

Firearm-Related Injuries among Children Ages 0 Through 14

Definition of Firearm-Related Injuries

Firearm related-injuries are physical injuries that result from a firearm being discharged. In this report, five types of firearm-related injuries are addressed:

1. Injuries which occur when an individual intentionally harms someone other than themselves with a firearm. If the injury is non-fatal,¹ it is considered an assault. If it is fatal, it is considered a homicide.
2. Injuries which occur when an individual intentionally harms themselves with a firearm. If the injury is non-fatal, it is considered self-harm. If it is fatal, it is called suicide.
3. Injuries which occur when an individual accidentally harms themselves or another with a firearm. This type of injury is considered unintentional whether or not it is fatal.²
4. Injuries which occur when a police officer or other law enforcement officer harms a person with a firearm in the line of duty. These injuries are considered legal and are termed legal interventions whether or not they are fatal.
5. Firearm-related injuries or deaths in which the intention cannot be determined are deemed undetermined.

¹ Throughout this fact sheet, non-fatal numbers are based on data from hospital emergency departments. The numbers do not represent the full burden of non-fatal firearm-related injuries. <http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm> Additionally, due to a small sample size, some of these estimates are unstable and should be used with caution. These potentially unstable estimates are identified with a red asterisk.*

² In certain cases of negligent handling of a firearm, unintentional firearm-related injuries can be coded as homicides or assaults. There is evidence that unintentional firearm deaths among children are undercounted (Barber & Hemenway, 2011)



The following fact sheet provides information about firearm-related injuries and deaths among the 0 through 14 year old population in the United States. It contains a review of data and information about the magnitude of the problem, shows how different demographic groups are impacted, and describes the circumstances surrounding these deaths and injuries. It also includes a list of risk and protective factors and some promising practices in firearm-related injury prevention. For information on firearm-related injury data on youth, see [CSN's fact sheet Firearm-Related Injuries among Youth Ages 15 through 24](#).

The Scope of the Problem

From 2001 through 2010, children ages 0 through 14 represented approximately 1.2% of all firearm-related fatalities and 2.3% of all non-fatal firearm injuries (WISQARS, 2010a). In 2010, 380 children died from firearm-related injuries, and 1,705 were injured due to firearms. In other words, for every fatal firearm-related injury in this age group, there were an additional 4.5 non-fatal injuries (WISQARS, 2010b).

Firearm-related injuries are the 14th leading cause of death between the ages of 0 to 14. Figure 1 shows the annual number of firearm-related deaths and associated rates for youth less than 14 years old from 2001-2010. The number of firearm injuries increases as this population ages. For children less than one year old,

firearm-related injuries are the 34th leading cause of death, while for those between the ages of 10 through 14, firearm-related injuries are the 5th leading cause of death (WONDER, 2013).

From 2001-2010, the number and rate of firearm-related fatalities in this age group have remained relatively stable, with modest reductions in the 10 through 14 age range. On average, 10 through 14 year olds represented 63% of fatal firearm-related injuries and 79% of non-fatal firearm-related injuries among children under the age of 15.

Figure 1. Number of Firearm Fatalities among Children Ages 0 through 14, 2001-2010

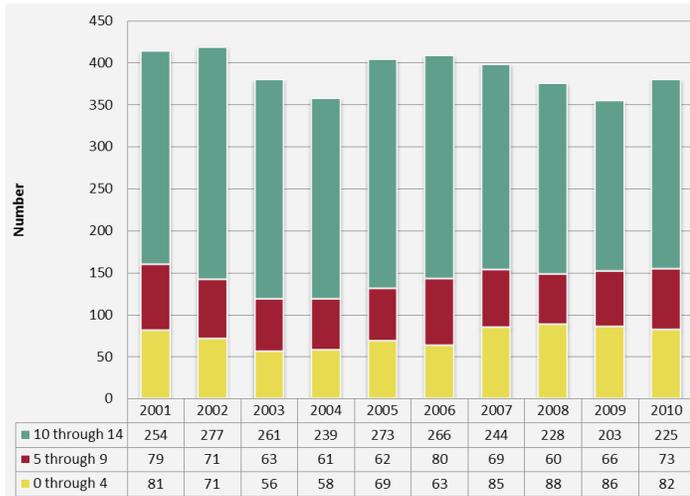
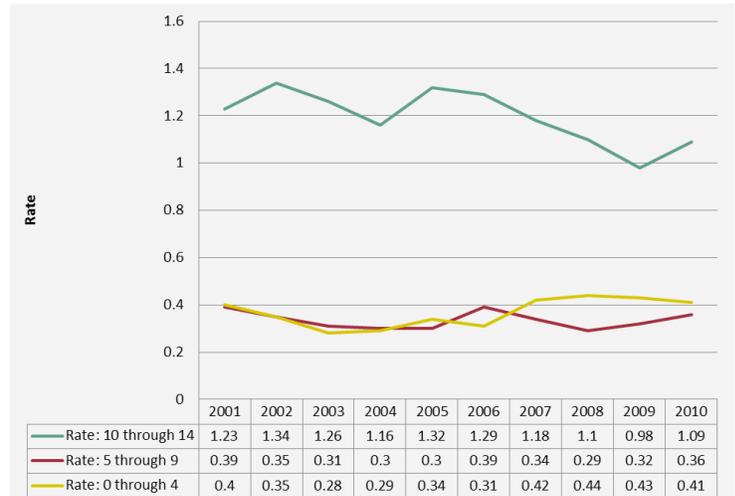


Figure 2. Rate of Firearm Fatalities among Children Ages 0 through 14, 2001-2010



(WISQARS, 2010a)

From 2001-2010, 58% of fatal firearm-related injuries among children ages 0 through 14 were homicides. Among the remaining types were suicides (21%) and unintentional firearm injuries (16%). Sixty-five percent of non-fatal firearm-related injuries in this age group were assaults while the other 35% were unintentional shootings. All self-inflicted shootings (100%) among this age group were fatal.

While unintentional firearm injuries and fatalities are less common in this population, they disproportionately impact this population. As shown in Tables 1 and 2, an average of 16% of all firearm fatalities and non-fatal injuries among those 14 years old or younger are unintentional compared with just 2% of all fatal and non-fatal shootings in the total population (WISQARS, 2010a). Evidence suggests that unintentional firearm injuries are undercounted in children and over counted in adults, (Barber & Hemenway, 2011) raising the possibility that the actual number of these injuries in this age group is even higher.

Table 1: Unintentional and Total Firearm-Related Deaths, 2010 (WISQARS, 2010a)

Age	Total Firearm-Related Deaths	Total Unintentional Firearm-Related Deaths	Unintentional Firearm-Related Deaths as a Percent of the Total
Total Population (0 through 85+ years)	31,665	606	1.9%
Children 0 through 14	380	62	16.3%
Children 0 through 4	82	25	30.5% *
Children 5 through 9	73	11	15.0% *
Children 10 through 14	225	26	11.6%
Youth & Adults (15 through 85+)	31,285	544	1.7%

Table 2: Unintentional and Total Firearm-Related Non-Fatal Injuries, 2001-2010 (WISQARS, 2010b) *

Age	Total Firearm-Related Injuries	Total Unintentional Firearm-Related Injuries	Unintentional Firearm-Related Injuries as a Percent of the Total
Total Population (0 through 85+)	306,818	6,737	2.2%
Children 0 through 14	3,893	617	15.8%
Children 0 through 4	739	166	22.5%
Children 5 through 9	684	146	21.3%
Children 10 through 14	2,470	305	12.3%
Youth & Adults (15 through 85+)	302,925	6,120	2.0%

Figure 3. Number of Fatal Firearm-Related Injuries among Children Ages 0 through 14, by Age and Type, 2010

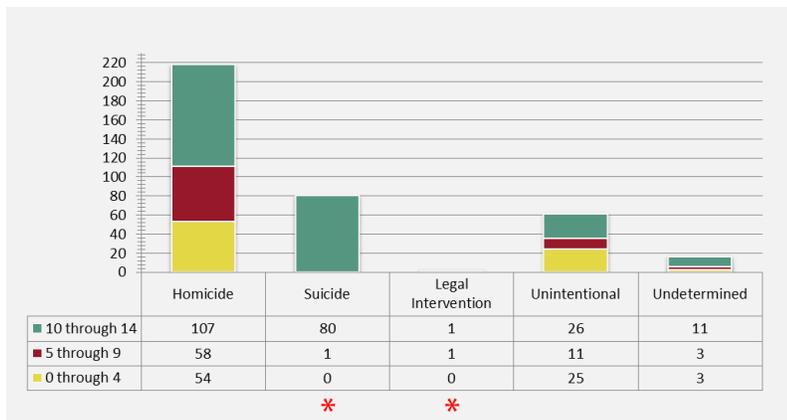


Figure 3 shows the age breakdown of each type of firearm-related death among children ages 0 through 14 in 2010. Children ages 10 through 14 comprised a majority of the deaths in each category, although the number of unintentional firearm-related deaths for children ages 10 through 14 (26) exceeded those for children ages 0 through 4 (25) by only one.

(WISQARS, 2010a)

Figure 4. Number of Non-Fatal Firearm-Related Injuries among Children Ages 0 through 14, by Age and Type, 2010

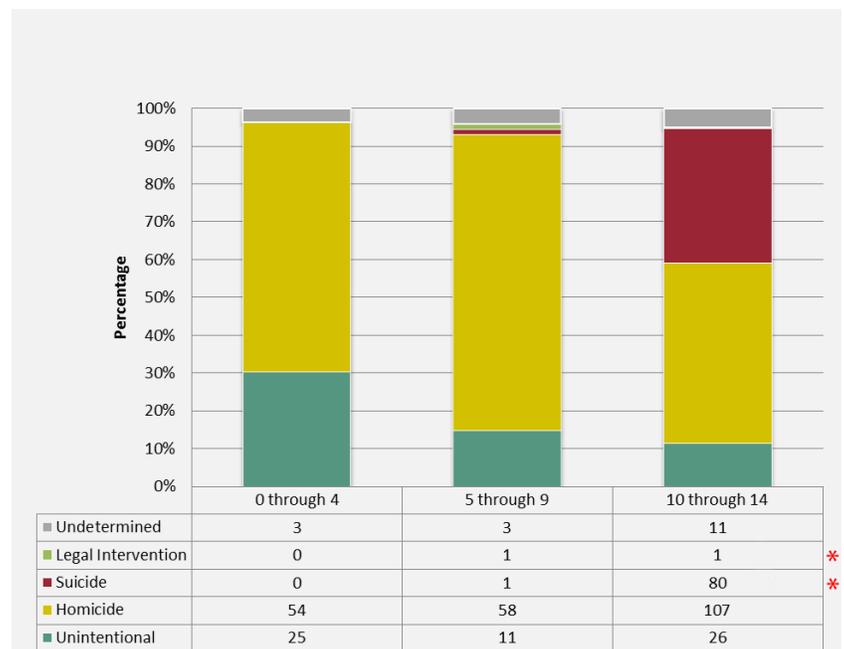


Figure 4 shows the age breakdown of non-fatal, firearm-related assaults and unintentional injuries among children ages 0 through 14 in 2010. Children ages 10 through 14 experienced four times as many assaults with firearms (742) as children ages 0 through 4 (185) and five through nine (184), and they experienced 32 times as many non-fatal unintentional firearm-related injuries (523) as children ages 0 through 4 (16) and nine times as many as children ages five through nine (56).

(WISQARS, 2010b)

Figure 5. Percent of Firearm-Related Deaths among Children Ages 0 through 14 by Age and Type, 2010

Undetermined firearm-related deaths, as well as firearm-related suicides, homicides, and unintentional deaths among children ages 10 through 14 outnumbered those among younger children in 2010 (Figure 5).³ In particular, there were almost twice as many firearm-related homicides among children ages 10 through 14 as among those ages 0 through 4 and five through nine. Children ages 0 through 4 had almost as many unintentional firearm-related deaths (25) as children ages 10 through 14 (26), while children ages five through nine experienced just under half as many undetermined fatal firearm-related injuries (11).



(WISQARS, 2010a)

³As previously mentioned, when discussing suicide in the 10 years of age or younger population, it is important to note that deaths resulting from self-inflicted injuries are not always deemed suicides since many professionals consider children “too cognitively and/ or developmentally immature to express suicidal feelings.” (Tishler, Reiss, & Rhodes, 2007). Instead, these deaths are often classified as unintentional or undetermined shootings.

Demographics of Firearm-Related Injuries to Children

Among children ages 0 through 14, boys were the victims of 75% firearm-related injuries (1,711 of the 2,267 fatal and non-fatal firearm-related injuries). In earliest childhood, girls are non-fatally injured by firearms slightly more frequently than boys, but by the age of 14, boys are injured by firearms nearly three times more frequently than girls. That trend continues into the adolescent and young adult years (WISQARS, 2010a).

Figure 6. Fatal and Non-fatal Firearm-Related Injuries among Children Ages 0 through 14, by Age and Gender, 2010

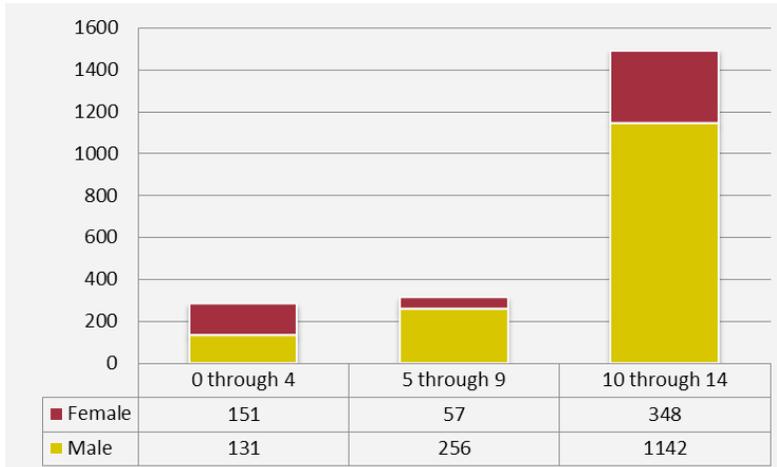


Figure 6 shows the gender breakdown of firearm-related deaths and non-fatal injuries for children ages 0 through four, five through nine and 10 through 14 in 2010. It shows that male children comprised a majority of the victims in each category, except in the 0 through four age group where more female children were injured or died from a firearm-related incident.

Although the numbers are too small to warrant rate computations, African-American children are injured by firearms more frequently than children of other races (WISQARS, 2010a & b).

(WISQARS, 2010a, 2010b)

Circumstances of Firearm-Related Injuries to Children

In 2010 about 23% of all homicides among U.S. children ages 0 through 14 were committed with a firearm;⁴ for those cases where data is available through the National Violent Death Reporting System (NVDRS), child firearm homicides were committed with handguns about 70% of the time (WISQARS, 2010a; NVDRS, 2010). The large majority (over 70%) of firearm homicides among children occurred in an apartment or at a house, typically the victim's own residence (Miller, Azrael, & Hemenway, 2013).

Additionally, although mass murders and shootings of children by strangers are highly publicized, they are a rare occurrence. Of all children under the age of five murdered between 1980 and 2008, only 3% were killed by strangers (Department of Justice, Office of Justice Programs, 2011). Children under 14 who die from homicide or unintentional firearm injuries are almost always related to the shooter, whether it is a parent, sibling (often a brother), or other family member (NVDRS, 2010). In 50% of the 26 cases of children who died from unintentional firearm-related injuries for which data is available, the shooter was playing with the gun (NVDRS, 2010).

In 2001 and 2002, those between the ages of 0 through 18 who took their own life with a firearm nearly always used a family member's firearm; in two thirds of these cases, the gun was not locked properly (Suicide Prevention Resource Center, 2002). Of the 26 cases of children who took their own lives with firearms in 2010, for which data is available, 42.3% of these self-inflicted shootings were precipitated by some kind of relationship problem other than an intimate partner problem, and 23% were precipitated by a problem in school (NVDRS, 2010).

Nearly 90% of suicides in the 0 through 18 age group occurred at the victim's residence, underscoring the importance of safe storage practices for the one in three U.S. families who own firearms (Miller, 2013; Schuster, Franke, Bastian, Sor, & Halfon, 2000). There are an estimated 22 million children living in homes with firearms in the U.S., and, according to one survey, 32% of those homes have an unlocked firearm, 22% have a loaded firearm, and 8% have a locked and unloaded firearm (Johnson, Miller, Vriniotis, Azrael, & Hemenway, 2006; Schuster et al., 2000). Another survey concluded that eight in 10 first graders know where their parents' firearms are hidden and one in three children under the age of 10 reported having handled their parents' firearm, often contradicting the reports from the parents (Baxley & Miller, 2006; Kessler, Erickson Hatalsky,

⁴ This type of data is available through the National Violent Death Reporting System (NVDRS). As of the beginning of 2014, 16 states participate in NVDRS, therefore the numbers from NVDRS are only a sample of information and do not necessarily represent the national context. While 957 homicides of children from the ages of 0 through 14 were reported in WISQARS in 2010, 219 were reported by the states participating in NVDRS in the same year (Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, Wisconsin).

& Trumble, 2013). Thirty-nine percent of parents who reported that their children did not know the storage location of household guns and 22% of parents who reported that their children had never handled a household gun were contradicted by their children's reports (Baxley & Miller, 2006).

In some studies, children were shown to handle a found gun even if they had been taught not to (Baxley & Miller, 2006). This fact, combined with the knowledge that one in four 3 year olds is strong enough to pull the trigger of the average handgun (by age eight, that figure increases to nine out of 10) and lacks fully developed impulse control and coping mechanisms, underscores the importance of safe storage practices (Naureckas, Galanter, Naureckas, Donovan, & Christoffel, 1995).

A safely stored gun is one that is unloaded, locked, separated from ammunition, and out of the reach of a child. Child Access Prevention (CAP) legislation requires owners to store firearms safely away from children. The passage of this type of law was associated with a 51% decrease in unintentional firearm deaths in Florida, and some studies show moderate decreases in teen suicide rates as well (Webster & Starnes, 2000; Webster, Vernick, Zeoli, & Manganello, 2004).

International Comparison

U.S. children from the ages of 0 through 14 represent 34% of the total population of children in 23 developed countries, yet they represent 87% of the children killed by firearms in those 23 countries (Richardson & Hemenway, 2011). By the time a U.S. child reaches the age of 15, he or she is five times more likely to be murdered, twice as likely to take his/her own life with a firearm, and 12 times more likely to die from any sort of firearm-related injury than a child in the other 22 developed countries (Miller, Azrael, & Hemenway, 2002).

Preventing Firearm-Related Injuries among Children

For detailed information about preventing firearm-related injuries, please read the Children's Safety Network's [Prevention of Firearm-Related Injuries & Death: Resource Guide 2013](#). This guide describes evidence-based strategies for upstream (early) prevention, firearm safety education, legislation and other best and promising practices to reduce firearm-related injuries to children and adolescents.

The following strategies, which can be found in CSN's *Prevention of Firearm-Related Injuries & Death: Resource Guide 2013*, are specifically geared towards preventing firearm-related injuries in children:

Early Prevention

The **Good Behavior Game (GBG)** is a classroom-based, behavior management strategy used by elementary school teachers. GBG employs a classroom-wide game format with teams and rewards in order to socialize children to the role of student. The game teaches self-regulation and life skills, which are known to reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. For more information about the effectiveness of GBG, please see the following resources:

- Embry, D. D. (2002). The Good Behavior Game: A best practice candidate as a universal behavioral vaccine. *Clinical Child and Family Psychology Review*, 5, 273-297.
- World Health Organization. (2009). Preventing violence by developing life skills in children and adolescents.

Strong family connections and life skills development through programs such as the **Triple P-Positive Parenting Program** have also been linked to reductions in armed and youth violence. For information about the effectiveness of Triple P, go to:

- O'Connell, M.E., Boat, T., and Warner, K.E. (2009) [Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities](#). National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. National Academies Press.
- Sanders, M.R., Bor, W., & Morawska, A. (2007). Maintenance of treatment gains: A comparison of enhanced, standard, and self-directed Triple P-Positive Parenting Program. *Journal of Abnormal Child Psychology*. 35:983-998.
- World Health Organization. (2009). Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers.
- Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., et al. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95(Suppl. 1), S5 through S28.

- Mackenzie, A. C., Lurye, I., & Kellam, S. G. (2008). History and evolution of the Good Behavior Game. Supplementary materials for the article “Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes.”
- Petras, H., Kellam, S. G., Brown, C. H., Muthen, B. O., Jalongo, N. S., & Poduska, J. M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent and criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence*, 95(Suppl. 1), S45 through S59.

Firearm Safety Education

Studies examining the behavior of children who have learned about firearm safety indicate that educating children about firearm safety is difficult. Moreover, it is hard to share a message about the dangers of firearms without piquing a child’s curiosity. Baxley and Miller (2006), among other studies, found that a parent with guns who had locked the guns away and spoken to his/her children about firearm safety was as likely to be contradicted by the children’s self-reports of gun handling as those parents who did not speak to their children about the dangers of guns.

Some school-based curricula result in improved short-term knowledge about guns, but if designed or implemented incorrectly, these curricula can inadvertently “enhanc[e] the allure of guns” (OCAV Bellis et al. 2010). The National Rifle Association’s “Eddie Eagle” program has been shown to improve children’s ability to correctly state safety behaviors (see citations below for additional information). However, in a controlled experiment, most children who participated in the program did not demonstrate correct safety behavior when faced with real life situations involving firearms. Comparative evaluations of Eddie Eagle and Behavioral Skills Training (BST) found that BST is more effective in eliciting appropriate safety behavior from children when they are faced with a firearm.

- Liller, K.D., Perrin, K., Nearns, J., Pesce, K., Crane, N.B., & Gonzalez, R.R. (2003). Evaluation of the “Respect Not Risk” Firearm Safety Lesson for 3rd-Graders. *Journal of School Nursing*. 19:338-343.
- Jackman GA, Farah MM, Kellermann AL, Simon HK. Seeing is believing: What do boys do when they find a real gun? *Pediatrics*. 2001;107(6):1247-1250
- Howard, P.K. (2005). Evaluation of age-appropriate firearm safety interventions. *Pediatric Emergency Care*. 21:473-479.
- Himle, M.B., Miltenberger, R.G., Gatheridge, B.J., & Flessner, C.A. (2004). An evaluation of two procedures for training skills to prevent gun play in children. *Pediatrics*. 113:70 through 77.
- Gatheridge, B.J., Miltenberger, R.G., Huneke, D.F., Satterlund, M.J., Mattern, A.R., Johnson, B.M., & Flessner, C.A. (2004). Comparison of two programs to teach firearm injury prevention skills to 6- and 7-year-old children. *Pediatrics*. 114:e294-e299.
- Connor, S.M., Wesolowski BS. (2003). “They’re too smart for that”: Predicting what children would do in the presence of guns. *Pediatrics*. 111(2): 109-114.
- Baxley F, Miller M. (2006). Parental misperceptions about children and firearms. *Archives of Pediatric & Adolescent Medicine*. 160(5):542-547. doi:10.1001/archpedi.160.5.542.
- Gun Safety for Kids and Youth (a webpage of the University of Michigan Health System)

Legislation

Child-access prevention (CAP) legislation requires owners to store firearms safely away from children (e.g., under lock and key) and makes the failure to do so a criminal offense. The age of the children from which firearms must be locked away varies by state. Studies have associated CAP laws with modest reductions in unintentional firearm-related injuries among children, especially in states where the violation of CAP laws is a felony (Cummings, Grossman, Rivara, & Koepsell, 1997; Hepburn, Azrael, Miller, & Hemenway, 2006; Webster & Starnes, 2000; Webster et al., 2004). Eighteen states and the District of Columbia have CAP laws (Webster et al., 2004). An additional 19 states have some form of policy or regulation that addresses children and firearms, but they apply only to certain firearms, locations, and intentions and are therefore not considered CAP laws (Law Center to Prevent Gun Violence, 2012).

- Cummings, P., Grossman, D.C., Rivara, F.P., & Koepsell, T.D. (1997). State gun safe storage laws and child mortality due to firearms. *The Journal of the American Medical Association*. 278:1084 1086.
- Webster, D.W. & Starnes, M. (2000). Reexamining the association between child access prevention gun laws and unintentional shooting deaths of children. *Pediatrics*. 106:1466-1469.

Table 3: States with Child Access Prevention Laws

State	Age Coverage	Effective Date
California	Up to age 17	1992
Connecticut	Up to age 15	1990
Delaware	Up to age 17	1994
District of Columbia	Up to age 17	2009 (District of Columbia Code Section 7-2507.02: Responsibilities regarding storage of firearms, 2012)
Florida	Up to age 15	1992
Hawaii	Up to age 15	1992
Illinois	Up to age 14	2000
Iowa	Up to age 13	1990
Maryland	Up to age 15	1992
Massachusetts	Up to age 17	1998
Minnesota	Up to age 13	1993
Nevada	Up to age 17	1991
New Hampshire	Up to age 16	2001
New Jersey	Up to age 15	1992
North Carolina	Up to age 17	1992
Rhode Island	Up to age 15	1995
Texas	Up to age 16	1995
Virginia	Up to age 13	1992
Wisconsin	Up to age 13	1992

Examples of State Efforts to Prevent Firearm-Related Injuries to Children

Delaware: Over a 10 year period (CY 2002-2012), Christiana Care Health System’s trauma registry catalogued an increase in overall penetrating trauma by 63% and gunshot wounds by 120% with the majority of incidents occurring in the city of Wilmington. Through a public health approach, Christiana Care Health System’s trauma program developed a violence prevention program initially targeted to at-risk youths (middle school and high school ages) and communities.

A short film, Choice Road: An American Tale, was written and produced in

partnership with the U.S. Attorney’s Office, a local film production company (IAM Film Works), city fire and police departments and trauma center clinicians. The short film is part of a violence prevention program highlighting the consequences of gun and gang violence presented in the following format: 1) view the short film, 2) lecture by a U.S. Attorney representative on the consequences related to the legal system, 3) lecture by a trauma program clinician on the consequences related to healthcare from trauma center admission to rehabilitation.

There has been overwhelmingly positive feedback on the content of the short film and the associated presentations. Future plans are to: 1) develop a documentary including live footage in the trauma bay with interviews from medical experts and victims of violent crimes on the impact of violence in our communities, 2) develop a violence prevention program for K-5, 3) collaborate with community officials to establish a more robust and multidisciplinary violence intervention program, and 4) continue to monitor gun-related injury admissions through the trauma registry.

Kansas: The Kansas Department of Health and Environment (KDHE) has implemented regulations related to safe, separate storage of weapons and ammunition for licensed Family Foster Homes and out-of-home child care facilities including child care centers, preschools, and day care homes.

New Mexico: The Office of Injury Prevention (OIP) of the Department of Health takes the lead on all aspects of unintentional childhood injury and has had a contract with SAFE KIDS Worldwide to be the sponsor for NM SAFE KIDS Coalition for the past 22 years. OIP and its partners have distributed over 30,000 gun locks in addition to a host of other product-oriented injury prevention efforts over the past two decades. OIP has also collaborated with the Children, Youth and Families Department since 2001 to provide home safety training for an estimated 8,000 home daycare providers via 16 annual training conferences in communities statewide, and since 2009 to provide home safety training for approximately 4,000 home visitation specialists for new, young and otherwise vulnerable families. The home visitors receiving this training are employed in both federal and national programs, including Early Head Start, Family, Infant and Toddler, Parents As Teachers, Native American Professional Parent Resources, Families First, Nurse Family Partnership, and First Born.

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CSN is a resource center for MCH and injury prevention professionals in State and Territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.

March 2014

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