

Social Justice Brief

CONTRIBUTORS:

Jeremy Arp

Executive Director, NASW Arizona

Rebecca Gonzales

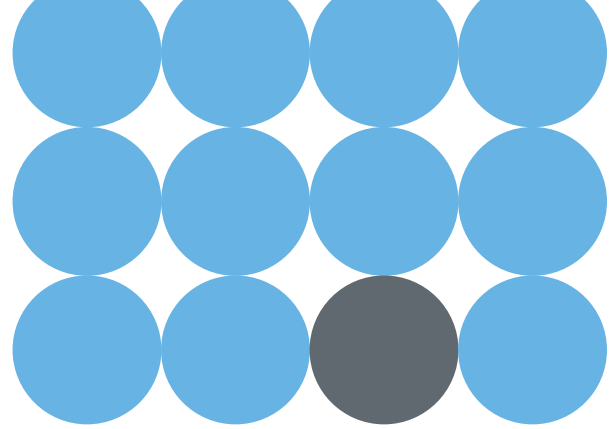
Director of Government Relations,
NASW California

Marc Herstand


Executive Director, NASW Wisconsin

Mel Wilson

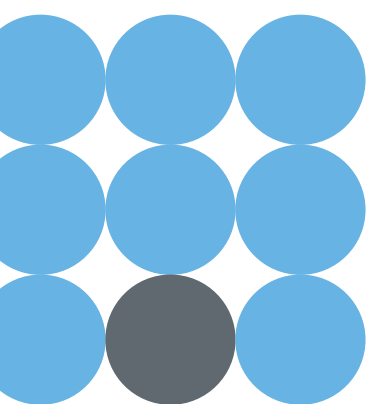
Manager, NASW Department of Social
Justice and Human Rights



Gun Violence in the American Culture



The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.



Gun Violence in the American Culture

America has been devastated by gun violence for decades in both urban and rural communities. Recently a significant number of Americans have become concerned about the pervasiveness and almost normalization of gun violence. We can point to three examples of gun violence that have been the impetus for a movement to bring about reforms in gun ownership: the shooting of James Brady during the assassination attempt on Ronald Reagan in 1981, the shooting of Congresswoman Gabby Giffords in 2011, and the more general increase of highly publicized gun-related mass killings between 2006 and 2017.

The dramatic explosiveness of mass murders—especially those linked with terrorism—has captured most of our attention over the years, but as gun violence prevention advocates we should focus on the pervasiveness and demographic complexity of gun violence. This violence—in its many forms—affects every segment of the United States regardless of age, ethnicity, race, or other demographic categories.

The purpose of this brief is to look at gun violence from a public health context. We also intend to examine the problem from a social work perspective by analyzing it from a social determinant of health viewpoint related to gun violence's psychosocial impacts on various sub-populations.

Background

The debate over curtailing gun violence is very much tied to the national debate over gun violence prevention. Early on, the dispute was framed as what some assume to be a Second Amendment right to bear arms (many

other Americans disagree with the prevailing interpretation of the Second Amendment) versus the need for regulation of gun ownership. In an effort to avoid the trap of being accused of advocating for gun control, anti-gun violence activists have been fairly successful in reframing the discussion as a *gun rights* versus sensible gun policies debate.

The national movement to curb gun violence from a perspective of public health was an important departure from the gun control position. As the head of the American Public Health Association (APHA) stated, "We're not debating the constitutionality of firearms—that exists. Firearms exist and people get hurt and die from firearms. There are ways for us in a nonpolitical manner to make people safer with their firearms in a society" (para. 3).

The APHA statement is another example of a strategic step to get around being allegedly in favor of trying to take guns away from Americans. Instead, making public health the central focus helps to shape a sensible gun

laws debate as a concern for preventing gun-related deaths and injuries. Couching the debate in a public health frame also facilitates and justifies the call for a public-private collaboration to apply public health principles to responding to the gun violence crisis.

There are ample data to justify declaring gun violence a public health crisis. For example, the combined number of Americans either killed or injured each year by guns is 114,914 (33,880 killed and 81,114 injured). By comparison, during 2013, over 33,000 people died from auto accidents. Similarly, a 2009 study indicated that there were 41,000 deaths each year among adults from secondary cigarette smoke.

Overview of Gun Violence Statistics in the United States

According to a study by the Brady Campaign to Prevent Gun Violence,

- » Every day, 309 people are shot in murders, assaults, suicides and suicide attempts, unintentional shootings, and police interventions.
- » Of those, 93 people die from their injuries.
- » This adds up to 33,880 cases of death and 81,114 cases of injury per year.

Public Health & Public Health Social Work

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection, and control of infectious diseases. Overall, public health is concerned with protecting the health of a population, whether it's a local neighborhood, an entire country, or a region of the world.

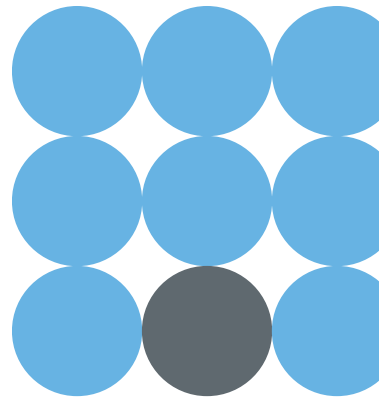
Public health social work is a contemporary, integrated, trans-disciplinary approach to preventing, addressing, and solving social health problems. Over 100 years old, it draws on both social work and public health theories, frameworks, research, and practice. Public health social work is about prevention; uses multiple methods, including research, policy, advocacy, clinical, and macro approaches; works across population levels, from individuals to groups, communities, and whole populations; is strengths-based; and emphasizes resilience and positive factors to promote health and reduce risk.

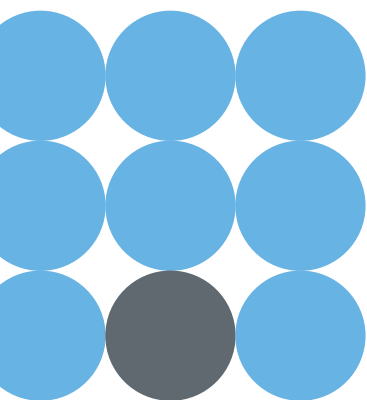
Population Health & Social Determinants of Health

The problem of gun violence should be seen from a population or subpopulation epidemiology point of view. The following is a demographic review of the frequency of gun violence:

Urban Gun Violence

It should not be surprising that there are geographical determinants for exposure to certain types of gun violence. Certainly, gun violence in major urban areas, often associated with youth gangs, must be discussed. It is well known that gun violence among young black men in major U.S. cities is unacceptably high. As a result, young black men are nearly six times more likely to die from homicide than young white men; 82 percent of homicides of young black men were the result of gun violence. Among the nonblack population, most gun deaths are ruled accidental or the result of suicide, with only 34 percent of gun deaths determined to be murder.





Other related statistics on this issue:

- » Firearm homicide is the leading cause of death for African Americans between the ages of one and 44;
- » African Americans make up nearly 13 percent of the U.S. population, but in 2009 suffered almost 24 percent of all firearm deaths—and over 54 percent of all firearm homicides.
- » In all, African Americans have the highest rate of gun deaths per 100,000 people as compared to other races/ethnicities. In the public health context, being young, black, and living in a low-income urban area is a social determinant of health because of the relatively high risk of being injured or slain by a firearm.

It should be added that homicides are also a leading cause of death for Hispanic men. In fact, gun violence among young men of color far outpaces that of young white men. The data show that among 10- to 24-year-olds, homicide is the leading cause of death for African Americans; the second leading cause of death for Hispanics; and the third leading cause of death for Native American and Alaska Natives.

Gang Violence

The existence of youth gangs and gun violence associated with gangs should not be overlooked. In reviewing the Office of

Juvenile Justice and Delinquency Prevention reports, gangs, gang membership, and gang-related homicides all increased between 2007 and 2012. During that same time, there was a significant decline in gang activity in smaller cities. These data suggest that there was an increase in the concentration of gang activity in larger metropolitan areas.

Further exacerbating gun violence within the street gang culture is the illicit drug trade, in particular the opioid crisis. For example, in New Orleans, there were 252 shooting incidents through June of 2017. This represented a large increase from the previous year. Although there may be other explanations for the increase, New Orleans police believe that it is directly related to an increase in gang violence due to attempts to control the opioid street trade.

Gun-Related Suicides

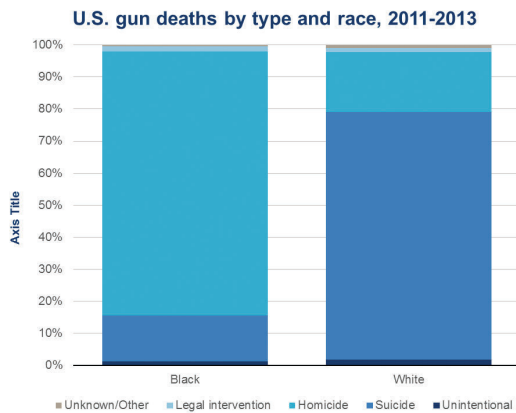
Suicide represents the largest percentage of gun deaths on an annual basis. Every year approximately 22,000 people kill themselves with guns. In addition, suicide is the second most common cause of death for Americans between the ages of 15 and 34, according to the Centers for Disease Control and Prevention (CDC). Across all ages, it is the 10th most common cause of death and caused 1.6 percent of all deaths in 2012.

In looking at all gun deaths in America; a clear and distinct racial pattern emerges. It has been found that most whites who die from gunshots do so by committing suicide, whereas a similar proportion of blacks killed by a gun die because of a homicide. There is a similar geographic split for gun-related suicides compared with gun-related homicides. More gun homicides happen in ethnically diverse

GANG MAGNITUDE INDICATORS

| Indicator | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------------------|---------|---------|---------|---------|---------|---------|
| Gangs | 27,300 | 27,900 | 28,100 | 29,400 | 29,900 | 30,700 |
| Gang members | 788,000 | 774,000 | 731,000 | 756,000 | 782,500 | 850,000 |
| Gang-related homicides | 1,975 | 1,659 | 2,083 | 2,020 | 1,824 | 2,363 |

Source: Office of Juvenile Justice and Delinquency Prevention



Note: These figures have all been calculated using a 2011-2013 average to smooth single-year fluctuations.
Source: CDC Injury Prevention & Control database.

BROOKINGS

urban areas, whereas most suicides occur in the rural areas that are predominantly white. Such data are very important from a public health standpoint. They speak directly to social determinants of health in patterns of gun-related deaths and injuries.

Suicides Risks of Older White Males

Looking at suicide from a population viewpoint, it is evident that age, gender and race are key variables that need to be considered. In general, suicide is more prevalent among whites than other ethnic or racial groups in the United States. In particular, middle-aged and older white men.

In 2015, the highest suicide rate (19.6) was among adults between 45 and 64 years of age. The second highest rate (19.4) occurred in those 85 years or older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2015, adolescents and young adults aged 15 to 24 had a suicide rate of 12.5. Taking into account that gun suicides are more common than gun-related homicides-accounting for 64 percent of all gun deaths in 2012.

Effective prevention of gun-related mortality and morbidity is to gain a deeper understanding of cultural factors that contribute to high risk. In the case of the rising suicide rates for older white men, there appears to be an intersection between reasons for suicide with older Americans per se, and factors that are unique to older white men. Though there is no definitive and conclusive research on causation, there are life-events that are linked to clinical depression and, in turn, suicide risk among the elderly:

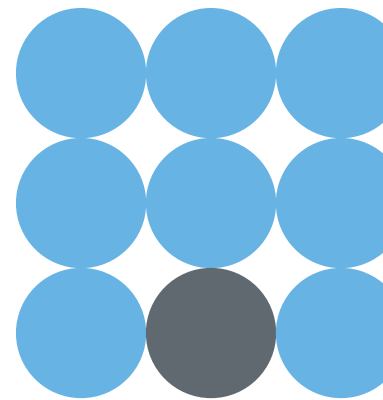
- » The recent death of a spouse, family member or friend
- » The fear of a serious chronic illness
- » Social isolation and feelings of loneliness
- » Major life changes, particularly retirement

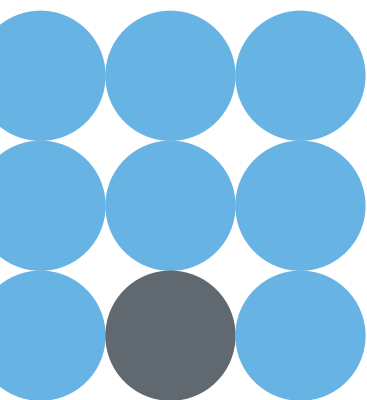
Culture-based risk factors that appear to be specific to older white men-especially associated with higher rates of deaths within this sub-population include:

- » Men of all races and ethnicities are more likely to die by suicide than women.
- » Although women attempt suicide at a greater rate than men, the mortality rate of suicide is significantly higher among white men than women.
- » The age adjusted suicide rate in white men was almost four times as high as that of white women.

White men are more likely to use highly lethal methods such as guns and hanging. Women are more likely to attempt suicide by methods that can be reversed, such as drug overdoses and poisoning.

Clearly, there is a need for more research and demographic analysis- which control for age, gender, race and cultural variations- on changes in the prevalence of gun-related suicide attempts and deaths.





Mass Murders

The technical definition of mass murder is four or more murders that happen during one incident with no periods of reflection or “cooling off” by the assailant(s) between the murders. Often, a mass murder occurs at one single location. Although a mass murder can be a dramatically tragic event—as when 49 people were killed in the Pulse nightclub in Orlando, Florida—a shooting of multiple people often garners limited, if any, headlines in the media. High-profile shootings such as the June 14, 2017, shooting of a congressman and four others at a baseball practice by a lone gunman understandably get national headlines and news coverage. However, there is certain irony to the fact that on the same day, a gunman in San Francisco shot and killed three people before committing suicide. Only several weeks prior to that mass killing, a Mississippi shooter killed six people. There was very limited press coverage of the San Francisco and Mississippi shootings beyond the initial reports. The point is that except for the highly dramatic mass murders, the deaths and injuries from workplace and domestic violence mass shootings have become mundane and far too ordinary.

However, statistically, mass shootings are a relatively small part of the 30,000 or more people who are killed by guns annually. People killed in mass shootings make up less than half of 1 percent of the people shot to death in the United States.

Children’s Exposure to Gun-Related Deaths and Injuries

» According to the scientific literature, American children face substantial risks of exposure to firearm injury and death. In

2014, 4,300 young people between the ages of 10 and 24 were victims of homicide—an average of 12 each day; 2,647 died from their injuries.

- » Firearms kill almost 1,300 American children—under 18 years of age—each year, and boys and black children are most often the victims, a U.S. study finds.
- » Of the gun-related deaths of children under eighteen, 50 percent were homicides, 38 percent were suicides, and 6 percent were fatalities from accidental gun injuries.
- » Each year, guns seriously wounded about 5,800 additional youngsters under 18.
- » An emergency department visit for nonfatal assault injury places a youth at 40 percent higher risk for subsequent firearm injury.
- » Among children, the majority (89 percent) of unintentional shooting deaths occur in the home. Most of these deaths occur when children are playing with a loaded gun in their parent’s absence.
- » In states with increased gun availability, death rates from gunshots for children were higher than in states with less availability.

Research also suggests that children are more likely to die or suffer injuries from accidental gun shots. We have already established that black Americans are significantly more likely than white Americans to be gun homicide victims. However, it is also true that black Americans are only about half as likely as their white counterparts to have a firearm in their home (41 percent versus 19 percent)—and Hispanics are less likely than African Americans to be gun homicide victims and half as likely as whites to have a gun at home (20 percent). The inference from these data is that there are population based disparities about the type of gun violence risk to which

American children are exposed. For example, white children have a higher risk to be a victim of an accidental shooting, black children have a higher risk of being a victim of homicide.

Early Childhood Trauma

Children are particularly vulnerable when it comes to gun violence both as direct victims and as being traumatized by the exposure to the deaths of family members, friends, and neighbors. For example, there have been many studies about early childhood trauma in young children from neighborhoods in major U.S. cities with a persistently high rate of gun violence. Social workers have responded to the interrelatedness of gun violence and early childhood trauma. During a recent conference on the public health aspects of gun violence at the University of Southern California Suzanne Dworak-Peck School of Social Work, a panelist stated that “the brains of young kids do not develop the way they were biologically destined to if they live in neighborhoods pervaded with trauma, especially gun violence and similar activities. We have tens of thousands of kids in this community who are never going to grow up to fulfill who they’re meant to be. You [social workers] have a central role in changing that. The cause of combating gun violence is not just for a lawyer or a lawmaker or a prosecutor—it’s for you” (para. 13).

The city of Chicago is fairly or unfairly often used as the nation’s paradigm for inner city violence. A recent article on the impact of persistent exposure to gun violence made the point that the destruction caused by gun violence in Chicago’s most vulnerable and poorest neighborhoods is almost secondary

to the trauma of seeing repeated acts of violence and experiencing the deaths of loved ones, and can be compared to being in a war zone. These experiences result in increased incidence of posttraumatic stress disorder and early childhood trauma.

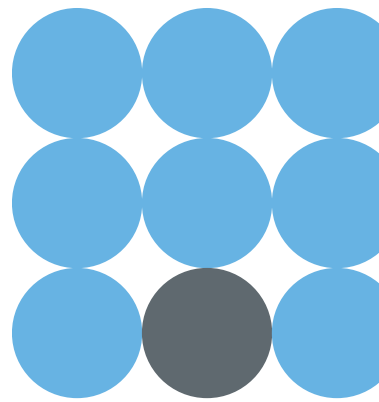
According to a 2012 report, trauma experienced early in life significantly increases risks for and severity of posttraumatic mental health disorders. As is well known, such trauma could compromise children’s long-term psycho-emotional development, which could result in problems in adulthood, including anxiety disorders and drug abuse. The report reinforces the conclusion that children seeing urban gun violence on a regular basis can develop symptoms similar to those of combat veterans. Worse still is that many low-income communities of color often lack access to mental health care resources.

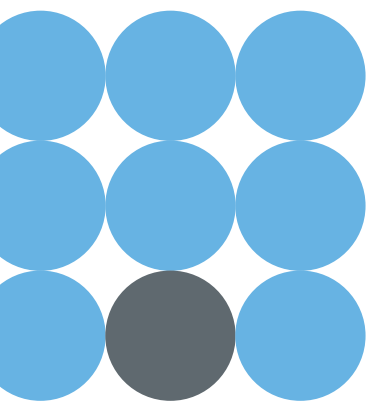
Victims of Domestic Violence

There are compelling data that domestic partner violence, especially against women, is a population-specific problem. As is true with all the sub-populations that have high risks for exposure to gun violence, domestic partner shootings are preventable. The data on domestic violence in the United States indicate that

- » more than half of the women killed with guns are murdered by their partners.
- » every month, 50 women are shot and killed by a current or former boyfriend or spouse.
- » 57 percent of mass shootings involved a partner or other close family member who was killed.

Based on a 2016 Associated Press analysis of national and state law enforcement data,





an average of at least 760 Americans are shot to death by current or former partners annually, and some believe that these numbers are possibly higher. Approximately 75 percent of the victims in domestic violence shootings are the current wives or girlfriends of the men who attacked them.

That victims of gun violence stemming from domestic partner abuse are predominantly women is significant to the discussion of population-based public strategies as well as shaping current gun ownership laws at the federal and state level.

Mental Health as a Factor in Gun Violence

The link between mental illness and gun violence has been debated for many years. For example, the 1968 Gun Control Act barred anyone who had a history of being committed to a psychiatric hospital or had been adjudicated as being a “mental defective” from purchasing firearms. In 1993, the Brady Handgun Violence Prevention Act reinforced that prohibition. It has only become more strictly enforced in the intervening years, with the passing of the National Instant Criminal Background Check Improvement Act in 2008, as well as by statewide initiatives. According to the Gallop Poll, many people believe that mass shootings are caused by a failure of the mental health care system as opposed to the easy access to guns. In the same poll, 80 percent of the respondents indicated their belief that mental illness—to a degree—is the root cause of such incidents.

The best estimates are that people with serious mental illness are three times more likely than those who are not mentally ill to commit violent acts against themselves or others. However, only about 2.9 percent of all people with serious

mental illness commit violence. And of that group, gun violence plays a limited role. Perhaps 4 percent of all firearm homicides, according to research as recent as last year, can be linked to serious mental illness.

There is a valid resistance to using one’s history of mental illness to restrict access to purchasing guns. As an alternative, some mental health advocacy organizations have recommended the use of behavior criteria based on more defined indicators of potentially dangerous behavior, such as a substance abuse disorder or a history of child abuse or domestic violence. A drawback to relying on the behavior criteria is that clinicians’ abilities vary in accurately identifying which behaviors predict violence.

Easy Access to Guns

There are 300 million guns in the United States, roughly twice as many per capita as there were in 1968. Most advocates for the end to gun violence would agree that one preventive measure would be to reduce access to firearms, especially high-powered and high-capacity assault rifles. It has also been suggested that a key factor in reducing gang-related gun violence is curtailing access to hand guns. Therefore, there is strong advocacy for strengthening policies and enforcement to greatly reduce trafficking of illegal guns. By law, felons and juveniles cannot purchase guns. Consequently, there are thriving gun trafficking markets in most major U.S. cities. Five out of every six firearms used in crime were illegally obtained. However, almost all guns used in crimes were originally purchased legally on the gun market. This means that licensed firearms dealers are directly or indirectly involved in diverting guns into the illegal gun markets.

The illegal gun market consists of both gun trafficking rings that acquire guns as legitimate purchases or by gun thefts, and individuals who purchase guns for convicted felons or youths. This includes the purchases of high-powered and high-capacity assault weapons as well as cheap hand guns. The result is that there is an almost unfettered availability of guns to youths and convicted felons in large cities.

Gun Policies, Laws, and Legislation

NASW and other public health advocates have assertively taken the position that the issue of gun violence is distinct and separate from the right to own firearms. The imperative, as with all past and current national life-threatening health crises, is to mobilize stakeholders to prevent and greatly reduce gun-related deaths and injuries. For that reason, we support sensible gun laws and policies that are aimed at keeping weapons out of the wrong hands, sensible regulations limiting access to high-powered assault firearms and high-capacity magazines, and promoting gun safety that includes penalties for negligent exposure of children to loaded firearms.

Prohibitions on Conducting Research on Gun Violence

Rep. Jay Dickey (R-AR) led a 1996 enactment of an amendment that had long-term impacts on gun violence research. The Dickey Amendment assured the prohibition of public funding of gun violence research and human embryo research by the CDC and the National Institutes of Health (NIH). The amendment does allow the CDC to maintain surveillance data on gun injuries and deaths, but it has not been able to fund studies aimed at reducing harm from guns since 2001.

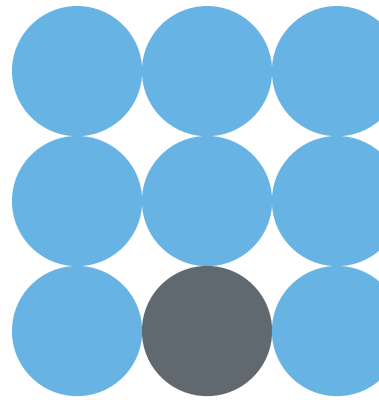
The implications of restrictions on gun violence research are far-reaching. Communities and sub-populations at risk of gun violence face different issues depending on their racial, cultural, socioeconomic, and geographical demographics. To plan and implement gun violence prevention models, it is critical that empirical research is conducted to help identify population-specific risk factors, the community's perception of its risk for gun violence, and analysis of prevalence of gun violence within a sub-population in comparison with that of the general population.

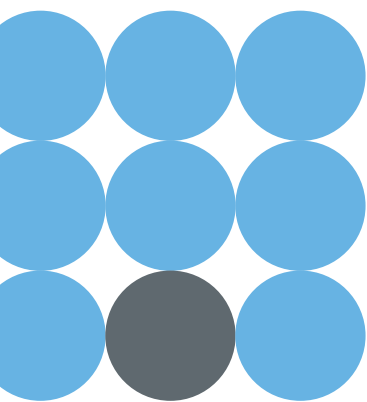
Existing Legislation

Federal law covers many requirements for federally licensed firearms dealers:

- » Performing background checks on prospective firearm purchasers
- » Maintaining records of all gun sales
- » Making those records available to law enforcement for inspection
- » Reporting certain multiple sales
- » Reporting the theft or loss of a firearm from the licensee's inventory.

However, the federal background check law does not apply to *unlicensed* sellers. This leaves a gaping loophole in federal oversight of universal background checks. The Gun Control Act of 1968 stated that persons "engaged in the business" of dealing in firearms had to be licensed. Because the term "engaged in the business" was ambiguous, the 1986 Firearms Owners' Protection Act sought to clarify it. However, in so doing the act excluded an individual who "make[s] occasional sales, exchanges, or purchases of firearms for the enhancement of a personal collection or for a hobby, or who sells all or part of his personal collection of firearms" (p. 2). This exclusion





allowed people to sell guns at gun shows or even out of the back of their cars without having to complete a background check.

It should be noted that 18 states and the District of Columbia have extended the background check requirement beyond federal law to some private sales. Eight states and the District of Columbia require universal background checks at the point of sale for all transfers of all classes of firearms, including purchases from unlicensed sellers. Two other states have the same law, but sales are limited to handguns. Four states require anyone who buys a firearm, including when bought from an unlicensed seller, to obtain a background check.

Policies to Reduce Gun Violence

In a broader sense, gun violence prevention falls under the spectrum of overall violence in the United States. Therefore, a consensus public health goal for reducing violence is both necessary and essential. The caveat is that we must recognize that a “one size fits all” prevention model does not exist. Many variables must be considered when fashioning violence prevention programs. For instance, we know that the factors that cause gun violence are demographically and geographically diverse. Therefore, the content and messaging in gun violence prevention programs must be tailored to diverse sub-populations. Along those lines, there are national violence prevention guidelines that are applicable to our discussion on public health-based gun violence prevention strategies and mobilization. The following is a synopsis of Public Health Goals for Violence Reduction that emerged out of a symposium headed by the National Center for Domestic and Sexual Violence.

The first step in preventing and reducing gun violence is to come to a national consensus that this is indeed a public health emergency. Therefore, the guidelines suggest that (a) there must be visible, high-level leadership that prioritizes the need for gun violence prevention; (b) it is important to prioritize a balanced (considering all demographic variables) approach to primary prevention of gun violence; (c) there should be a focus on any perceived or actual disparities and the role of social determinants that increase the risk for gun violence in a given community, including racism and poverty; and (d) to mobilize support by reframing the issue of gun violence as a national-level problem that involves all segments of society, and not simply a problem for an isolated American group.

Interdisciplinary and Public-Private Collaborations

The importance of participating in a collaborative mobilization of federal and state government; interdisciplinary stakeholders from medical, behavioral health, and social services leadership; and affected communities cannot be overstated. Organized collaboration to address a national emergency has proven to be effective in the past, and will likely be effective on the issue of preventing gun violence.

In planning for prevention of gun violence, public health adherents have to recognize the influence of social determinants of health on gun violence. These influences—such as cultural differences related to gun ownership, racism and poverty, and mental health—are concerns that disproportionately affect sub-populations. If these determinants are not recognized and addressed, they can undermine prevention strategies. There is a

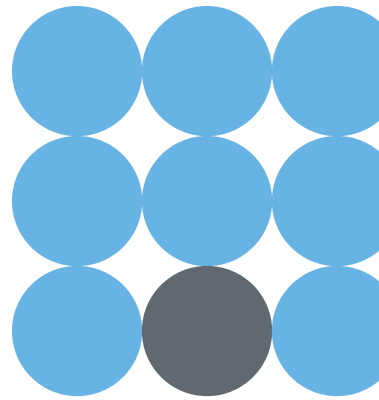
disproportionately large impact of gun violence on emotionally vulnerable and distraught individuals, young people, low income populations, and people of color. Understanding how the social determinants within these vulnerable communities affect risk for gun violence and how they influence, where, and why gun violence occurs is essential for public health professionals to implement effective prevention strategies.

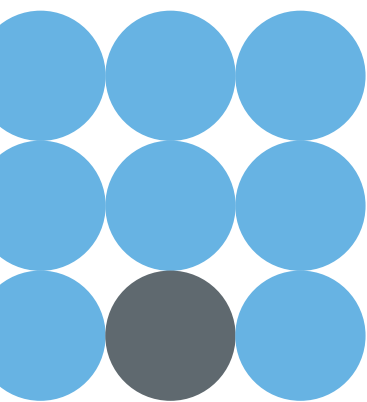
Conclusion & Recommendations

The social work profession has a long history of working with medical professionals on responding to national public health crises. Social workers have played a prominent role in prevention and early intervention during the HIV/AIDS epidemic, and—more recently—joined other stakeholders in responding to the opioid crisis. In addition, our profession recognizes the public health model of social determinants of health to understand and manage public health problems that have multicultural, socioeconomic, and geographical variations. Therefore, it should not be surprising that social workers are at the forefront in responding to the national gun violence crisis.

With that in mind, NASW agrees with anti-gun violence advocates that a collaborative effort is necessary to develop sensible gun violence prevention laws, regulations, and policies. NASW embraces the following **recommendations** that we feel can lead to significant reductions in deaths and injuries from guns:

- » Use of population-based social determinants of health models to develop prevention messages according risks influenced by cultural, geographical, and psychosocial variation in exposure to gun violence.
- » The universal application of waiting periods between the purchase of a firearm, and actually taking possession of that weapon. Waiting periods allow sufficient time to perform a background check and create a cooling-off period to prevent impulsive acts of violence—especially in domestic violence situations and when people contemplate suicide. Waiting periods are imposed by state legislation—currently, there is no federal waiting period. We believe that needs to change.
- » **Lethal Violence Protection** laws—which some states have passed—designed to provide families avenues to protect themselves; their loved ones; and, in some cases, the community from gun violence. These laws are driven by demonstration of imminent personal injury to self or others. For example, if a court imposes a one-year order, the individual could have gun rights restored whenever the crisis or threat to self or others has passed. Research suggests that as many as 100 suicides may have been prevented by **Lethal Violence Protection** laws designed to prevent children from accessing guns.
- » Child Access Prevention (CAP) laws. Studies have shown that states with CAP laws have a lower rate of unintentional death than states without such laws.
- » Federal and local governments and community stakeholders in large metropolitan areas should collaborate to address the causes of gang-related violence.
- » Reviewing criteria for determining risks or danger posed to self and others due to serious mental illness.
- » Developing and expanding trauma-informed clinical best practices for diagnosing and treating early childhood trauma from exposure to gun violence. This includes





developing trauma-informed schools, in which administrators are prepared to recognize and respond to students affected by traumatic stress.

- » Extending gun purchase and possession prohibitions to people known to be at a high risk of committing firearms-related or violent crimes, such as violent misdemeanants, alcohol abusers, and juvenile offenders who committed serious crimes.
- » Banning assault weapons and high-capacity ammunition magazines.
- » Establishing a universal system of background checks for anyone buying a firearm or ammunition.
- » Regulating guns and gun safety devices as consumer products by requiring the inclusion of product safety features, such as loading indicators and magazine disconnect mechanisms, and testing these products for safety prior to sale.
- » Encouraging the development of new technologies that will increase gun safety, such as personalized guns.
- » Removing all gag rules that apply to clinical encounters, because patients and providers must be free to discuss any issue, including gun safety.
- » Building an evidence-based approach to gun violence prevention, including restoration of funding and training for epidemiological research in the area of causes and effects of gun violence, mostly through the NIH and the CDC.
- » Requiring law enforcement oversight of gun dealerships and ammunition sellers, who should be held accountable for negligence in the marketing or sale of these products.

Gun Violence Prevention Resources

American Public Health Association

<https://apha.org>

Brady Campaign to Prevent Gun Violence

www.bradycampaign.org

Doctors for America

www.dr sforamerica.org

Gun Violence Achieves

www.gunviolencearchive.org

Law Center to Prevent Gun Violence

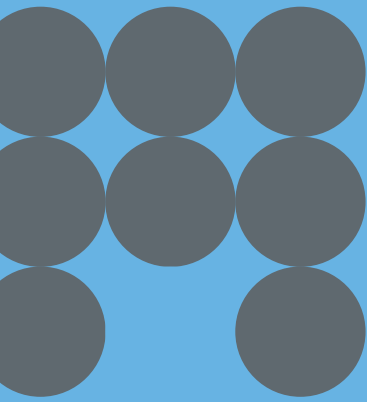
<http://smartgunlaws.org/category/gun-studies-statistics/gun-violence-statistics>

Public Health Social Work

<http://publichealthsocialwork.org>

National Coalition Against Domestic Violence

www.ncadv.org



NASW Resources

NASW » [SocialWorkers.org](https://www.socialworkers.org)

NASW Foundation » [NASWFoundation.org](https://www.naswfoundation.org)

NASW Press » [NASWPress.org](https://www.naswpress.org)

NASW Assurance Services, Inc. » [NASWAssurance.org](https://www.naswassurance.org)

NASW Center for Workforce Studies » [Workforce.SocialWorkers.org](https://workforce.socialworkers.org)

Help Starts Here » [HelpStartsHere.org](https://helpstartsHere.org)

Social Work Reinvestment Initiative » [SocialWorkReinvestment.org](https://www.socialworkreinvestment.org)

Social Work Policy Institute » [SocialWorkPolicy.org](https://www.socialworkpolicy.org)

Social Work Portal » [SocialWorkers.org/swportal](https://www.socialworkers.org/swportal)

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