work?

It is normal and typical for children to not to recognize hazardous situations

Curiosity is an important part of child development



# Understanding parental gun ownership



- Gun owners with children - defense of family as a motivator for gun ownership
- Added value to the family
- not more in favor of stronger storage law

**Safety is the common ground for all but we have an opportunity to communicate risks about unsecured about firearms**

# Harm reduction may be the way to go

	All Participants (N=1246)	Household Firearms <sup>*</sup>		
		Yes (N=447)	No (N=741)	P - Value <sup>†</sup>
Pediatricians should ask parents about the presence of firearms in the home.				
Yes	65.7%	58.4%	70.9%	<0.001
No	23.2%	31.5%	17.8%	
Did not know	10.5%	10.1%	10.5%	
Missing	0.6%	0	0.8%	
Pediatricians should advise parents on the safest ways to store firearms in the home.				
Yes	74.6%	71.1%	77.5%	0.001
No	16.9%	21.9%	13.4%	
Did not know	8.2%	6.7%	8.9%	
Missing	0.3%	0.2%	0.3%	
If a pediatrician advised me to not have any firearms in the home for child safety, I would:				
Think it over	48.1%	49.0%	48.2%	0.81
Follow the advice	34.7%	13.9%	47.2%	<0.001
Ignore the advice	10.7%	22.2%	3.9%	<0.001
Be offended by the advice	7.5%	13.9%	3.1%	<0.001
Like to follow the advice but other adult(s) in my house would not agree.	4.8%	8.5%	2.8%	<0.001

In a study of St Louis area clinics, parental beliefs about pediatricians asking firearm questions were assessed.

- Majority of both groups thought pediatricians should ask about presence of firearms
- Biggest difference is reaction to if a pediatrician advised to not have any firearms in the home for child safety

# Improve the environment



4.6 million children live in a home with at least one firearm that is loaded and unlocked

Of all households that own guns with children

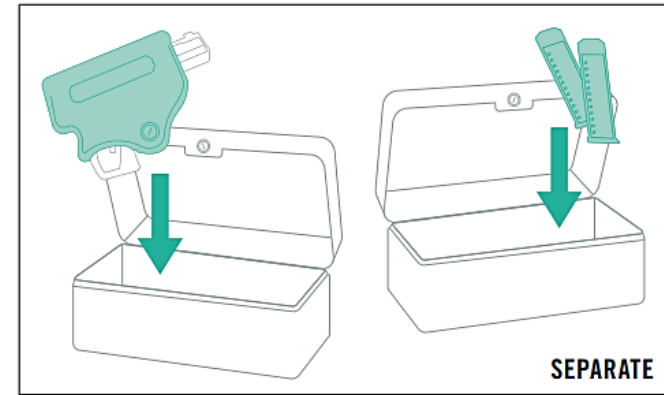
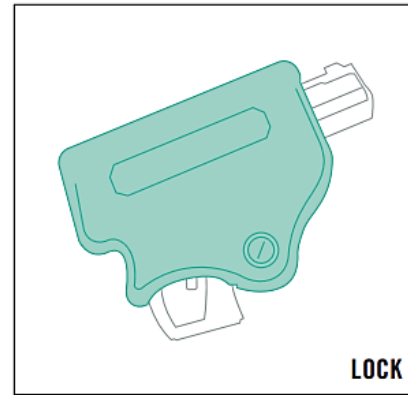
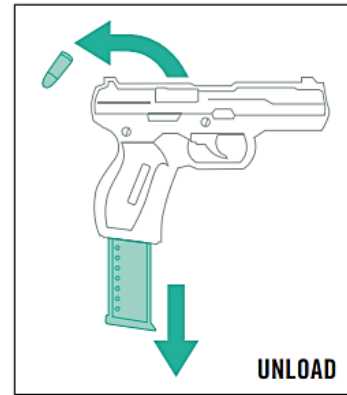
- 30% store all guns safely

The chance of accidental death by shooting is 4x higher with a gun in the home.

# Safe storage

## WHAT IS SECURE FIREARM STORAGE?

Experts agree: In order to prevent access, firearm storage practices should include three methods employed in combination—unloading the ammunition, locking the firearm, and storing the firearm and ammunition in separate locations.<sup>5</sup>



**Unload:** Gun owners should remove all ammunition from the firearm, including removing any chambered rounds.

**Lock:** Unloaded firearms should be secured with a firearm locking device, such as a jacket lock, or in a locked location, like a safe or lock box. Locking devices, safes, and lock boxes are equipped with keys, combinations, or biometric technology that limit access. *Remember: Firearm locks do not prevent gun theft.*

**Separate:** Ammunition should be stored separately from the firearm in a secure location.

# Opportunities for pediatricians



## Inpatient

Captive audience

Chat multiple times during admission if needed

No preexisting relationship with family

## Outpatient

Can be included in safety discussion with families

Have established rapport

Challenges with time constraints

# How to ask?

"Now I will ask you some safety questions that we ask all families. Do you have a car seat? Bassinet?

If you have a gun in the home, how do you store it?"

Guns in home? Yes/ no

Ammunition stored separate, fire arm locked? Yes/no/\*\*\*

Anticipatory guidance provided? yes/no



# Helping parents secure places where their kids play



- Most parent don't think to ask
- We can model this communication for caregivers

**"Thank you so much for having Susie at your house. FYI She's allergic to peanuts. If you have firearms, do you mind locking them up? She gets into everything"**

# How to discuss with younger kids



- Make it part of the normal safety conversation you have with your children
- Tell children not to touch a gun, even if it looks like a toy.
- Assure children they will not get in trouble if they tell an adult they've seen a gun.
- Repeat it on a regular basis

**“If you see a gun, don’t touch it. Tell an adult right away.”**

# What about teens?



Early adolescence 11-13 years old

- Piaget's concrete operational stage of development
- Challenging to interpret large amount of data

**"What is right  
is what makes  
me feel good"**



- Mid adolescence 14- 16 years old
  - Ability for abstraction and usually capable of introspection
  - Change in the way they think about morality
  - Ambivalent relationship with parent
  - Self centered
  - Risk taking behavior is typical
- Late Adolescence 17-18 years old
  - Sense of self more established
  - Frontal lobe still maturing

# **SSHADESS Versus HEADSS**



**Home**  
**Education**  
**Activities**  
**Drugs**  
**Sexuality**  
**Self harm,**  
**depression**  
**Safety**

**Strengths**  
**School**  
**Home**  
**Activities**  
**Drugs**  
**Emotions**  
**Sexuality**  
**Safety**

# Discussing firearm safety with teens



- Respect their privacy
- Normalize
  - Gun violence is the number one reasons kids die in the US so that is one of the safety topics we're going to talk about
  - Do you have friends that have ever been around guns?
- Avoid scare tactics
- Help them problem solve for themselves

# Best way for pediatricians to discuss with teens



Anticipatory guidance: leave any situation where an unsecured gun is present, treat any gun as if it's loaded and unsafe

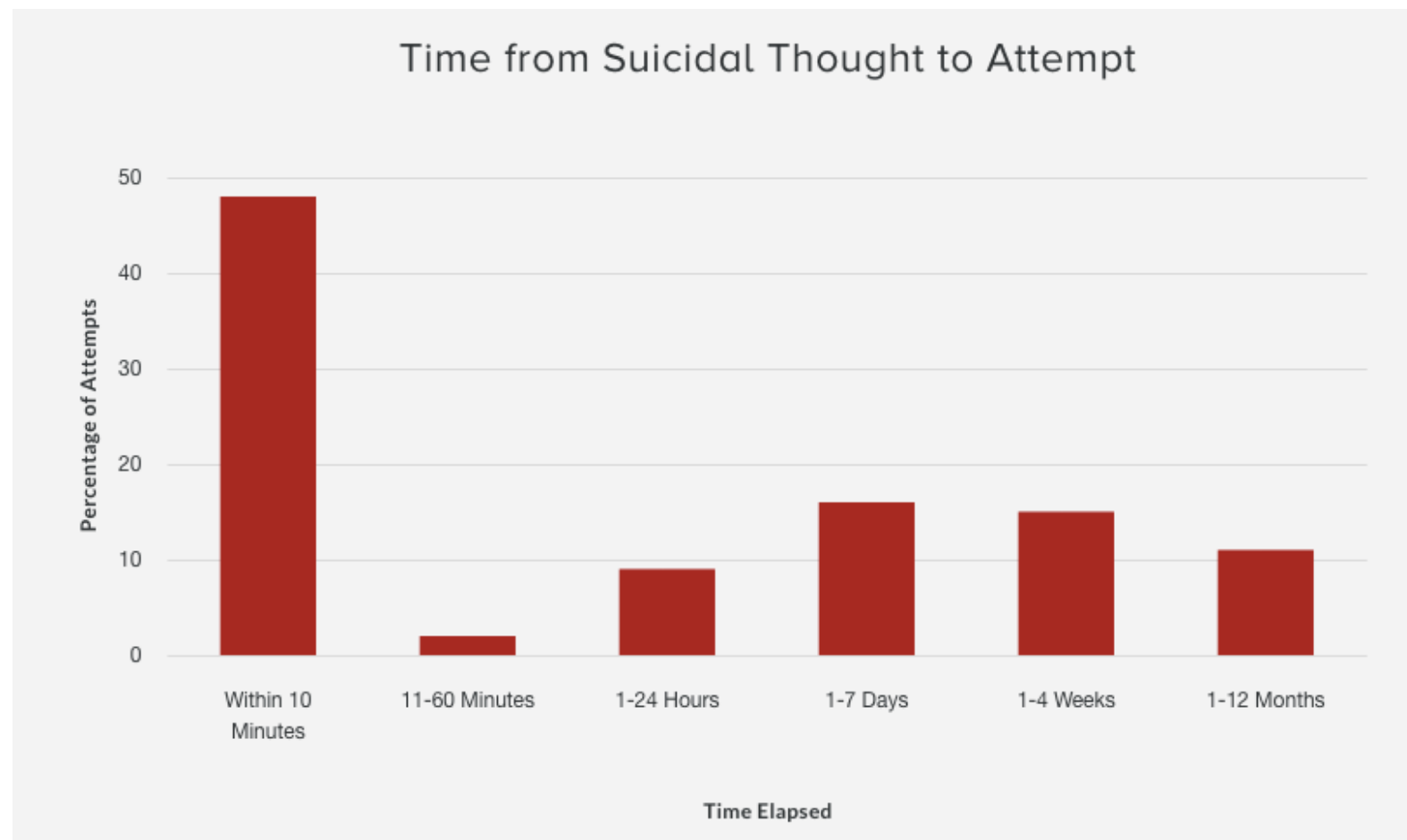
# Risk factors to consider

- Community violence
- Truancy
- Substance abuse
- Family conflict
- Mental health history

# Increased risk of depression

- Hormonal changes and emotional regulation
- Brain maturation
- Increased emphasis on peer relationships
- Technology and social media making us all unwell

## Means matter



# Suicide risk

- More than 700 children a year die by suicide in the US
- Firearms are the most common method

# Will it increase their risk if we discuss?



- Talking about suicide in a calm, thoughtful way can reduce distress.
- No evidence connects discussion of suicide with completion

# Create a plan

- Lethal means counseling
- Create a specific plan to reduce firearm access
- Summarize for family
- Plan for follow up – check in about community resources

# Temporary firearm transfer



## 430 ILCS 65/3

- "IL temporary transfers that occur while in the home of the unlicensed transferee, if the unlicensed transferee is not otherwise prohibited from possessing firearms and the unlicensed transferee reasonably believes that possession of the firearm is necessary to prevent imminent death or great bodily harm to the unlicensed transferee"





START WHERE YOU ARE.  
USE WHAT YOU HAVE.  
DO WHAT YOU CAN.

*- Arthur Ashe*



# Resources



- <https://www.hospitalsunited.com/>
- <https://besmartforkids.org>
- CALM for pediatric providers: counseling on access to Lethal means to prevent Youth suicide
- [IDPH Gun Safety Dashboard on Violent Deaths & Firearm Injuries](#) – The goal of the dashboard is to inform data-driven prevention and intervention efforts to reduce violent deaths and firearm injuries in Illinois
- <https://app.smartsheet.com/b/form/7d9c7671a3b84905bd15f94551ae7a47>

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