

Suicide Warning Signs for Youth



It's time to take action if you notice these signs in family or friends:

- 1.** Talking about or making plans for suicide.
- 2.** Expressing hopelessness about the future.
- 3.** Displaying severe/overwhelming emotional pain or distress.
- 4.** Showing worrisome changes in behavior, particularly in combination with the warning signs above, including significant:
 - Withdrawal from or changing social connections/situations.
 - Changes in sleep (increased or decreased).
 - Anger or hostility that seems out of character or out of context.
 - Recent increased agitation or irritability.

If you or someone you know is struggling or in crisis, help is available.

Call or text 988 or chat [988lifeline.org](https://www.988lifeline.org), or reach out to a mental health professional.





Asking About Secure Gun Storage

Owning a gun is a personal decision, but secure storage is a public safety issue. Kids and unsecured guns are a potentially lethal combination. Fortunately, a simple conversation can help keep children out of harm's way. It doesn't need to feel strange or awkward to bring up the issue of how guns are stored. These simple conversations with your friends, caregivers, and relatives *before* your child visits can help save lives.

Sample conversation starters

Part of general safety conversations

"Before I drop my son off, I just wanted to check to see if you have pets? And also ask if you have firearms in your house and confirm how they are stored. I want to make sure he knows your safety rules."

Part of other teen safety conversations

"Hey, excited the kids are getting together over the weekend. I know that they've hung out quite a bit, but my daughter has never been over to your house so I want to confirm a couple of things: Will an adult be at the house the whole time? Also, I heard a story on the news that made me decide I should always ask this—do you have any firearms, and how are they stored? Do you need me to pick her up or can you give her a ride home?"

If you know that the homeowner or your family member is a gun owner.

"We are looking forward to spending time with you and with the whole family. I know I have never asked this before, but after hearing about a recent unintentional shooting in the area (refer to the [Not An Accident map](#)), I just have to ask: how are your guns stored? The kids get into everything and I don't want to spend the day looking over my shoulder worried about them, or the rest of the kids. (*option*: I'm happy to purchase gun locks if you don't have them)."

Confirm secure storage practices. Following their description, if you need to know more, then you can ask direct questions, like: "What kind of lock do you use?" or "How do you store ammunition?"

Sample text or email starters

Sometimes these conversations are easier via email.

Try "sandwiching" your question amongst other questions and information. For example:

"I know my son hasn't been to your home before and I do like to ask a few safety questions. He is skittish around dogs, do you have any? Also, do you own any firearms, and if so, how are they stored? Finally, will they be playing video games? We only allow limited time on ones rated 'E.' He doesn't have any allergies. For future reference, no pets, and no firearms at our home. Thanks so much."

Sample texts, emails, or conversation starters for teenage babysitters

Certainly there are times that a teen will be in the role of the caregiver and need to confirm this information on his/her own. The onus is still on adults. Here is sample language.

"I'm confirming that you need me at 7pm on Saturday evening. Let me know if the kids will need to be fed. Also, my parents wanted me to ask if there are any unsecured guns in the home? Thanks."

Make it a deal-breaker

In the unlikely event that your friends or relatives don't confirm that they store guns securely, make sure they know that you won't allow your children in their home:

"I'm sorry but unless you make sure your guns are locked the entire time we're/John's at your home, we/he won't be able to make it. The kids are good kids, but curious, and I just can't take the risk of them hurting themselves or someone else. We'd be happy to have you at our house instead this year."



Share your own secure gun storage habits

If you are a gun owner, volunteer information about your own secure gun storage habits, and let your friends and family know that you are open to having the conversation with them:

"Hi we just got a new puppy—I wanted to flag in case there were any allergies. Also, I wanted to let you know that we hunt in the fall, but our guns are stored securely, locked, unloaded with the ammunition stored separately. It's important for us to know about your gun ownership and storage practices ahead of time too. Can't wait to see you!"

Be SMART

Many unintentional shootings happen in the homes of relatives, friends, or caregivers. It's very possible that some of your family members or close friends have unsecured guns in their home. It's important to ask each time your child will visit, as storage practices and gun ownership may change. Never make assumptions when a child's safety is at stake. It's up to all of us to keep our children safe.



Facts and Resources on Child Firearm Suicide

Gun violence has a devastating impact on children in America. **In fact, more than one-third of child gun deaths are suicides**—more than 700 child gun suicides each year.¹ One study showed that over 80 percent of children under the age of 18 who died by gun suicide used a gun belonging to a parent or relative.² For people of all ages, access to a gun increases the risk of death by suicide by three times.³

Most people who attempt suicide do not die—unless they use a gun.⁴ In fact, 90 percent of suicide attempts with a gun result in death—a much higher fatality rate than any other means of self-harm.⁵ This contributes to the fact that 42 percent of child suicides involve a gun.⁶

A national survey of high school students found that 22 percent had seriously considered attempting suicide within the last year.⁷ And one study showed that 41 percent of adolescents in gun-owning households report having “easy access” to the guns in their home.⁸

Signs to look out for when concerned that a loved one may be suicidal:⁹

- Prolonged sadness and depression
- Changes in mood or behavior
- Hopelessness
- Sleeping too much or too little
- Withdrawing/Isolation
- Aggression or agitation
- Increased alcohol or drug use
- Talking about killing themselves

Research shows that secure firearm storage is associated with a decreased risk of child firearm suicide. One study showed that households that locked both firearms and ammunition had a 78 percent lower risk of self-inflicted firearm injuries among children and teenagers.¹⁰ The risk of gun violence and self-harm have grown during the COVID-19 pandemic, with kids experiencing increased levels of stress and isolation, and more guns being purchased. These factors make it even more important that firearms are stored securely.

Some additional key steps you can take to support your loved one include: inviting an honest conversation, listening and supporting your loved one, and encouraging them to see a mental health professional or a primary care physician.¹¹

Resources

National Suicide Prevention Lifeline

Call 1-800-273-8255. Available 24 hours a day.

Trevor Project, the LGBTQ youth suicide prevention line

Call TrevorLifeline at 1-866-488-7386.

Text HOME to 741741 from anywhere in the United States, anytime, about any type of crisis.

988 Suicide and Crisis Lifeline can be reached by calling or texting 988 or chatting on <http://988lifeline.org>.



¹ Centers for Disease Control and Prevention. National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly average was developed using four years of most recent available data: 2018 to 2021. Children aged 0 to 17.

² Renee M. Johnson et al., "Who Are the Owners of Firearms Used in Adolescent Suicides?" *Suicide and Life-Threatening Behavior* 40, no. 6, (2010): 609–11.

³ Andrew Anglemyer, Tara Horvath, and George Rutherford, "The Accessibility of Firearms and Risk for Suicide and Homicide Victimization Among Household Members: A Systematic Review and Meta-Analysis," *Annals of Internal Medicine* 160, no. 2 (2014): 101–10.

⁴ Everytown for Gun Safety Support Fund, "Firearm Suicide in the United States," December 28, 2021, <https://everytownresearch.org/report/firearm-suicide-in-the-united-states/>.

⁵ Andrew Conner, Deborah Azrael, and Matthew Miller, "Suicide Case-Fatality Rates in the United States, 2007 to 2014: A Nationwide Population-Based Study," *Annals of Internal Medicine* 171, no. 2 (2019): 885–95.

⁶ Centers for Disease Control and Prevention. National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly average was developed using four years of most recent available data: 2018 to 2021. Analysis includes children aged 0 to 17.

⁷ Centers for Disease Control and Prevention, "Youth Risk Behavior Survey: Data Summary & Trends Report, 2011–2021," 2023, <https://bit.ly/3TG6ncd>.

⁸ Joseph A. Simonnet et al., "Psychiatric Comorbidity, Suicidality, and In-Home Firearm Access Among a Nationally Representative Sample of Adolescents," *JAMA Psychiatry*, 72, no. 2 (2015): 152–59.

⁹ American Foundation for Suicide Prevention, "Risk Factors, Protective Factors, and Warning Signs," (2022), <https://afsp.org/risk-factors-protective-factors-and-warning-signs>.

¹⁰ David C. Grossman et al., "Gun Storage Practices and Risk of Youth Suicide and Unintentional Injuries," *JAMA* 293, no. 6 (2005): 707–14.

¹¹ American Foundation for Suicide Prevention, "When Someone is at Risk," (2022), <https://afsp.org/when-someone-is-at-risk>.



Talking To Your Children About Guns

Every year, 350 children unintentionally shoot themselves or someone else when they find unlocked, loaded guns.¹ More than 700 American children die by gun suicide each year.² One study showed that over 80 percent of children under the age of 18 who died by gun suicide used a gun belonging to a family member.³ The Be SMART program, designed to prevent these shootings, recognizes **that secure storage by adult gun owners is essential to preventing unauthorized, unsupervised access to firearms by children.**

It is always an adult's responsibility to prevent unauthorized access to guns, not a curious child's responsibility to avoid guns. That means always keeping all firearms unloaded, locked, and stored separately from ammunition.

And yet research shows that approximately 4.6 million American children live in homes with guns that are not stored securely.⁴ We recognize that until every gun is securely stored, children are still at risk of finding unsecured guns, and parents need guidance on how to talk to their children about what to do if that happens. The suggestions below, developed in collaboration with Marjorie Sanfilippo, Ph.D., a professor and expert on children's behaviors around firearms, are a good place to start:

Tips for Talking to Young Children:

- Make it part of the normal safety conversation you have with your children.
- Keep the language simple; for example: "If you see a gun, don't touch it. Tell an adult right away."
- Tell children not to touch a gun, even if it looks like a toy.
- Assure children they will not get in trouble if they tell an adult they've seen a gun.
- Repeat it on a regular basis.

Tips for Talking to Adolescents:

- Include it in your general safety conversations about topics like drugs, alcohol, and drunk driving.
- Tell them to immediately leave any situation where an unsecured gun is present.

- Tell them not to listen to a friend who says a gun is unloaded or otherwise safe.
- Give your teen strategies to get out of a situation where a gun is present—or brainstorm them together. For example, you could agree that your teen would say: "Mom just texted me that I have to get home right now."
- Assure them that it's OK to ask people about the presence of unsecured guns in other homes they may be visiting, but offer to do it for them if they don't feel comfortable.

Tips for All Ages:

- Don't have the conversation only once. Talk to them frequently, just as you would about other crucial safety issues.
- Make sure they understand that any situation where there's an unsupervised gun is a dangerous situation.

It is important to remember that **talking to children about guns is a precaution, not a guarantee of safety.** One study found that young children who go through a week-long gun safety training are just as likely as children with no training to approach or play with a handgun when they find one.⁵

This is one reason we take issue with the National Rifle Association's program to reduce unintentional shootings by children, Eddie Eagle, as it focuses solely on educating children not to touch guns without permission and to alert an adult if they find a firearm. That alone is not nearly sufficient to reduce unsupervised access to guns by children.

¹ Everytown for Gun Safety, "#NotAnAccident Index: Unintentional Shootings by Children," <https://everytownresearch.org/maps/notanaccident/>. A yearly average was developed using data from 2015 to 2022. Incidents from the index are collected from media reports of unintentional shootings by children under the age of 18 that result in injury or death.

² Centers for Disease Control and Prevention. National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death. A yearly average was developed using four years of most recent available data: 2018 to 2021. Analysis includes children aged 0 to 17.

³ Renee M. Johnson et al., "Who Are the Owners of Firearms Used in Adolescent Suicides?" *Suicide and Life-Threatening Behavior*, 40, no. 6 (2010): 609–11.

⁴ Matthew Miller and Deborah Azrael, "Firearm Storage in US Households with Children: Findings from the 2021 National Firearm Survey," *JAMA Network Open* 5, no. 2 (2022): e2148823.

⁵ Marjorie S. Hardy, "Teaching Firearm Safety to Children: Failure of a Program," *Journal of Developmental and Behavioral Pediatrics* 23, no. 2 (2002): 71–76.

Guide to Secure Gun Storage Devices

Secure gun storage can be a lifesaver. It can prevent theft and access by children, unauthorized users, and anyone who may pose a danger to themselves or others. The best device for you is the one that is most appropriate for the circumstances in your household.



Full-Size Gun Safe

Storage of multiple guns in one place. Biometric lock more secure than key or passcode.

\$200–\$2,000

- ✓ Prevents access by children
- ✓ Prevents access by unauthorized users
- ✓ Prevents theft (if secured to a structure in home)
- ✓ Enables fast access



Lock Box/Locker

Smaller and lighter than safe. Biometric lock more secure than key or passcode.

\$25–\$350

- ✓ Prevents access by children
- ✓ Prevents access by unauthorized users
- ✓ Provides secure vehicle storage
- ✓ Enables fast access

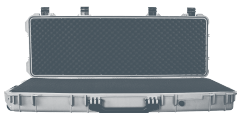


Console/Vehicle Gun Safe

For storage in a vehicle. Biometric lock more secure than key or passcode.

\$50–\$350

- ✓ Prevents access by children
- ✓ Prevents access by unauthorized users
- ✓ Prevents theft (if secured to a structure in car)
- ✓ Provides secure vehicle storage
- ✓ Enables fast access



Gun Case

For home or in-transit storage of one firearm. Uses external lock.

\$10–\$150

- ✓ Prevents access by children
- ✓ Prevents access by unauthorized users
- ✓ Enables fast access



Trigger Lock

Locks trigger of single weapon. Never use with loaded gun. May be dismantled with minimal tools and skills, so not as effective with older children and teens.

\$10–\$75

- ✓ Prevents use by small children
- ✓ Enables fast access



Cable Lock

Cable runs through action of single weapon to prevent firing. Ammunition must be removed for lock use. May be dismantled with minimal tools and skills, so not as effective with older children and teens.


\$0*–\$50

- ✓ Prevents use by small children
- ✓ Enables fast access

*Often provided free with firearm purchase.

SPECIAL ARTICLES | FEBRUARY 28 2022

Pediatric Firearm Injury Mortality Epidemiology **FREE**

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Pediatrics (2022) 149 (3): e2021052739.

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Connected Content

A correction has been published: An error occurred in the article by Andrews AL et al, titled "Pediatric Firearm Injury Mortality Epidemiology" published in the March 2022 issue of *Pediatrics* (2022;149(3):e2021052739; doi:10.1542/peds.2021-052739).

Firearm injury is a leading and preventable cause of death for youth in the United States. The Centers for Disease Control and Prevention web-based injury statistics query and reporting system was queried to examine changes in firearm injury mortality among youth aged 0 to 19 from 2001 to 2019. This includes assessment of overall mortality rates, mortality rates based on intent and race/ethnicity, and the proportion of deaths due to homicide, suicide, and unintentional shootings among different age groups. Regression analysis was used to identify significant differences in mortality rate over time between Black and White youth. Deaths due to firearm injury were compared with deaths due to motor vehicle traffic collisions. In 2019, firearm injuries surpassed motor vehicle collisions to become the leading cause of death for youth aged 0-19 years in the United States, after excluding deaths due to prematurity and congenital anomalies. Homicide is the most common intent across all age groups, but suicide represents a large proportion of firearm deaths in 10- to 19-year-old youth. In 2019, Black youth had a firearm mortality rate 4.3 times higher than that of

White youth and a firearm homicide rate over 14 times higher than that of White youth. For each additional year after 2013, the mortality rate for Black youth increased by 0.55 deaths per 100 000 compared with White youth (time by race interaction effect $P < .0001$). These data indicate the growing burden of firearm injuries on child mortality and widening racial inequities with Black youth disproportionately affected by firearm violence. This public health crisis demands physician advocacy to reduce these preventable deaths among youth.

Subjects: Firearms, Injury, Violence & Poison Prevention

Topics: firearms, gunshot wounds, suicide

Firearm injury is a leading cause of death for youth in the United States.¹ In 2016, firearm injury was the second leading cause of death for youth aged 1 to 19 in the United States behind motor vehicle collisions (MVC).¹ Firearm deaths are preventable, and as clinicians and investigators develop evidence-based prevention strategies, it is critical to understand the current trends in the mortality data, with a particular focus on intent, differences by age group, and racial/ethnic inequities.

When youth are killed by firearms, these deaths are classified by intent categories, including unintentional (when a youth gains access to an unsecured firearm and unintentionally kills themselves or someone else), homicide, and suicide. Overall, ~60% of youth deaths from firearm injuries are homicides, 35% are suicides, and 4% are unintentional firearm deaths.¹

Youth in the United States have a higher risk of dying by firearm injury compared with their peers in other countries.² In 2015, the United States accounted for >90% of all high-income country firearm deaths among 0- to 14-year-old children.³ Minoritized racial and ethnic groups have been disproportionately affected by this public health crisis. Although firearm injury was the second leading cause of death for all youth in the United States

in 2016, it was the leading cause of death for Black youth and has been since at least 2001.¹ NonHispanic Black youth have a higher rate of firearm homicide when compared with their White, Hispanic, American Indian, and Asian American peers.⁴ Black youth have previously been shown to be 14 times more likely to die of firearm injury compared with their White peers.⁵ Alternatively, firearm suicide is more likely to impact the American Indian and White populations.⁴ There is no biological plausibility for these disparities, but rather they are a reflection of racist systems and policies that perpetuate inequities in violent injuries and death. Firearm injury is a significant driver of racial health inequities among US youth.

Updated epidemiologic data are needed to inform targeted implementation of evidence-based firearm injury prevention programs including secure storage counseling⁶⁻⁸ and hospital-based violence intervention programs (HVIPs).⁹⁻¹¹

In 2019, the Firearm Safety Among Children and Teens (FACTS) consortium developed a consensus-driven research agenda, which included understanding recent epidemiologic trends and how demographic factors, such as race and ethnicity, are associated with fatal firearm outcomes.¹² To address this need, we examined the most recent available data to report updated youth firearm mortality rates and trends over time with a focus on intent by age group and racial/ethnic inequities.

Methods

Mortality data were derived from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics' (NCHS) web-based injury statistics query and reporting system (WISQARS). Mortality data available through WISQARS are based on death certificates from the national vital statistics system operated by the CDC's NCHS. WISQARS provides death counts and death rates for the United States by age, race, Hispanic

ethnicity, cause of death, injury intent, and injury mechanism. Data are from the MVC and firearm injury by intent (including homicide, suicide, and unintentional but excluding legal intervention and undetermined intent) causes of death from 2001 to 2019 (the most recent data available) for youth aged 0 to 19. MVC mortality rates are used as a comparator group because MVC has been the leading cause of death for youth in the United States for decades.¹ Deaths due to prematurity and congenital anomalies were excluded.

Firearm injury deaths are identified by using *International Classification of Diseases, 10th Revision* (ICD-10) underlying cause-of-death codes W32, W33, W34 (0.00,0.09,10,19) X72, X73, X74 (0.8,0.9), X93, X94, X95 (0.8,0.9), Y22, Y23, Y24 (0.8,0.9) Y35 (0.00-0.03, 0.09) Y36 (0.42,0.92) Y37 (0.42,0.43,0.92, Y38.4). MVC deaths include motor vehicle occupants, motorcyclists, pedestrians, and cyclists. MVC deaths are identified by using ICD-10 underlying cause-of-death codes V02–V04 (0.1, 0.9), V09.2, V12–V14 (0.3–0.9), V19 (0.4–0.6), V20–V28 (0.3–0.9), V29–V79 (0.4–0.9), V80 (0.3–0.5), V81.1, V82.1, V83–V86 (0.0–0.3), V87 (0.0–0.8), and V89.2.

To determine the relationship between all intent firearm mortality rate and traffic MVC mortality rate over time, the database was first queried for deaths due to all intent firearm injury and traffic MVC to report mortality rates (deaths per 100 000) for youth aged 0 to 19 (10 to 19 for suicide because of the rarity of suicide in youth <10 years old and neurodevelopmental concerns regarding the ability to determine intent in youth <10 years old) from 2001 to 2019. Firearm mortality rates by intent category were also reported over time from 2001 to 2019.

To determine the breakdown of intent of youth firearm deaths within age groups (0 to 4, 5 to 9, 10 to 14, and 15 to 19) proportion of deaths by intent was reported by age group.

To explore differences in mortality rate by race/ethnicity, all intent firearm injury mortality rate by race and ethnicity categories over time from 2001 to 2019 was determined. Race categories in WISQARS are reported as White, Black, American Indian, and Asian/Pacific Islander. Each of these race categories is divided into Hispanic or nonHispanic ethnicity. For the purposes of this study, all youth identified as Hispanic ethnicity were combined into one race/ethnicity category of Hispanic. Therefore, reported categories in this analysis are nonHispanic Black, nonHispanic White, nonHispanic American Indian, nonHispanic Asian/Pacific Islander, and Hispanic. In addition, mortality rates over time by race/ethnicity were determined for each firearm injury intent category (homicide, suicide, and unintentional injury). The suicide mortality rate was calculated among youth aged 10 to 19.

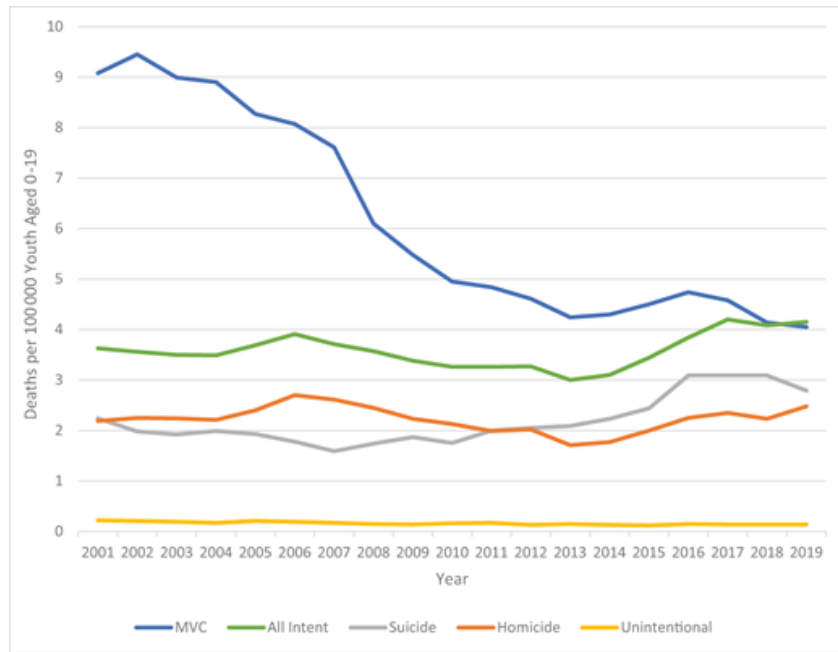
To evaluate time trend differences in firearm injury mortality rates between Black and White youth, a two-part linear regression analysis was performed for all intent, homicide, suicide, and unintentional firearm injury mortality rates. Separate models were run for the time periods before and after 2013. Covariates included in the model were race, year, and an interaction term between race and year, and the primary outcome of interest. American Indian, Hispanic, and Asian/Pacific Islander races/ethnicities were not included in the models given their small sample sizes.

Results

In 2019, firearm injury surpassed MVCs to become the number one cause of death in children aged 0-19 years old, after excluding deaths due to prematurity and congenital anomalies ([Figure 1](#)). The firearm injury mortality rate in 2019 was 4.15 per 100 000 vs 3.99 per 100 000 for MVC. Firearm injury mortality has increased in the study period (from 3.63 in 2001 to 4.15 in 2019), whereas the MVC mortality rate has decreased (from 9.08 in

2001 to 3.99 in 2019) ([Fig 1](#)). The increase in firearm injury death is attributable to an increase over time in homicide (2.19 per 100 000 in 2001 vs 2.48 per 100 000 in 2019), and suicide (2.24 per 100 000 in 2001 vs 2.79 per 100 000 in 2019). From 2001 to 2019, unintentional firearm mortality rate decreased (0.22 per 100 000 in 2001 vs 0.14 per 100 000 in 2019).

FIGURE 1

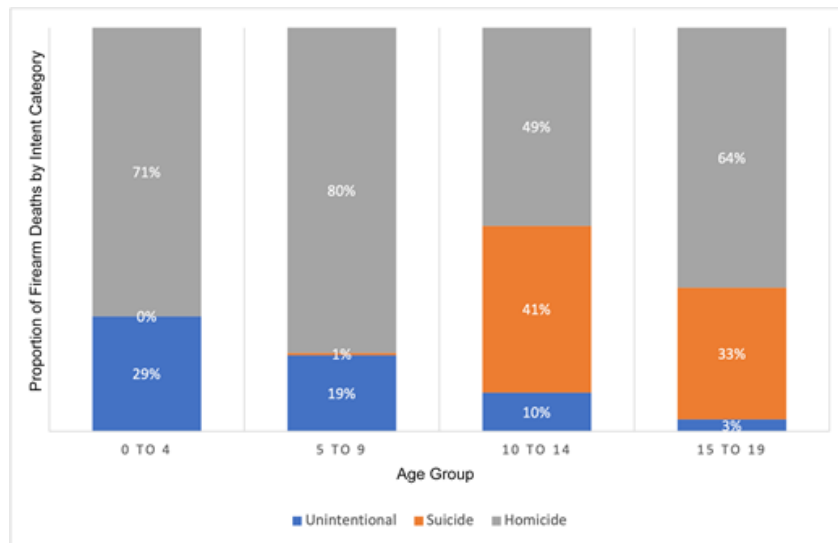


Firearm injury and motor vehicle collision mortality among youth aged 0–19 from 2001–2019. Data are derived from the CDC and NCHS. Data are from the overall motor vehicle traffic and firearm causes of injury related deaths by intent from 2001 to 2019, as compiled by NCHS Vital Statistics System for numbers of deaths. The Bureau of Census was referenced for population estimates. Accessed at <https://www.cdc.gov/injury/wisqars/index.html>. All Intent = all firearm deaths (homicide, suicide, and unintentional); Homicide, firearm homicide deaths; MVC, motor vehicle traffic collision; Suicide, firearm suicide deaths; Unintentional, unintentional firearm deaths. Suicide mortality rate calculated per 100 000 youth aged 10 to 19.

When analyzing the intent of firearm death by age group, unintentional injury represents a large proportion of deaths among youth aged 0 to 4 and the proportion decreases as youth get older, at least one-third of firearm deaths are due to suicide

in ages 10 to 14 and 15 to 19, although homicide injury is the most prevalent across all ages from 0 to 19 ([Fig 2](#)).

FIGURE 2

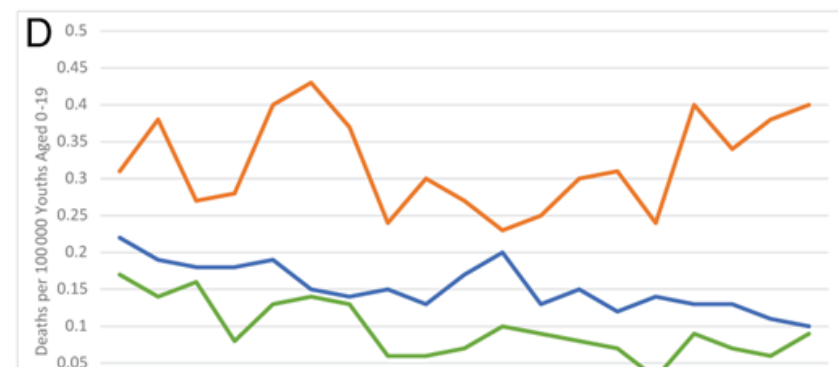
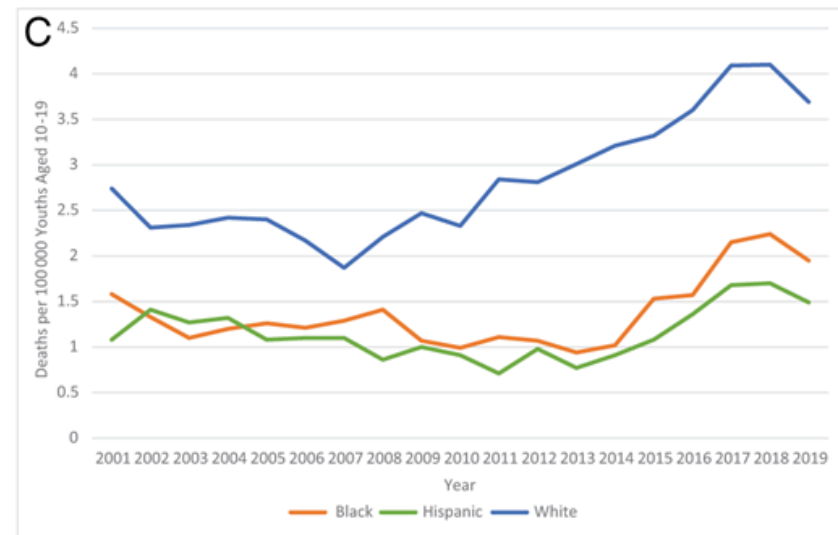
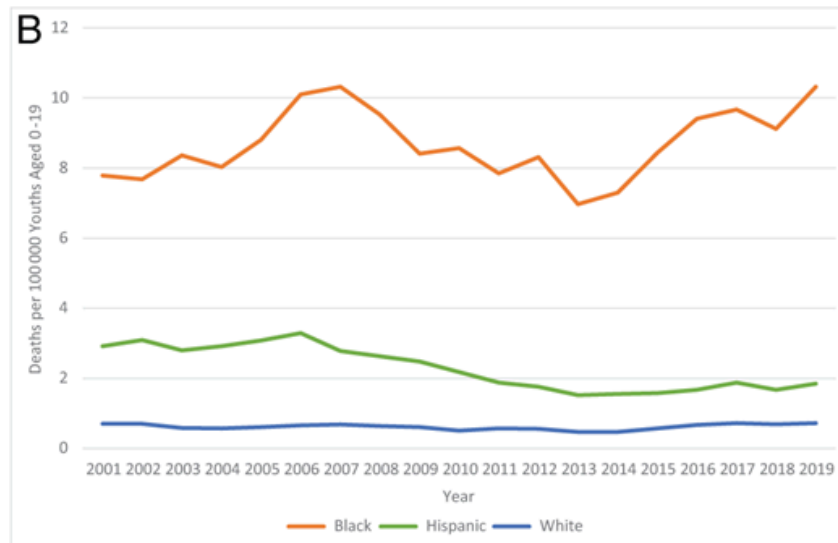
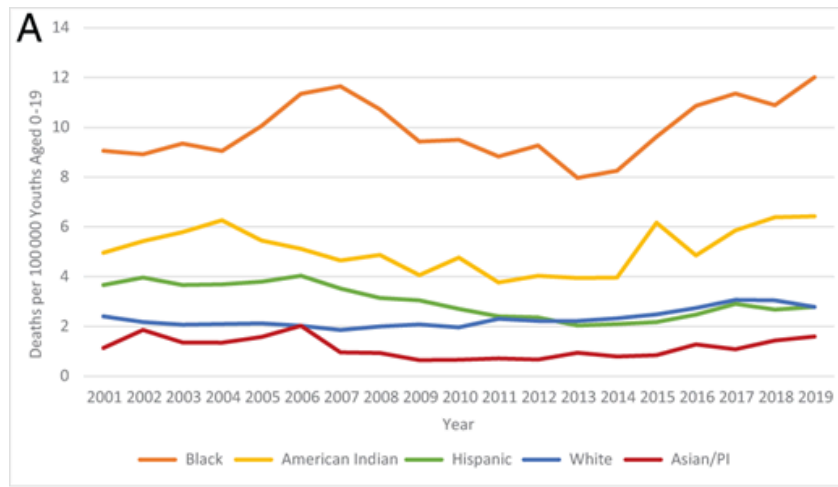


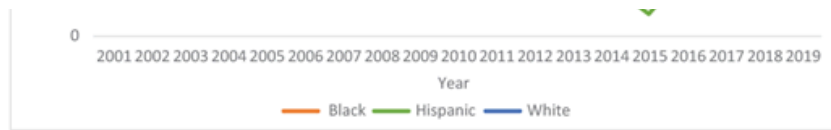
Firearm injury deaths by age group and intent among youth aged 0–19 from 2001–2019. Data are derived from CDC and NCHS. Data are from the overall firearm causes of injury related deaths from age 0 to 19 by intent from 2001 to 2019, as compiled by NCHS Vital Statistics System for numbers of deaths. The Bureau of Census was referenced for population estimates. Accessed at <https://www.cdc.gov/injury/wisqars/index.html>.

There are significant widening racial inequities in firearm injuries among youth. From 2001 to 2019, the average annual firearm mortality rate among Black youth was 9.9 per 100 000, whereas the average among White youth was 2.3 per 100 000 ([Fig 3a](#)). In a linear regression analysis of all intent firearm injury mortality rates before 2013, there was no significant time trend difference between Black and White youth (time by race interaction effect $P = .685$). In a separate model, it was found that, for each additional year after 2013, the mortality rate among Black youth

increased by 0.55 deaths per 100 000 youth compared with White youth (time by race interaction effect $P < .0001$).

FIGURE 3





Firearm injury mortality among youth aged 0–19 by race/ethnicity from 2001–2019. Data are derived from CDC and NCHS. Data are from firearm all intent causes of injury related deaths from age 0 to 19 from 2001 to 2019, as compiled by NCHS Vital Statistics System for numbers of deaths. The Bureau of Census was referenced for population estimates. Accessed at <https://www.cdc.gov/injury/wisqars/index.html>. Race and Ethnicity is reported in categories made available in WISQARS. All youth identified as Hispanic ethnicity were combined into one category regardless of race. Suicide mortality rate calculated per 100 000 youth aged 10 to 19. A, All intent firearm injury mortality among youth aged 0 to 19 by race/ethnicity from 2001 to 2019. B, Firearm homicide mortality among youth aged 0 to 19 by race/ethnicity from 2001 to 2019. C, Firearm suicide mortality among youth aged 10 to 19 by race/ethnicity from 2001 to 2019. D, Unintentional firearm mortality among youth aged 0 to 19 by race/ethnicity from 2001 to 2019.

From 2001 to 2019, the average annual firearm homicide mortality rate among Black youth was 8.68 per 100 000, whereas the average among White youth was 0.62 per 100 000. In 2019, specifically, 10.32 per 100 000 Black youth were killed by firearm homicide, compared with 0.72 per 100 000 White youth ([Fig 3b](#)). In a linear regression analysis of firearm homicide injury mortality rates before 2013, there was no significant time trend difference between Black and White youth (time by race interaction effect $P = .427$). In a separate model, it was found

that, for each additional year after 2013, the mortality rate among Black youth increased by 0.49 deaths per 100 000 youth compared with White youth (time by race interaction effect $P < .0001$).

NonHispanic White children have experienced an increase in firearm suicide mortality with a rate of 2.74 per 100 000 in 2001 and reaching a rate of 3.69 per 100 000 in 2019 ([Fig 3c](#)). In a linear regression analysis of firearm suicide injury mortality rates, there was no significant time trend difference between Black and White youth before or after 2013 (time by race interaction effect before 2013 $P = .3337$, after 2013 $P = .0548$).

The overall rate of unintentional firearm death has decreased from 0.58 to 0.25 per 100 000 from 2001 to 2019, although Black youth have a >3 times higher rate of unintentional firearm deaths compared with White and Hispanic youth ([Fig 3d](#)). In a linear regression analysis of firearm unintentional injury mortality rates before 2013, there was no significant time trend difference between Black and White youth (time by race interaction effect $P = .456$). In a separate model, it was found that, for each additional year after 2013, the mortality rate among Black youth increased by 0.03 deaths per 100 000 youth compared with White youth (time by race interaction effect $P = .0008$). ([Fig 3d](#))

For intent-specific analysis by race, estimates among the nonHispanic American Indian and Asian/Pacific Islander populations can be unstable because of low case counts. For this reason, American Indian and Asian/Pacific Islander data were not included in the intent-specific graphs.

Discussion

After excluding deaths due to prematurity and congenital anomalies, firearm injury became the leading cause of death for

youth in the United States in 2019, surpassing MVCs. From 2001 to 2019, there has been a 14% increase in the firearm injury mortality rate among youth in the United States, whereas there has been a 66% reduction in the MVC mortality rate. Public health approaches that have proven successful in reducing MVC mortality, including public education campaigns, industry safety standards, and legislative advocacy, must be used to reduce firearm deaths among youth.

Firearm injuries are subdivided into 3 primary intent categories: homicide, suicide, and unintentional. Consistent with previous literature, intent category distribution varies by age. The majority of youth firearm deaths for all age groups are due to homicide. The proportion of deaths due to unintentional injury decreases as youth get older, although suicide is a significant driver of firearm mortality in youth aged 10 to 19. Although youth <10 years of age were not included in our suicide mortality rate calculation, it is important to note that screening for suicidality should be considered in 8- to 9-year-old youth to allow for early intervention.¹³ These data contrast with adult firearm mortality data, in which the majority of firearm deaths are due to suicide.¹⁴

These data reveal significant racial inequities in youth firearm mortality. Black youth carry a disproportionate burden of overall firearm deaths and firearm homicide deaths. There are widening racial inequities in all-intent, homicide, and unintentional mortality rates with rates among Black youth increasing at a faster rate than among White youth since 2013. There is no plausible biological explanation for these inequities. Centuries of racist policies have led to a multitude of racial inequities in child health,¹⁵ and firearm violence is a significant contributor. Any solutions to reduce youth firearm mortality must take this into account, as any increase in youth firearm mortality will only contribute to further racial health inequities among youth in the

United States. Similarly, any effective strategy to reduce youth firearm deaths will help to address these inequities.

The firearm suicide mortality rate has increased in all reported racial/ethnic groups. The overall increase over time in all reported racial/ethnic groups underscores the importance of suicide prevention interventions in any comprehensive strategy to decrease the burden of firearm mortality among youth in the United States. Additionally, the racial/ethnic demographics suggest targeted interventions to decrease firearm suicide risk among high-risk youth in the United States, including both American Indian youth and White youth, are likely needed.

Although the overall rate of unintentional firearm injuries among youth has decreased from 2001 to 2019, these deaths consistently represent ~5% of the overall firearm youth deaths in the United States. Many of these deaths could be prevented through the implementation of secure firearm storage in the home (storing guns locked, unloaded, and separate from ammunition). This is an area in which pediatricians can act immediately to reduce the burden of firearm injury among youth by providing secure storage counseling at every patient encounter.

Solutions

A comprehensive public health approach to reducing the burden of firearm injuries and deaths among US youth must include a combination of public education, clinical interventions, and legislative advocacy.¹⁶ Much can be learned from the successful reduction in MVC mortality. Our study demonstrates a 66% reduction in MVC mortality among youth aged 0 to 19 from 2001 to 2019. The rapid decline in MVC deaths among youth has largely been attributed to the mandated use of age- and size-appropriate child restraints (car seats, booster seats, seat belts)¹⁷⁻¹⁹ in addition to other policies.^{20,21} Although the

interventions used to address MVC deaths are different from those which are needed to address firearm deaths, the same tenets of public health apply, including a combination of research, public education, community-based initiatives, industry safety standards and accountability, governmental coordination, investment, and legislation.

Awareness and Education

Previous studies have identified a lack of education around firearm injury prevention in undergraduate, graduate, and continuing medical education.²² McKay et al recently addressed this with the development and implementation of a pediatric resident workshop on firearm safety counseling, which demonstrated residents completing the workshop were more likely to report counseling on firearm safety.²³ Part of the medical education on pediatric firearm injuries must include clarification around legal prohibitions to discussing firearm storage with patients. There are currently no restrictions on a physician's legal right to discuss firearm ownership and storage with patients.^{24,25}

Clinical Interventions

Secure Storage Counseling

More than 13 million children in the United States live in homes with firearms, and 4.6 million of those children reside in homes where guns are improperly stored (ie loaded and unlocked).²⁶ Firearm access in the home increases the risk of unintentional shootings and firearm suicide.²⁷ Nearly 90% of all child-involved unintentional shootings take place in the home.²⁸ Additionally, 90% of guns used in youth suicide are from the child's home or the home of a friend or relative.²⁹ Access to unsecured firearms also facilitates city gun violence as evidence suggests some youth obtain the weapons they carry from their own home.³⁰ Responsible storage (storing guns locked, unloaded, and

separate from ammunition) decreases risk for unintentional shootings by 78% and firearm suicide by up to 85%.⁶

Barkin et al demonstrated that brief physician counseling, combined with the provision of a cable gun lock, is effective at increasing safe storage of home firearms.³¹ Results of other secure storage counseling interventions have been variable and there remains a lot to learn regarding ideal messengers, messaging, and setting.⁷ The American Academy of Pediatrics recommends that pediatricians routinely screen for access to firearms and counsel about risk reduction.¹⁶ The majority of health care providers agree that they should provide firearm counseling but report barriers to doing so including lack of time, inadequate training, and low self-efficacy.³² As demonstrated by Gastineau et al, an improvement in pediatric secure storage counseling is possible.³³ In this study, the evidence-informed, American Academy of Pediatrics–aligned Be SMART for Kids program was used to increase rates of firearm screening and secure storage counseling from 3% to >75%.³⁴

Hospital-Based Violence Intervention Programs (HVIPs)

HVIPs are comprehensive programs integrated into hospitals and trauma centers that provide wrap-around services to youth and young adult victims of violence to address the underlying risk factors for violence and promote improved outcomes after injury. Through long-term intensive case management, mentorship, and support utilizing both hospital and community services (such as services for mental health, substance abuse, gang interruption, housing, education, employment, and creative outlets), HVIPs are demonstrated to improve utilization of supportive services, reduce violence recidivism, reduce involvement in the criminal justice system, and be cost-saving.⁹⁻¹¹ These programs are supported and endorsed by multiple surgical and medical societies as a key public health strategy to support victims and reduce violence.³⁵

Community Engagement

Healthcare providers can contribute to a reduction in pediatric firearm injury and death by engaging with community organizations that are working to support youth who have experienced violence or who are at risk for future violence. Physicians are credible messengers for public health initiatives like secure storage counseling and suicide prevention.

Legislative Advocacy

There are evidence-based legislative approaches to reducing pediatric firearm mortality,³⁶ including laws that expand background checks to include all gun sales³⁷ and secure storage laws that require firearms to be stored securely when not in use.³⁸⁻⁴⁰ In addition to advocating for these evidence-based policies, pediatric healthcare providers may also consider advocating for research funding in proportion to the burden of morbidity and mortality of firearm injuries. Relative to its mortality rate, firearm violence received 1.6% of the predicted research funding with a resultant 4.6% of the predicted publication volume from 2004 to 2015.⁴¹

Limitations

There are several limitations to this study. This analysis is limited to deaths by firearm injury and does not consider the epidemiology of nonfatal firearm injuries. Data are not yet available from the CDC to understand the impact of the coronavirus disease 2019 (COVID-19) pandemic on the epidemiology of firearm injuries among youth. Gastineau et al used Pediatric Health Information Systems data to determine that, although overall pediatric hospitalization rates decreased during the first 6 months of the pandemic, pediatric hospitalizations for firearm injuries increased significantly compared with previous years.⁴² Although ICD-10 coding for firearm injury intent has previously been suggested to be

unreliable,^{43,44} utilizing death certificate data, as the WISQARS database does, is much more accurate. Misclassification of intent is still possible. Reporting by race/ethnicity is limited by the categories available in the database. All Hispanic ethnicity deaths were combined regardless of race, making it more difficult to draw conclusions about specific subgroups of Hispanic youth. Similarly, it is difficult to draw conclusions for patients identifying as mixed race.

Conclusions

Firearm injury has become the leading cause of death for youth in the United States, and firearm injuries remain a significant driver of racial health inequities. Evidence-based solutions exist, and pediatric healthcare providers are poised to contribute meaningfully to a comprehensive public health approach to reducing these preventable deaths.

Dr Andrews conceptualized and designed the study, carried out the analyses, drafted the initial manuscript and reviewed and revised the manuscript; Mr Killings and Drs Gastineau and Oddo conceptualized and designed the study, carried out the analyses, reviewed and revised the manuscript; Dr Hink conceptualized and designed the study and reviewed and revised the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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CDC	Centers for Disease Control and Prevention
HVIPs	Hospital-Based Violence Intervention Programs
MVC	motor vehicle collision
NCHS	National Center for Health Statistics

Competing Interests

CONFLICT OF INTEREST DISCLOSURES: The authors have indicated they have no potential conflicts of interest to disclose.

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Comments

0 Comments



Protecting LGBTQ+ Youth from Firearm Suicide

If you or someone you know is in crisis, please call or text 988, or visit 988lifeline.org/chat to chat with a counselor from the 988 Suicide & Crisis Lifeline, which provides 24/7, free, and confidential support to people anywhere in the U.S. Additionally, The Trevor Line offers 24/7, free and confidential counseling to LGBTQ+ young people during times of crisis. Dial 1-866-488-7386 or Text "START" to 678-678.

LGBTQ+ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity, but they experience an increased risk because of stigmatization and marginalization.¹ With barriers to accessing mental health care and increasing hateful anti-gay and anti-transgender legislation sweeping the country, LGBTQ+ youth are facing pointed identity-based marginalization.

- 60% of LGBTQ youth experience discrimination based on sexual orientation or gender identity.²
- 67% of LGBTQ youth report that someone tried to convince them to change their sexual orientation or gender identity.³
- 93% of transgender and nonbinary youth have worried about transgender people being denied gender-affirming medical care due to state or local laws.⁴
- 91% of transgender and nonbinary youth worry about transgender people being denied access to the bathroom due to state or local laws.⁵
- 83% of transgender and nonbinary youth have worried about transgender people being denied the ability to play sports due to state or local laws.⁶

This marginalization is causing a truly devastating impact: 41% of LGBTQ+ teens within the United States seriously considered attempting suicide in the past year, and 14% (one in seven) made an attempt.⁷

It's critical to recognize the unique role that firearms, a particularly lethal means, can have in suicide. More than 40% of suicides among kids and teens involve guns,⁸ and more than 8 out of 10 child gun suicides involve a gun belonging to a family member.⁹ The correlation between an increased presence of unsecured firearms and an increased suicide rate is no coincidence.

Firearm suicide among LGBTQ+ youth is preventable.

Approximately 4.6 million US children live in a household with at least one gun that is stored, while loaded and unlocked. One of the most crucial steps you can take to prevent youth suicide, and protect at-risk LGBTQ+ kids from dying by suicide, is to practice secure firearm storage.

Research shows that access to firearms is strongly associated with youth suicide rates: For each 10% increase in household gun ownership in a state, the youth suicide rate increased by more than 25%.¹⁰ Firearms are also by far the most lethal means of suicide; more than 90% of suicide attempts with a gun result in death.¹¹

Gun owners can make their homes and communities safer by storing their guns securely. This means storing them unloaded, locked, and, when possible, separate from ammunition. Households that locked both firearms and ammunition were associated with a 78% lower risk of self-inflicted firearm injuries among children and teens.¹² Parents and caregivers should also normalize having conversations with other adults about the presence of unsecured guns in homes where their kids spend time.

What can you do to help make the LGBTQ+ youth in your life feel more loved, protected, and valued?

- **Offer Support and Acceptance**
 - Having at least one accepting adult in the life of an LGBTQ+ youth can reduce suicide attempt by 40%.¹³
- **Welcome in LGBTQ+ Friends and Partners**
 - LGBTQ+ youth who felt high social support from family and friends reported significantly lower rates of attempting suicide.¹⁴
- **Talk Respectfully About Identity**
 - LGBTQ+ young adults who experienced parental rejection during adolescence were 8 times more likely to report having attempted suicide.¹⁵
- **Respect and Use Name and Pronouns Correctly**
 - LGBTQ+ youth, particularly transgender and nonbinary youth, attempt suicide less when their pronouns are consistently respected and when they are allowed to officially change the gender marker on their legal documents.¹⁶
- **Support Gender Expression**
 - LGBTQ+ young adults from highly accepting families attempt suicide at significantly reduced rates compared to those in low accepting families (31% versus 57%).¹⁷
- **Educate Self on LGBTQ+ People and Issues**
 - Seeing and respecting LGBTQ+ people in the media has a positive and inspiring impact on LGBTQ+ youth's mental health.¹⁸
- **Help Your Youth Find Mental Health Care**
 - 81% of LGBTQ+ youth wanted mental health care, and 56% of those who wanted it were not able to get it. Many LGBTQ+ youth fear discussing mental health concerns with parents.¹⁹
- **Find and Support Affirming Spaces and Activities**
 - Having a supportive and trusting network and space that affirms gender identity links to higher levels of self esteem and protects against anxiety and depression.²⁰

Help Is Available

It's the responsibility of all of us to take care of one another, since those closest to us are the ones who are likeliest to notice when someone is in crisis. It's critical that in moments of crisis, as well as before and after, people have the support they need. A trusted person can help make the necessary intervention and connect the person to the mental health resources or other support systems. Below are some additional crisis or support resources that may be helpful.

For Immediate Support in a Crisis

- **988:** The 988 Suicide & Crisis Lifeline, previously known as the National Suicide Prevention Lifeline, provides 24/7, free and confidential support to people in suicidal crisis or emotional distress anywhere in the U.S.
 - **How to Contact:** Call or text 988, or visit 988lifeline.org/chat to chat with a counselor
 - **Español:** [Recursos Aquí](#)
- **The Trevor Line:** Helpline operated by The Trevor Project that offers 24/7, free and confidential counseling to LGBTQ+ young people during times of crisis.
 - **How to Contact:** Dial 1-866-488-7386, Chat Live [here](#), or Text "START" to 678-678
- **Crisis Text Line:** 24/7, free and confidential mental health support in times of crisis via text message.
 - **How to Contact:** Text HOME to 741741 anywhere in the U.S.
 - **Español:** [Recursos Aquí](#)
- **211.org:** 24/7, free and confidential service connecting people to local support including mental health resources, disaster relief, food, housing and utilities programs.
 - **How to Contact:** Dial 2-1-1
 - **Español:** [Recursos Aquí](#)
- **SAMHSA Disaster Distress Line:** Helpline operated by the Substance Abuse and Mental Health Services Administration that offers 24/7, free and confidential crisis counseling for people experiencing emotional distress related to any natural or human-caused disaster (including mass shootings).
 - **How to Contact:** Dial or Text 1-800-985-5990 to connect with counselors in 100+ languages via 3rd party interpretation services.
 - **Español:** [Recursos Aquí](#)

Ongoing Support

- **TrevorSpace:** TrevorSpace, operated by The Trevor Project, is a free, global online community for LGBTQ+ young people between the ages of 13-24 years old. TrevorSpace is designed so that LGBTQ+ young people can explore their identity, get advice, find support, and make friends in a moderated community intentionally designed for them.
 - **How to Contact:** [Join Here](#)
- **NAMI HelpLine:** A free, nationwide peer-support service operated by the National Alliance on Mental Illness providing information, resource referrals and support to people living with a mental health condition, their family members and caregivers, mental health

providers and the public. Please note: not a hotline, crisis line or suicide prevention line. More on Youth and Young Adult resources [here](#).

- **How to Contact:** NAMI HelpLine is available M-F 10 am—10 pm, ET. Connect by phone 800-950-6264 or text "Helpline" to 62640, or [chat](#).
- **Everytown Survivor Network:** A nationwide community of survivors of gun violence working together to end gun violence. The Survivor Network connects survivors to each other for ongoing peer support, amplifies the power of survivor voices, offers trauma-informed programs, provides information on direct services, and supports survivors who choose to become advocates.
 - **How to Contact:** Text the word SURVIVOR to 644-33 to join.

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¹⁸ The Trevor Project, "2022 US National Survey on Mental Health of LGBTQ Young People," 2022, <https://www.thetrevorproject.org/survey-2022/>. Ages 13–24.

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²⁰ Caitlin Ryan et al., "Family Acceptance in Adolescence and the Health of LGBT Young Adults," *Journal of Child and Adolescent Psychiatric Nursing* 23, no. 4 (2010): 205–13, <https://doi.org/10.1111/j.1744-6171.2010.00246.x>. White and Latino 21- to 25-year-olds who identified as LGBTQ during adolescence.

DID YOU KNOW?

Unintentional shootings occur most frequently at times when children are likely to be home: over the weekend and in the summer.

Ask About Secure Gun Storage

Owning a gun is a personal decision, but secure storage is a public safety issue. Kids and unsecured guns are a potentially lethal combination.

Fortunately, a simple conversation can help keep children out of harm's way.

It doesn't need to feel strange or awkward to bring up the issue of how guns are stored. These simple conversations with your friends, caregivers, and relatives before your child visits someone's home can help save lives.

Sometimes, these conversations are easier via text. Try "sandwiching" your question amongst other questions and information.

"Before I drop my son off, I just wanted to see if you have pets and also ask if you have firearms in your house and confirm how they are stored. I want to make sure he knows your safety rules."

"I saw something about firearm safety on the news and now always ask before my daughter visits another home, how do you store your firearms?"

Be SMART

Guns are the leading cause of death among children and teens in North Carolina and in the nation. In North Carolina, an average of 164 children and teens die by guns every year

It's possible that some of your family members or close friends have unsecured guns in their homes and in their vehicles. Ask each time your child visits as storage practices and gun ownership may change.

Never make assumptions when a child's safety is at stake. It's up to us all to keep our children safe.



To learn more,
please visit:
besmartforkids.org