Social Work Practice and Gun Safety in the United States: Are We Doing Enough?

Patricia Logan-Greene
Mickey Sperlich
Adair Finucane

Abstract: Public policy debate about guns continues in the United States, with many professional organizations taking strong stands in policy statements. Moreover, many clinical organizations have provided recommendations for practitioners to use with clients to encourage gun safety in the home, particularly for vulnerable populations such as families with young children and those at risk of suicide. Social workers are in an excellent position to encourage gun safety with some of the most at-risk populations; however, clinical guidelines and research on preventing gun violence has lagged in social work compared to other disciplines. In this article we examine the importance of gun safety for social work clients (with special attention to families with children, families experiencing violence, and individuals at risk of suicide), consider the recommendations made by other professional organizations, and provide some initial thoughts about how social workers might engage with the families they serve to reduce the incidence of gun violence.

Keywords: Gun safety; firearms; violence prevention; suicide; social work

In 2015, 36,252 persons in the United States died as result of firearms, which represented nearly 17% of all injury deaths recorded (Centers for Disease Control and Prevention [CDC], 2017). Gun deaths in the United States are an outlier compared to other developed nations; a recent study demonstrated that US gun homicide rates were 25 times higher than our peer nations, and firearm-related suicides were 8 times higher (Grinshteyn & Hemenway, 2016). While firearm-related fatalities in the United States are high, it is estimated that two-thirds of those who are victims of firearm violence survive their injury, a phenomenon that has been described as a "hidden epidemic" (Bernstein, 2017; Kalesan et al., 2017). Given the abiding concern about gun violence in the US, a public health social work perspective (Keefe & Jurkowksi, 2013; Ruth, Sisco, & Marshall, 2016) that focuses on recognizing, preventing, and addressing the problem of gun violence is warranted (Arp, Gonzales, Herstand, & Wilson, 2017), and is consonant with gun policy responses from other sectors, including psychology, public health, psychiatry, nursing, pediatrics, and medicine (American Academy of Pediatrics, 2016; American Medical Association, 2016; American Psychiatric Association, 2014; American Psychological Association, 2017; CDC, 2014; Pinals et al., 2015). In this paper, we use "firearm" interchangeably with the word "gun," to be consistent with common usage in research and lay writing. However, the legal definition of "firearm" implies a shotgun, rifle, or long gun.

Public health social work is a framework that integrates public health with the values and techniques of social work (Keefe & Evans, 2013). The public health approach to

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Patricia Logan-Greene PhD, MSW is an Assistant Professor, School of Social Work, SUNY University at Buffalo, Buffalo, NY 14260. Mickey Sperlich PhD, MSW, CPM is an Assistant Professor, School of Social Work, SUNY University at Buffalo, Buffalo, NY 14260. Adair Finucane MSW is a Research Assistant, SUNY University at Buffalo, Buffalo, NY 14260.

violence prevention uses multidisciplinary data to address the problem, identify risk and protective factors, and design prevention strategies (CDC, 2015). The social work perspective complements the public health approach by bringing foci to nested levels of influence, including micro, mezzo, and macro practice.

The purpose of this review is to assess the state of gun violence research, highlight the need for broader social work engagement, and to focus specifically on the ways in which social work practitioners can help keep their clients safe within a micro practice framework. For the purposes of this review, we focus on families with children, families experiencing domestic violence, and individuals at risk of suicide.

The State of Gun Violence Research

A recent systematic review of clinician attitudes, screening practices, and firearm injury reduction interventions in the US found that the current literature in this area is not particularly high quality, and recommended more large-scale and adequately funded research (Roszko, Ameli, Carter, Cunningham, & Ranney, 2016). Of the 72 articles included in the review, social work scholarship was comparatively underrepresented; the majority of the research was undertaken by professionals in medical settings, predominately pediatrics, and only two articles covered research in social work settings (Slovak & Brewer, 2010; Slovak, Brewer, & Carlson, 2008).

This relative lack of social work scholarship on gun violence can been seen in other venues that highlight social work research, including our professional conferences. In a recent meeting of the Society for Social Work and Research, the number of abstracts that contain the words "firearm" or "gun" has been very low. Between 2009 and 2016, there were no more than three per year; though the number has increased to six in 2017 and five in 2018, it still reflects a paucity of effort compared to other fields. Moreover, in the four journals produced by the National Association of Social Workers (*Children and Schools*, *Health and Social Work*, *Social Work*, and *Social Work Research*), only 35 articles have been published to date that contain either of those terms. This may be partially due to the fact that many social work researchers are working across sectors with other disciplines, and their scholarship may not be reflected in social work conference abstracts or in social work journals. Some of this research has included firearm-related topics such as sociological autopsy of firearm suicide (Slater, 2011), suicide ideation and intent (Freedenthal, 2008), suicide among the geriatric community (Adamek & Kaplan, 1996; Slovak, Pope, & Brewer, 2016), an editorial piece on gun violence following the Virginia Tech shootings (Jenson, 2007), and an exploration of the etiology of school shootings (Mongan, Hatcher, & Maschi, 2009).

Because gun violence is a multi-faceted problem, multi-faceted research is needed. However, research that directly impacts the micro practice role of social workers is particularly needed given the fact that social workers provide more direct mental health services to individuals than any other mental health profession. According to the United States Department of Labor Bureau of Labor Statistics (n.d.), there were 682,100 individuals working as social workers in the US in 2017, versus 260,200 working as mental health counselors and 166,600 working as psychologists. As such, we would hope to see

more research specifically looking at screening for gun ownership and safety. To our knowledge, only one representative sample of social workers has ever been surveyed about knowledge, attitudes, and behaviors towards screening for guns (Slovak & Brewer, 2010; Slovak et al., 2008).

One possible reason for the paucity of studies has likely been the dearth of funding for firearm-related social science research, extending back to the 1990s. In 1993, an article published in the *New England Journal of Medicine* reported findings of a study funded by the CDC (Kellermann et al., 1993). In an analytic review of 1,860 homicides, Kellerman and colleagues found that the presence of a gun in the home was a strong and independent risk factor for homicide, controlling for illicit drug use, prior arrests, and domestic violence (see also Kellermann, Somes, Rivara, Lee, & Banton, 1998). The researchers' conclusion was that, rather than being an effective means of protection, guns instead posed a substantial threat to household members.

These pronouncements from a federally-funded agency prompted the National Rifle Association (NRA) to support the development of language in Congress's 1996 Omnibus Consolidated Appropriations Act (Jamieson, 2013). This act mandated a prohibition on any funding by the National Institutes of Health (NIH) that might pose a "restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control." An amendment introduced by U.S. House Representative Jay Dickey (R-AR; the "Dickey Amendment") further specified that "none of the funds made available for injury prevention and control at the Centers for Disease Control may be used to advocate or promote gun control" [Omnibus Consolidated Appropriations Act of 1997, 110 Stat. 3009, 3009-244 (1996) (This public law was not codified in the United States Code)]. This policy has had a chilling effect on research directed toward understanding firearm injury in the US. The lack of research has stymied efforts to contextualize gun violence in the US, and has gone so far that Dickey himself expressed regret at the situation. In an op-ed co-authored in 2012 with Mark Rosenberg, who was director of the CDC's National Center for Injury Prevention and Control at the time the Dickey amendment was enacted, Dickey and Rosenberg (2012) wrote:

> Since the legislation passed in 1996, the United States has spent about $240 million a year on traffic safety research, but there has been almost no publicly funded research on firearm injuries. As a consequence, U.S. scientists cannot answer the most basic question: What works to prevent firearm injuries? (…) We were on opposite sides of the heated battle 16 years ago, but we are in strong agreement now that scientific research should be conducted into preventing firearm injuries and that ways to prevent firearm deaths can be found without encroaching on the rights of legitimate gun owners. The same evidence-based approach that is saving millions of lives from motor-vehicle crashes, as well as from smoking, cancer and HIV/AIDS, can help reduce the toll of deaths and injuries from gun violence. (paras. 12-15)

In 2013, in the wake of the mass shooting at the Sandy Hook Elementary School in Newtown, Connecticut, President Obama issued an executive order that the CDC resume research into "the causes of gun violence and how to prevent it" (Engaging in Public Health

Research on the Causes and Prevention of Gun Violence, 2013, p.1). However, this has had little effect. A CDC spokesperson, Courtney Lenard, in a statement to the Washington Post in January 2015 noted that the CDC had possible research goals but lacked funding to pursue such goals. Her statement outlined that it is "possible for us to conduct firearm-related research within the context of our efforts to address youth violence, domestic violence, sexual violence, and suicide, but our resources are very limited" (Frankel, 2015, para. 6).

In March of 2018, a legislative report that accompanied the Omnibus US spending bill included wording that read (reported by Keneally for ABC News, 2018):

> While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence. (Recent Actions, but No Changes section, para. 8)

Editorial comments following this announcement expressed pessimism that such a statement would increase research into gun violence due to the fact that: a) the original Dickey amendment language is still in place, and b) no federal funding was appropriated for gun research in 2018 (e.g., Greenfieldboyce, 2018; Killough & Walsh, 2018; Weixel, 2018). In short, Congress has not acted on calls to reverse the CDC funding freeze, despite public outcry following recent mass shootings like the Orlando nightclub massacre (Barry, 2016) or the school shooting at Marjory Stoneman Douglas High School in Parkland, Florida (e.g., Blaskey, 2018; Cunningham, 2018).

Given that many social scientists use U.S. federal funding to conduct research, it is understandable that research has been limited in social work as well as other disciplines. Indeed, the lack of good data for firearm violence is frequently lamented by policy-makers and researchers (e.g., Bushman et al., 2016; Foran, 2016), meaning that conclusions must be drawn from smaller or dated studies. However, there have been reports of impactful analyses despite the unavailability of federal support. For instance, research looking at the relationship between gun ownership and firearm homicide rates in the U.S. using publically available databases essentially replicated findings from the 1990s that demonstrated increased rates of firearm homicide in relation to increased rates of gun ownership (Siegel, Ross, & King, 2013). Regardless of the disciplinary foci of the research in this area, it is clear that there are significant concerns that warrant social work attention to gun violence and gun safety. Following, we briefly review the research on three vulnerable populations to illustrate how social workers in direct practice may work to prevent gun injury.

Children and Firearm Injury

Firearm deaths, whether from accident, homicide, or suicide, pose a serious threat to children in the United States. In 2009, 20 children were hospitalized every day for firearm injury, with the majority being males (Leventhal, Gaither, & Sege, 2014). Older children and adolescents (ages 13-17) may be more at risk for violent, *intentional* injuries by firearms, whereas younger children (10 and under) are more likely to sustain *unintentional* injuries (injuries occurred when a gun was accidently discharged during cleaning, hunting, playing with, or inspecting the weapon (Perkins, Scannell, Brighton, Seymour, &

Vanderhave, 2016). Moreover, in 2014 firearm suicide and firearm homicide, respectively, were the third and fourth leading causes of death in children ages 10-14. Firearm homicide was the second leading cause of death for youth ages 15-24 (CDC, 2016a).

High rates of firearm mortality and morbidity in the United States may be related to the number of guns owned and previous exposure to gun violence. One study found that 35% of homes with children below age 18 contained at least one gun, with 43% of those containing at least one unlocked firearm (Schuster, Franke, Bastian, Sors, & Halfron, 2000). More recent data, focusing on parents of pre-school-aged children, showed that 21.6% of parents owned firearms, and only 68.6% stored them in a locked cabinet (Prickett, Martin-Storey, & Crosnoe, 2014). Similarly, it has been shown that one in three homes in which adolescents are living have a gun that is either stored unlocked and/or loaded (Simonetti, Theis, Rowhani-Rahbar, Ludman, & Grossman, 2017). For adolescents exposed to firearm violence in their homes in Chicago, Illinois, propensity scoring analysis suggests that they have double the risk of perpetuating serious violence themselves over the subsequent two years from the date of their exposure (Bingenheimer, Brennan, & Earls, 2005).

There are also racial disparities in the likelihood of a child sustaining a firearm injury. An Alabama study found that African American children were 2.5 times more likely than Caucasian children to be victims of firearm injury (Senger, Keijzer, Smith, & Muensterer, 2011). Firearm hospitalizations also increased for African American children between the years of 1998 and 2011 (Kalesan, Dabic, Vasan, Stylianos, & Galea, 2016). In 2014, the CDC reported that homicide was the leading cause of death for African Americans ages 10 to 24 (CDC, 2016b). Given this reality, it is important to consider societal causes and social determinants for this disparity in risk among our youth.

School mass shootings have brought the issue of youth violence and youth access to weapons to the fore. Looking at the etiology of school shootings, Mongan and colleagues (2009) suggested that risk factors for mass shooting perpetration among youth include marginalization, access to guns, and masculinity. They apply a stages-of-change model to the understanding of how a youth goes from pre-contemplation of school shooting through to the termination stage of carrying out violence. Accessing weapons is part of the action stage of this model, and the majority of firearms (between 53% and 68%, depending on the study) used by youths in the commission of school mass shootings are acquired from their homes or from relatives (Bushman et al., 2016).

Involving parents may be a critical component in light of research suggesting that parents of adolescents may be more likely to practice unsafe gun storage, which means adolescents may be able to access parents' guns to commit crimes. In a national random sample of parents with firearms in the home, 42% stored their firearms unlocked, 26% stored their firearm loaded, and 10% stored their firearm unlocked *and* loaded (Johnson, Miller, Vriniotis, Azrael, & Hemenway, 2006). For young children, Morrissey (2017) used data from the Childhood Longitudinal Study – Birth Cohort merged with the FBI's Active Shooter Incidents data to demonstrate that: 1) about one-fifth of young children lived in households with one or more guns, 2) only two-thirds of these homes stored all guns in locked cabinets, and 3) those parents living in closer proximity to recent active shooter

incidents were more likely to lock their guns properly. This suggests that heightened awareness about gun violence may prompt safer storage.

In terms of clinical preparation of social workers for addressing youth violence, reports from the most recently available studies suggest that very few social workers (5%) received violence prevention training in their graduate programs (Astor, Meyer, & Behre, 1999), yet many express desire for such training (Astor, Pitner, Meyer, & Vargas, 2000). Social workers have noted a mismatch between their graduate training and the actual problems they confront related to violence, compounded by excessive caseloads that make preventively meeting client needs difficult (Astor et al., 2000).

Intimate Partner Violence and Firearms

Data from the National Intimate Partner and Sexual Violence Survey (NISVS) in 2011 showed that in the course of their lifetime, approximately 33% of women and 28% of men experience physical violence by an intimate partner (Breiding, Chen, & Black, 2014). Intimate partner violence includes homicide, and is stratified by gender. Female murder victims are six times more likely than males to be killed by an intimate partner (Cooper & Smith, 2011) and more likely to be murdered with a firearm than by all other means combined (Petrosky et al., 2017). The presence of a firearm in the home has been shown to increase this risk eight-fold, even after controlling for a variety of individual-, relationship- and incident-level factors (Campbell et al., 2003).

Firearms are also used to threaten and intimidate, as opposed to injure, in the context of intimate partner relationships. Recent research has shown that this is the most frequent use of guns (69.1%) in relationships involving intimate partner violence (Sorenson, 2017). A previous large study of men enrolled in certified batterer intervention programs found that this occurs in at least four ways – either by directly threatening to shoot, or by cleaning, holding or loading a gun while arguing, or by threatening to shoot loved ones or pets, or by actually firing a gun during an argument (Rothman, Hemenway, Miller, & Azrael, 2004). In a study of women residing in domestic violence shelters, it was reported that of the one-third of women who had previously resided in homes with firearms, the majority (71%) had been threatened with a gun (Sorenson & Wiebe, 2004). This use of guns to coerce and threaten has the effect of making women significantly more afraid of potential gun violence than other types of assaults (Sorenson, 2017).

Addressing the issue of firearm involvement in intimate partner violence is complicated by the lack of research funding, and also by on-the-ground realities of limited or unavailable data on gun ownership. For instance, one social work researcher who set out to explore theorized relationships between domestic violence, rates of gun ownership, and parental educational attainment on aggression in children was stymied in analytic modeling by the inability to assess the number of registered firearms in the counties under study (Sprinkle, 2007). Although there is some evidence to suggest that restricting access to firearms for individuals under restraining orders for domestic violence reduces intimate partner homicide between 7% (Vigdor & Mercy, 2006) to 9.7% (Díez et al., 2017), the relationship between domestic violence and firearms remains under-studied.

Firearms and Suicide

The most common means of completed suicide in the US is death by firearm, accounting for approximately 50% of all suicides annually (CDC, 2016a). Certain populations are at increased risk of attempting suicide, including veterans (Kang, Bullman, Smolenski, Skopp, Gahm, & Reger, 2015), older adults (Conwell, 2013), and certain minority populations such as American Indian/Alaska Natives (Wyatt, Ung, Park, Kwon, & Trinh-Shevrin, 2015), and lesbian, gay, bisexual, and transgender individuals (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; King et al., 2008). Anglemyer, Horvath, and Rutherford (2014) undertook a systematic review and meta-analysis across the professional and gray literatures in order to understand the association between firearm availability and suicide or homicide. The pooled data from 16 studies showed a three-fold risk for homicide, and a two-fold risk for suicide in homes with firearms; the risk for suicide was three-fold when only studies with interviews about firearms were considered. Again, the authors note the difficulty of establishing firearm ownership due to inadequate data access and privacy and legality concerns.

Those who attempt suicide by firearm are largely successful – 91% of attempts are fatal, which is substantially more than any other method (Miller, Azrael, & Hemenway, 2004). Regardless of sex, using a firearm increases the risk of dying by 140 times when compared with other methods (Bostwick, Pabbati, Geske, & McKean, 2016). Efforts to reduce suicide have therefore centered on reducing access to lethal weapons for vulnerable individuals ("means restriction"; e.g., World Health Organization, 2014, p. 8). Recent studies of the impact of state firearm regulations in the US show that restricting overall access to firearms through regulations such as permit and licensing requirements has been found to be associated with reduced suicide rates (Alban et al., 2018; Andrés & Hempstead, 2011; Fleegler, Lee, Monuteaux, Hemenway, & Mannix, 2013).

The majority of individuals have some form of contact with mental health professionals prior to their death by suicide (Luoma, Martin, & Pearson, 2002; Stene-Larsen & Reneflot, 2017). Assessment for suicide risk is a standard of care among many social workers; however, training to do such assessments may be lacking. In a national sample of social workers, less than 25% reported having received any such training; furthermore, a majority reported that they felt their training was inadequate (Feldman & Freedenthal, 2006). A national survey of MSW deans and directors suggests that MSW students received 4 or fewer hours of graduate school education on suicide (Ruth, Gianino, Muroff, McLaughlin, & Feldman, 2012). Overall, a systematic review found that there has been very little evidence-based knowledge produced by the field since 1980, and concluded that this is a "neglected social work research agenda" (Joe & Niedermeier, 2008, p. 507). In a recent scoping review, Maple, Pearce, Sanford, and Cerel (2017) considered knowledge generation across 241 articles on suicide prevention, and found that only 7 of these were wholly authored by social workers, which in part underscores the inherent multidisciplinary nature of suicide prevention, but also suggests that reinforcing the importance of social work perspectives is also important. With inadequacy of training and evidence-based guidance, it is unclear how many social workers are adequately prepared to assess and respond to situations in which a suicidal client has access to a firearm.

Responding to Firearm Injury Risks

From this focused literature review it is clear that these three populations (children, suicidal individuals, and those experiencing intimate partner violence) are vulnerable to firearm injury. Evidence also suggests that small, individual interventions or changes (such as safely locking away or removing guns from a home) can substantially decrease the odds of accidental or impulsive firearm injury (e.g., Barkin et al., 2008). Social workers and other practitioners who work with vulnerable populations are well-positioned to educate and encourage families and individuals to take safety-increasing steps regarding guns in their homes. In the following section, we review and compare some of the public policy statements regarding firearm injury prevention from social work and peer disciplines.

Responses from Other Professional Organizations

Several major professional organizations that represent health workers have made strong statements regarding national policy and offer specific suggestions for their frontline workers to reduce injuries for their clients. For example, the American Psychological Association (2013) convened a panel to review gun violence and produced a number of recommendations for policy and practice, including how psychologists can participate in the prevention of gun violence. The CDC (2014) has made recommendations including increasing youth connectedness at schools or with mentoring or caring adults and prosocial activities in the community. The American Medical Association (2016) recently declared that gun violence constitutes a public health crisis, calling for an end to barriers to quality research in addition to other stances they have taken with respect to gun violence policies. Strong statements concerning practice and policy have also been made by others professional organizations including the American Nurses Association (Pinals et al., 2015), the American Psychiatric Association (2014), and the American Pediatric Surgical Association (Nance, Krummel, Oldham, & Trauma Committee of the American Pediatric Surgical Association, 2013). It is important to note that these recommendations have spanned both policy positions as well as recommendations to member clinicians about practical methods to keep patients and clients safe.

The American Academy of Pediatrics (AAP, 2016) has been exceptionally vocal on the threat of gun violence for children in the United States. In addition to strongly worded statements on the gun law debate (e.g., 2016), the AAP provides guidance to pediatricians about how to prevent the health hazards of firearms. Specifically, they recommend that the best way to keep children safe is to never have a gun in the home (Dowd et al., 2012). They also provide advice for safe gun storage for families with children. Moreover, all pediatricians are actively encouraged to discuss gun safety with patients' families.

These efforts have met with strong resistance is some areas. In Florida, lawmakers passed the Firearm Owners' Privacy Act (Florida House of Representatives, 2011), which prohibits physicians from intentionally soliciting information about firearms from their patients unless it was directly related to their care (and presumably could meet that standard in court). Although given this minor latitude, doctors are unlikely to risk these questions, as the law stipulates that it could result in a fine of $10,000 and the loss of their medical license. This provision was challenged in court (Wollschlaeger v. Governor of the State of

Florida, 2015) in a case commonly known as "Docs versus Glocks." The 11th Circuit of Court of Appeals struck down most provisions of the law in February 2017 (Wollschlaeger v. Governor of the State of Florida, 2017), although other states are reportedly considering similar legislation (Lithwick & West, 2016). Thus, practitioners must remain aware of legislation that may curtail their ability to discuss gun safety with clients.

Response from the National Association of Social Workers (NASW)

The leadership of the NASW has grown more vocal regarding gun violence in recent years; however, they lag with specific recommendations to practitioners on how to prevent firearm injury. A social justice brief about gun violence was released in 2017 which on the whole promotes gun violence prevention laws, regulations, and policies (Arp et al., 2017). On their website, the NASW has also praised specific actions, such as the executive actions President Barack Obama announced in January of 2016 (NASW, 2016a), and issued statements following mass shootings, such as the nightclub massacre in Orlando in June of 2016 (NASW, 2016b). Beyond these supportive statements regarding laws, regulations, and policies, the NASW has not yet elaborated clear and detailed guidelines on policy, practice and research toward preventing and controlling gun violence (similar to the AAP positions), nor does this seemingly exist in the literature as a whole.

The lack of detailed social work practice guidelines may have a number of causes. First, discussing guns may be uncomfortable for many social workers who, on the whole, are ideologically "left" of their client consumers on many social issues, are far less likely to be gun owners, and are more likely to support gun control initiatives (Hodge, 2003). Thus, many may be reluctant to broach the topic, either out of discomfort with what can be a hot-button issue, or perhaps out of a concern for their own safety. The relative lack of training noted earlier in terms of suicide and lethality assessment may be reinforcing the silence, in addition to the lack of training and knowledge on violence and guns in general (Astor et al., 1999). Nonetheless, the magnitude of the problem requires more specific attention from our discipline.

Recommendations for Social Workers in Practice

We respect social workers' diversity in all domains, including their opinions on gun ownership and policies. In no way do we wish to say that social workers must take particular policy positions on gun control or any particular interpretation of the second amendment. We also do not encourage social workers to make strident statements about guns with clients with differing views; doing so may threaten the therapeutic alliance and thereby do harm. Instead, we offer policy-neutral suggestions for practicing social workers that may help protect their clients from gun violence, either accidental or intentional. We encourage respectful engagement in such conversations with an emphasis on safety and preventing injury.

Discuss gun safety with clients. Social workers in practice with families should be prepared to discuss the topic with their clients (Slovak et al., 2008). This conversation would be different based on the nature of the family's situation. For families with young children, the conversation should be about safe storage practices to prevent accidental

injury, as well as addressing safety concerns such as safe passage/travel to school programs. Consideration should also be given to other homes that children spend time in, such as when they have playdates or visit other relatives. The Asking Saves Kids (2016) campaign, created in collaboration with the AAP, is designed to educate parents about the importance of asking about guns in other homes where their children play. They help parents prepare to ask what can be an awkward but important question: "Is there an unlocked gun in your home?" This may be important even for older children, due to the vast differences in exposure to safe gun handling that youth may receive. For example, children raised in a home with guns may be taught to never handle a gun without an adult present, or to never point the gun at any person, even if they do not intend to fire it. A child with no prior exposure to guns will not necessarily know these basic safety precautions; therefore, they may be at higher risk of inflicting or experiencing injury with guns in the homes of their playmates. Social workers who work with older youth should ask them if they or their friends have access to a gun and discuss ways to stay safe. Social workers can also serve as links for individuals to resources for social protection, and act together with others through community building and local resource mobilization within their community, all of which are activities consistent with core values in the field of social work (Douglas & Bell, 2011).

Social workers with clients at risk for intimate partner violence and suicide risk should also stand ready to conduct lethality and suicidality assessments and to inquire about the clients' access to means. Individuals with suicidal ideation may be urged to remove guns from their homes to minimize the risk of impulsive lethal actions. This conversation could also be directed at the families of at-risk individuals. Although research is sparse, there is some evidence that counseling on restricting access can reduce incidence of suicide as well as homicide in IPV relationships (Barber & Miller, 2014; Vigdor & Mercy, 2006). A recent study on an intervention designed to encourage parents to reduce access to guns for adolescents with suicide ideation found that 100% of parents with guns in the home had locked them away by follow up (Runyan et al., 2016).

Despite encouraging findings, social workers may encounter some resistance from their clients to discussing guns. As evidenced by the now-defunct Florida law that regulated patient conversations about guns, some proportion of the American public clearly feels that these conversations are an intrusion of their rights (Parent, 2016). Moreover, asking about some clients' access to guns may be equivalent to asking whether they are disobeying the law, as some individuals with criminal records may be prohibited from possessing weapons. However, social workers are generally well-trained to discuss sensitive topics with hesitant clients while maintaining the therapeutic relationship, even with mandated clients (e.g., Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

Know resources for gun safety and education. Social workers in practice with vulnerable families should have knowledge about online and local resources to refer clients to learn more about safe gun handling and storage methods. Good resources are readily available through the internet and in most communities within the United States. Table 1 provides some online resources for gun safety information. These resources range from search engines for local educational resources to online safety tips, videos, and classes. In addition to online resources, most communities will have access to firearm dealerships that

can provide information, products, and classes on safe storage. Social workers may consider encouraging vulnerable gun-owning clients to pursue educational options (which are often free) about gun safety. Some of these resources, such as Project Child Safe, will also provide free kits for children's safety, including a cable-style gunlock (Project Child Safe, 2018a).

Table 1. *Selected Online Resources for Gun Safety*

Resource	Description	Website
Lock It Up (2015)	Produced by the National Crime Prevention Council. Contains general information and resources about gun storage safety.	http://safefirearmsstorage.org/
National Rifle Association Training (2017)	Links to online courses and local resources to learn about shooting and gun safety.	http://www.nrainstructors.org/search.aspx
National Shooting Sports Foundation (2018)	Provides information and videos on gun safety, primarily geared for hunters.	http://www.nssf.org/safety/basics/
Project Child Safe (2018b)	A nonprofit organization developed to provide gun safety resources for firearms owners.	http://www.projectchildsafe.org/safety/safety-resources

Know local gun laws. Gun laws differ dramatically across states, with implications for client safety. As mentioned above, in some states all gun owners are required to take gun safety courses to be compliant with laws; however, other states have no such requirements. This can result in stark differences on gun safety knowledge among gun owners in different regions. Some states also have provisions that allow family members or other concerned parties (including counselors) to request that an individuals' access and possession of firearms be temporarily prohibited; preliminary evidence suggests these laws may be effective at reducing completed suicide (Swanson et al., 2017). The Law Center to Prevent Gun Violence (n.d.) provides an excellent database of state and federal laws that are searchable both by state and by topic. This resource makes it relatively easy for social workers and other clinicians to learn about local laws regarding firearm access, storage, and other ordinances. Knowing state laws can facilitate social workers' conversation with clients about salient issues. For example, conversations about safe storage practices for families with children will vary depending on state laws, as some states have requirements and others do not.

Reach out across disciplines. Although social workers may lead the professions in terms of working directly with mental health clients, they cannot tackle the problem of gun violence alone. Research from other disciplines might prove instructive and useful. For instance, a criminological meta-analysis of policies and programs to reduce firearm violence suggests effectiveness for community-based law enforcement initiatives (Makarios & Pratt, 2012), which could be applied across a variety of locations and social

work settings. Another meta-analysis coming out of the nursing profession (Holly, Porter, Kamienski, & Lim, 2018) suggests that gun safety programs do not improve outcomes for children when adequate supervision is not in place, and pointing to the need for more research to better understand how to increase gun safety for children. Collaborations between nursing and social work might be able to elucidate knowledge gaps in this area. A review of research in the area of the prevention of school shootings (Borum, Cornell, Modzeleski, & Jimerson, 2010) pinpoints threat assessment as a promising strategy, and overviews the need for schools to develop crisis response plans. Another study assessing attitudes of school personnel toward firearm violence identifies barriers including lack of expertise, time, and research in implementing violence prevention programs (Price, Khubchandani, Payton, & Thompson, 2016). Social workers in school settings may be in a position to work together with educators to help with such efforts, given their preparation in lethality and suicidality assessment (assuming they received this, as noted above). Similarly, researchers in pediatric primary care are researching the effect of firearms means restrictions for suicide prevention (Wolk et al., 2017); hospital-based social workers may be able to collaborate on the development of such protocols. At the other end of the spectrum, research looking into high-risk management of older adults' suicidal patients (Brown, Bruce, Pearson, & PROSPECT Study Group, 2001) points to the need for stepped-up screening and assessment, which hospital-based social workers are well-suited to implement. These are only a few examples of ways in which working across disciplines may help to address the enormity of the problem of gun violence.

Conclusion

This article is intended to spur action on the part of social workers – clinicians, researchers, and those involved with local and national advocacy – to address the problem of gun violence in the United States. Clinicians should consider whether their client populations merit consideration of gun violence in initial assessments and in treatment planning, with particular attention to the vulnerable populations discussed in this article. Clinicians whose client populations experience frequent gun violence and injury should take the steps outlined to be able to facilitate safe gun practices when indicated. Moreover, social work educators must do a better job of preparing students to discuss firearms with diverse clients, including those at-risk of suicide (Almeida, O'Brien, Gironda, & Gross, 2017; Joe & Niedermeier, 2008; Ruth et al., 2012) as well as other forms of gun violence (Danis & Lockhart, 2003; Kelly et al., 2010).

Although current literature suggests that clinicians can encourage individual and family actions that can prevent gun violence, much more research is needed. Social work researchers should specifically examine how well-prepared and willing practitioners are to engage with their clients regarding gun safety, in addition to how effective these actions are in preventing injuries. The public health social work paradigm, bringing together interdisciplinary scientific research with social work practices, may provide a helpful framework to engage in more effective safety planning. This will involve research and interventions that are cross-disciplinary in nature, and a commitment to promote social justice and public safety and advocate for change. Social workers can assist with other disciplines by shining the light on disparities that may be germane to prevention efforts,

such as heightened vulnerability to gun injury across race, class, and gender. Finally, social work as a profession needs to become more actively engaged in this national crisis, working at multiple levels to educate social workers to prevent gun violence with individuals and families.

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Author note: Address correspondence to: Patricia Logan-Greene, PhD, School of Social Work, SUNY University at Buffalo, 630 Baldy Hall, Buffalo, NY 14260. pblogang@buffalo.edu