A crisis in pediatric firearm deaths has not been widely recognized or addressed. Children and youth birth to age 21 died of firearm injuries in 2017, according to the CDC’s WISQARS™ database. This includes 233 deaths from suicide, assault or homicide, or accidental firearm discharge, with a mortality rate of 2.8 per 100,000 for children and youth. The number of firearm deaths among children and youth has increased by 11% from 2015 to 2017. This increase in firearm deaths is particularly concerning as it represents a significant public health crisis.

In 2015, 609 Texas children were injured or died because of a firearm. This includes 233 deaths from suicide, assault or homicide, or accidental firearm discharge with a mortality rate of 5.5 per 100,000 for children and youth. The number of firearm deaths among children and youth has increased by 11% from 2015 to 2017. This increase in firearm deaths is particularly concerning as it represents a significant public health crisis.

In 2017 (the most recent year for which fatal injury numbers are available), 4,984 children and youth birth to age 21 died of firearm injuries, an increase over 2016. Most of those deaths were among youth ages 15 to 21. Firearm-related homicide and suicide collectively are second only to motor vehicle crashes as a leading cause of death among this age group.

Nonfatal firearm injuries in 2017 among children and youth birth to age 21 were 1,106, 44, 129, and 126 for unintentional, firearm-related, homicide, and suicide, respectively. Since 2003, unintentional firearm injuries have increased by 91%, and unintentional firearm discharge by 32%. Firearm injuries are a highly lethal method of suicide with a mortality rate of 6.1% for children aged 1 to 14 years and 81% for those aged 15 to 19 years. Adolescents often experience very strong emotions and have difficulty seeing past a current, temporary setback. Their brains have not yet matured fully, which makes them impulsive and relatively more likely to attempt suicide. When those attempts are made with a gun, there is little opportunity for them to change their minds.

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A PUBLIC HEALTH SOLUTION TO TEXAS’ PEDIATRIC FIREARM VIOLENCE

Twenty-seven states, including Texas, have some type of child firearm access prevention law. In the Texas law, if a child under 17 years of age gains access to a readily dischargeable firearm, a person is criminally liable if they failed to secure the firearm or left the firearm in a place to which the person should have known the child would gain access. The details of the law need improvement to better protect children and youth as Governor Abbott recommended in his Governor’s School and Firearm Safety Action Plan.5

Recommendation:
- The perpetrator of the Santa Fe High School shooting was 17 and thus his parents were not obligated to securely store their firearm under current state law. Texas should join the 15 other states currently using age 18 in the child access prevention law.
- The Texas law requires the firearm to be “readily dischargeable” which muddles the determination if a violation took place. As the Governor’s report recommends, “readily dischargeable” should be removed from statute to require secure storage of a loaded or unloaded firearm around children.

Seventeen states and the District of Columbia have implemented Extreme Risk Protective Order (ERPO) laws, sometimes referred to as “red flag” laws. ERPO laws empower families and law enforcement officers with a formal legal civil process to temporarily restrict an individual’s access to firearms if they pose a danger to themselves or others. Only a judge can issue the order. A growing body of research shows that ERPO laws can be effective at preventing suicides and homicides including mass shootings. For example, studies6 from some of the earliest adopters in Connecticut and Indiana indicate a 13.7% and 7.5% respectively reduction in firearm-related suicides over a 10-year period.

Recommendation:
- Develop an effective civil extreme protective order process to assure individuals determined to be at high risk of violence to others or themselves do not have access to their firearms temporarily.

Comprehensive, accurate and timely Texas and sub-state data on gun injuries and deaths is difficult to find and sometimes not available at all. Texas and sub-state data analysis to inform smart policy making is sorely lacking. Texas does not always participate in national data and analysis opportunities to the full extent. For example, Texas was one of the last few states to join the National Violence Death Reporting System (NVDRS), in approximately late 2018. The Texas Department of State Health Services (DSHS) houses the state’s injury prevention function. Between DSHS and the Texas Health and Human Services Commission (HHSC) there is an enormous amount of data related to firearm-related injuries and deaths and the community and individual impact of violence—Bureau of Vital Statistics data and Medicaid data are just two of many relevant data sets.

Recommendation:
- Equip and empower the DSHS, in conjunction with HHSC, to fully participate in national surveillance, and to appropriately collect, analyze and publish Texas and sub-state data on firearm injuries, deaths and community impact.

Sources: