

# The Role of the Academic Community in Reducing Firearm Violence



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**The Association for Prevention Teaching and Research (APTR) calls upon medical and health professions schools and their academic units that teach prevention and public health in the United States to take action to reduce firearm-related injuries and deaths by advancing research of firearm violence; teaching students, faculty, and communities about the causes and impacts of firearm violence; and supporting evidence-based solutions to prevent firearm violence.**

**WHEREAS**, annually, over 36,000 Americans are killed in acts of firearm violence and approximately 150,000 more are shot and injured.<sup>i</sup>

**WHEREAS**, firearms are the second leading cause of death for children and teens and the first leading cause of death for Black children and teens in the U.S.<sup>ii</sup>

**WHEREAS**, annually, 600 women in America are shot and killed by an intimate partner<sup>iii</sup> and when an abuser has access to a firearm, a domestic violence victim is five times more likely to be killed.<sup>iv</sup>

**WHEREAS**, access to a firearm increases the risk of death by suicide by three times and<sup>v</sup> firearm suicides are concentrated in states with high rates of firearm ownership.<sup>vi</sup>

**WHEREAS**, the firearm homicide rate is 25 times higher and the firearm suicide rate is eight times higher in the United States than in other high-income countries.<sup>vii</sup>

**WHEREAS**, annually, over 10,300 violent hate crimes involve a firearm – more than 28 each day.<sup>viii</sup>

**WHEREAS**, research is critical to improve understanding of the public health aspects of firearm-related violence, including its causes, health burden, and possible interventions.<sup>ix</sup>

**WHEREAS**, several laws have effectively restricted federally funded research related to firearm violence, as well as access to complete crime data related to firearms.<sup>x,xi</sup>

**WHEREAS**, most causes of death receive funding proportional to their burden on society, firearm deaths are one of the few exceptions.<sup>xii</sup> The federal government spends roughly \$35 million per year researching motor vehicle collisions, but less than \$2 million per year researching firearm deaths.<sup>xiii</sup>

**WHEREAS**, in recent years, legislation has been introduced across the country to allow firearms on college and university campuses.<sup>xiv</sup>

**THEREFORE, APTR Calls Upon ALL Institutions of Postsecondary Education To:**

**Implement Education Strategies** on prevention and the social determinants that contribute to firearm violence and support educational initiatives that build awareness of the research on firearm violence.

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1001 Connecticut Avenue, NW • Suite 610 • Washington, DC 20036 • Phone 202.463.0550 • Toll Free 866.520.APTR • Fax 202.463.0555

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**Support Research and Dissemination of Evidence-based Policies** - Fund scientific research across academic institutions into the causes and prevention of violence and continue to build the body of evidence for policies and strategies to reduce firearm violence. Conduct research studies to inform firearm violence prevention policy and practice, and the dissemination of research findings.

**Seek Funding** – Because of the lack of funding for firearm violence research, only a few researchers have focused their careers and research efforts primarily on firearm violence.<sup>xv</sup> Research funding can provide grants to both new and experienced scholars to expand the pool of qualified firearm violence researchers. In addition, creative and innovative solutions are needed to address this gap in research; the research must be conducted, with or without typical funding streams.

**Improve Surveillance** – Advocate for the creation and evaluation of comprehensive national, state, and local data collection systems to facilitate research on the prevention of firearm-related fatalities and injuries and the movement of handguns within the population.

**Convene Stakeholders** – Encourage the creation and evaluation of community- and school-based programs (including coalitions) focused on the prevention of firearm injuries including suicides, homicides, and assaults, and trauma informed care. Adopt a multidisciplinary approach to establish collaboration between practitioners, pediatricians, gun owners, law enforcement, educators, government officials, communities, researchers, advocacy groups, gun manufacturers and parents to design effective interventions to eliminate this public health threat.

**Empower Primary Care Providers** – Recommend that health providers take a thorough history related to firearm ownership, advise patients about the hazards of firearms, use best practices and strategic approaches for promoting safer firearm ownership practices, and consider motivational interviewing techniques.

**Examine Firearm Safety Policies on Campus** – Develop and implement evidence-based policies regarding violence prevention and firearm safety on the institution’s campuses.

**APTR recognizes firearm violence as a public health epidemic requiring comprehensive interventions and a health systems approach. APTR Will:**

- Support a community-based public health approach to the prevention of firearm violence in the United States.
- Engage key stakeholders through professional organizations and organizational policy development.
- Advocate for unrestricted funding for the Centers for Disease Control and Prevention to conduct research into the causes of firearm violence and specifically increase funding for Centers for Disease Control and Prevention National Violent Death Reporting System to support nationwide expansion.
- Advocate for accrediting bodies to include competencies on firearm violence and research.

## BACKGROUND AND RATIONALE

“A public health approach is designed to fulfill society's interest in assuring conditions in which people can be healthy and generate organized community efforts to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health” (Institute of Medicine, Committee for the Study of the Future of

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Public). The public health approach to firearm violence prevention comprises three key elements: assess the problem and its etiologies; formulate a solution that educates, mobilizes community action and policies, and assures results that includes enforcing laws, providing necessary health services, and reassesses consequences.

Because public health focuses on the well-being of entire populations and strives to provide maximum benefit for the largest number of people, firearm-violence prevention should be addressed through a public health approach. The first step in this approach is to understand the magnitude of the problem through data analysis such as the number of violence-related behaviors, injuries, and deaths. Additionally, it is important to understand what factors protect people or put them at risk for experiencing or perpetrating violence in order to design evidence-based prevention programs and to conduct proper evaluation of their effectiveness so they may be implemented widely.

A 2005 report of a committee of the National Academy of Sciences (NAS) assessed the strengths and limitations of existing research on firearm violence and firearm policy, finding that considerable gaps exist in research and reliable data to evaluate the effectiveness of most firearm violence prevention methods. The NAS report concluded that a comprehensive research program must be established to effectively evaluate firearm law and policy. The NAS report also noted the critical need for increased funding of firearm violence research, particularly by the federal government.

Firearm violence reduction prevention and control activities can be modeled after other public health successes. For instance, success associated with reduced morbidity and mortality related to cigarette smoking involved establishing clear scientific evidence that cigarettes cause harm, a trusted public educator, cigarette taxes, underage use laws, effective messaging, and social change. Similarly, reductions in auto fatalities included safety engineering for collision avoidance and reduction of injury producing forces, seat belts, car safety seats, driver education, driver's education, safer roads, effective texting and drunk driving laws, and social change. All of these interventions include primary, secondary and tertiary prevention strategies that attempt to influence a combination of individual psycho-socio conditions, physical environment, and socio-cultural conditions including collaboration between community leaders and coalitions that cut across traditionally separate sectors.

Follow-up and follow-through are also essential elements to the public health approach to assure desired outcomes and results. While removing the pump handle was effective for stopping the acute cholera outbreak in a London community it was not until a thorough understanding of microbiology matured that a sustained preventive solution could be initiated. Formal evaluation also allows necessary revisions and solution improvements to maximize success of the intervention. Communication between all parties – health departments, community leaders, citizens, advocates, law enforcement and media is essential as well to ensure that the intervention addresses everyone's real needs and provides clear evidence of successful prevention effectiveness as well as cost effectiveness.

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<sup>i</sup> Centers for Disease Control and Prevention. (2019, March) Web-based injury statistics query and reporting system (WISQARS), fatal and non-fatal injury data. Retrieved January 11, 2018 from <https://www.cdc.gov/injury/wisqars>.

<sup>ii</sup> Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports. Data from 2017. Children and teenagers aged 1 to 19, Black defined as non-Hispanic, number of deaths by known intent (homicide, suicide, unintentional deaths). Age 0 to 1 calculated separately by the CDC because leading causes of death for newborns and infants are specific to the age group.

<sup>iii</sup> Federal Bureau of Investigation, Uniform Crime Reporting Program: Supplementary Homicide Reports (SHR), 2012-2016.

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- <sup>iv</sup> J.C. Campbell, et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health* 93, no.7 (2003): 1089–1097.
- <sup>v</sup> Anglemeyer A, Horvath T, Rutherford G. The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis. *Annals of Internal Medicine*. 2014; 160(2): 101-110.
- <sup>vi</sup> Opoliner A, Azrael D, Barber C, Fitzmaurice G, Miller M. Explaining geographic patterns of suicide in the U.S.: The role of firearms and antidepressants. *Injury Epidemiology*. 2014; 1(1): 6.
- <sup>vii</sup> E Grinshteyn, D Hemenway. Violent death rates: the US compared with other high-income OECD countries, 2010. *Am J Med*, 129 (2016), pp. 266-273.
- <sup>viii</sup> Hate Crime Victimization, 2004-2015, BJS. June 2017.
- <sup>ix</sup> Institute of Medicine; National Research Council. *Priorities for Research to Reduce the Threat of Firearm-Related Violence*. Washington, DC: National Academies Pr; 2013.
- <sup>x</sup> Omnibus Consolidated Appropriations Act, 1997, Pub. L. No. 104-208, 110 Stat. 3009, 3009-244 (1996).
- <sup>xi</sup> Consolidated Appropriations Act, 2012, Pub. L. No. 111-74, § 218, 125 Stat. 786, 1085 (2011).
- <sup>xii</sup> David E. Stark and Nigam H. Shah, "Funding and Publication of Research on Gun Violence and Other Leading Causes of Death," *JAMA* 317, no. 1 (2017): 84-86.
- <sup>xiii</sup> Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER), "Compressed Mortality File, 2013-2017," last accessed Jan. 7, 2019, <https://wonder.cdc.gov/controller/datarequest/D140>.
- <sup>xiv</sup> National Rifle Association Institute for Legislative Action, "ALEC Task Force Adopts Model "Campus Personal Protection Act", May 23, 2008, available at: <http://www.nraila.org/legislation/federal-legislation/2008/alec-task-force-adopts-model-campus-pe.aspx?s=campus+personal+protection+act&st=&ps=>
- <sup>xv</sup> Koper CS, Woods DJ, Roth JA. *An Updated Assessment of the Federal Assault Weapons Ban—Impacts on Gun Markets and Gun Violence, 1994-2003: Final Report to the National Institute of Justice*. Philadelphia, PA: Jerry Lee Center of Criminology University of Pennsylvania; 2004.

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