Children and Small Arms Resource Guide: Public Health Approaches

SEESAC
South Eastern and Eastern Europe Clearinghouse
for the Control of Small Arms and Light Weapons

The **South Eastern and Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons** (SEESAC) has a mandate from the United Nations Development Programme (UNDP) and the Stability Pact for South Eastern Europe (SCSP) to further support all international and national stakeholders by strengthening national and regional capacity to control and reduce the proliferation and misuse of small arms and light weapons, and thus contribute to enhanced stability, security and development in South Eastern and Eastern Europe.

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***Children and Small Arms Resource Guide: Public Health Approaches*, SEESAC, 2006**

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Acronyms

AAP	American Academy of Pediatrics
CAP	Child Access Prevention
EC	European Commission
ERW	Explosive Remnants of War
FD	Firearm Death Data
FYROM	The Former Yugoslav Republic of Macedonia
GTZ	Deutsche Gesellschaft fürTechnishe Zusammenarbeit
HELP	Handgun Epidemic Lowering Plan Network
ICD	International Classification of Diseases
IANSA	International Action Network on Small Arms
IPPNW	International Physicians for the Prevention of Nuclear War
NGO	Non Governmental Organisation
NRA	National Rifle Association
SALW	Small Arms and Light Weapons
SAFER-Net	Small Arms/Firearms Education and Research Network
SEESAC	South Eastern and Eastern Europe Clearinghouse for the Control of SALW
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Contents

1 Introduction

The public health approach is a particularly useful way of looking at the issue of small arms[1] in relation to children and young people, as it is an evidence-based approach. One of the difficulties of developing policies and programmes on this issue is the lack of quality data on the impact of small arms on children and young people. Since 1996, the World Health Organization (WHO) has taken up the issue of violence as a public health issue, producing the World Report on violence and health in 2002, and follow-up reports in 2004 and 2005. WHO explicitly named small arms as a public health issue, and part of the issue of violence as a public health problem, in its report Small Arms and Global Health in 2001. WHO has also collaborated with UNDP on the Armed Violence Prevention programme. Most recently, the comprehensive account of small arms as a global issue, written by Wendy Cukier and Victor Siedel, The Global Gun Epidemic: From Saturday Night Specials to AK-47s takes an explicitly public health approach.

The advantages of the public health approach to the issue of children and small arms are:

- It is an evidence-based approach, which begins with data collection before decisions are made about the need for programmes or the kinds of programmes;
- There is already a large body of scientific and medical research on public health which can inform discussion of the particular problems posed by small arms;
- It attempts to ascertain why a problem occurs, the risk factors, and the factors that could be modified through targeted interventions;
- It adopts a scientific approach to designing, implementing and evaluating programmes;
- It works on multiple levels, individual, relational, communal and societal, and adopts an ecological approach, that is, that no single factor can account for the problem of violence, and there is an interaction of factors at different levels;
- It includes advocacy by medical organisations on the issue; and
- It focuses on the needs of survivors of small arms injuries, a still neglected issue.

In relation to South Eastern Europe, there have been some initiatives following up the WHO reports and SEESAC and WHO cooperated to produce the report: Strategic overview of armed violence data collection and analysis mechanisms (South Eastern Europe).[2] This research found that there is a paucity of data on the impact of small arms in the region, particularly in relation to children and young people, and that what data is available is not used to inform policy making.

The issue of violence and small arms as public health issues is a complex one, and this document aims to draw the attention of the wider group of professionals, NGOs and UN staff concerned with small arms and children to some of the available literature and approaches, in the hope that a more scientific approach will benefit children and young people. It is also hoped that health professionals will take a leading role in responding to the problem of small arms in the region.

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[1] SEESAC uses the term SALW (Small Arms and Light Weapons) which is defined as 'all lethal conventional munitions that can be carried by an individual combatant or a light vehicle, that also do not require a substantial logistic and maintenance capability' (see SEESAC's Regional Micro-Disarmament Standards and Guidelines (RMDS/G Glossary 4th Edition at http://www.seesac.org/resources/RMDS%2002.10%20Glossary%20and%20Definitions%20(Edition%204).pdf, accessed on 04 October 2006. For the general reader, perhaps an educator or NGO staff involved in policy development on children's issues, the term SALW (Small Arms and Light Weapons) is unnecessarily technical and confusing. Light weapons are not relevant to the issues of children and youth, except in relation to armed conflict and its impact. Many sources referring to children use the term 'small arms, or 'guns', 'weapons', and 'firearms' interchangeably (Note to the IRIN/OCHA news publication, "Guns out of Control: the continuing threat of small arms", May 2006. http://www.irinnews.org/webspecials/small-arms/default.asp, accessed on 04 October 2006). So for the purposes of this paper however the term 'small arms' will be used to refer to 'weapons designed for individual use. They include, inter alia, revolvers and self-loading pistols, rifles and carbines, sub-machine guns, assault rifles and light machine guns' which is the definition used by the United Nations (see http://www.un.org/events/smallarms2006/faq.html, accessed on 04 October 2006). In the Education section of the SEESAC web site, the term 'small arms' is used in preference to SALW (see http://www.seesac.org/index.php?content=55&section=2, accessed on 04 October 2006).

[2] *Strategic overview of armed violence data collection and analysis mechanisms (South Eastern Europe)*, Transition International, SEESAC, 2006 (forthcoming).


STOP
VIOLENCE
AGAINST
CHILDREN

2 Small Arms as a Public Health Issue - global facts

Title:	**Small Arms and Global Health**
Publisher:	**World Health Organization, 2001**
Author (s):	

Summary of Content:

"In the past few years, firearms-related death and injury have been called everything from a "scourge" (1) to an "epidemic" (2), a "disease" (3) and a "preventable global health problem" (4). The biological analogies are not accidental or far-fetched. Among people aged 15–44 years, interpersonal violence and suicide rank third and fourth, respectively among the world's leading causes of ill-health and premature mortality, while war-related injuries rank sixth (5). A large proportion of these occur through the use of firearms." (1)

There has been global recognition of violence as a public health problem since 1996 (Resolution 49.25 at the forty-ninth World Health Assembly).

In this paper, WHO has two aims:

- to broaden the definition of the problem beyond the realm of legal, industrial, strategic or tactical considerations by demonstrating its public health importance; and
- to introduce to this discussion the public health community's longstanding emphasis on scientific methodologies and prevention. In doing so, it brings into the arena a large body of scientific work which has been carried out over the past few decades on small arms and violence by a variety of public health institutions, nongovernmental organizations (NGOs) and individual researchers operating at local, national and international levels.

There are a high number of deaths due to small arms as well as huge attendant costs, with those injured often needing expensive and lengthy treatment, which constitutes a huge drain on the health systems in developing countries and an even more serious problem in "gun-rich, resource poor" countries. Small arms deaths and injuries are part of the larger problem of violent death and injury and although there are no exact figures available, best estimates indicate at least several hundred thousand deaths are due to gun-inflicted homicides, suicides and armed conflict, and a disproportionate number are children and young people.

The rich and poor die differently

- Generally speaking the rate of violent death in low and middle-income countries is more than double that of high-income countries. In high-income countries gun-related suicide is higher than homicides involving firearms, while it is the reverse in low and middle-income countries.
- Firearms deaths are more likely to occur in cities than in the country.
- Over 60% of firearms deaths involve handguns.
- According to WHO figures for 1998, males accounted for 80% of all homicides, and the highest rate was for males and females aged 15-44 years. Male homicide rates were three to six times higher than female rates, due to the high rates of youth interpersonal violence.
- Summary of available data:
  - Over 80% of small arm deaths occur in males.
  - 75% of all male homicides are carried out with a firearm.
  - 61% of all female homicides are carried out with a firearm.
  - 30% of all male suicides are perpetrated with a firearm.
  - 13% of all female suicides are perpetrated with a firearm.

Youth and firearms

- "Youth violence, particularly among males, has been described as a global tragedy — and in health terms, as an epidemic within an epidemic. Adolescents and young adults are the primary victims and perpetrators of violence in almost every region of the world."
- Small arms injuries can:
  - lead to temporary and permanent disability;
  - destroy the capacity to work;
  - place a heavy burden on the families of victims, and the society;
  - increase tension, especially in poor environments; and
  - generate more violence.
- Firearms are one of the most common causes of brain injury.

Title:	**Small Arms and Global Health**

- Mental health: There are no studies relating specifically to small arms, but there is evidence that mental health conditions are more common in societies where violence is common. Affecting relationships in the family, school and at work.
- Social consequences: Threat of attack or violence alters social relationships and behaviour, as people are forced to adapt to increased risks, sometimes resulting in further arming of the population, truly a vicious circle.
- Risk Factors: The public health approach to small arms and violence involves the scientific analysis of risk factors. There are four main kinds:
  - factors that influence the use of small arms over other possible choices of weapon;
  - factors that influence interpersonal violence;
  - factors that influence self-directed violence (i.e. suicide); and
  - factors that influence collective violence.

These categories are not mutually exclusive, and in fact, most incidents of violent firearm use result from a complex mix of these factors".

Location:	http://whqlibdoc.who.int/hq/2001/WHO_NMH_VIP_01.1.pdf
Accessed:	17 August 2006

Title:	**Small Arms and Public Health**
Publisher:	**Small Arms Working Group, IANSA**
Author (s):	

Summary of Content:

- Small arms are responsible for hundreds of thousands of deaths and many more injuries globally.
- Small arms cause deaths, injuries, disabilities, mental trauma and psychological scars.
- Firearms are the leading cause of fatal injuries to South Africans over 14.
- Conflicts exacerbated by small arms result in internal displacement and disruption to health services.
- Gunshot wounds require intensive medical care and place a heavy load on health services, or result in avoidable death where medical services are not available.
- In Brazil, the injury rate is ten times the death rate.
- Economic costs of small arms injuries are very high: the costs in Latin America are estimated at 14% of GDP.
- Small arms proliferation diverts resources from education and health to security and defence.

Location:	http://fas.org/asmp/campaigns/smallarms/sawg/2003factsheets/small_arms_and_public_health.pdf
Accessed:	17 August 2006

Title:	**Small Arms and Light Weapons: a Public Health Approach**
Publisher:	**The Brown Journal of World Affairs, Spring 2002, Volume IX, Issue 1**
Author (s):	**Wendy Cukier**

Summary of Content:

- The public health approach offers a fact-based approach leading to effective solutions.
- The public health approach begins with an analysis of the problem and the causal factors.
- It measures the effect of small arms, not by counting weapons but by examining their effect on population health.
- Primary prevention involves a social development approach to crime and strategies to address a "culture of violence".
- While small arms do not cause violence, they are the 'universal link' against which action can be taken.
- There is now a more holistic approach to the problem of small arms: small arms are not a distinct problem, and measures taken against proliferation in 'conflict' zones cannot be separated from those aimed at reducing crime.

Title:	**Small Arms and Light Weapons: a Public Health Approach**

- The public health approach focuses on the context of small arms use; in Brazil and South Africa homicide is the main problem, while in Canada and Finland it is suicide.
- Violence and the prevalence of weapons also create psychological stress that fuels other health problems and creates insecurity."
- The "culture of violence" is both a cause and an effect of the availability of small arms. People are more likely to use weapons to solve problems: a Cambodian study showed that in areas with high levels of weapons, young men threatened people with guns over ordinary problems, such as traffic violations.
- There is growing evidence of the link between access to firearms and firearms-related deaths and injuries.
- "To use a public health approach to reduce the proliferation and misuse of small arms, it is critical to start with a systematic analysis of:
  - the patterns of misuse including the types of weapons used;
  - the causal factors and the links in the chain;
  - ways of breaking that chain; and
  - an evaluation of the interventions" (p. 269).
- The first step is to understand the instrument of violence: it is clear that patterns of small arms use vary from region to region, from conflict, to crime and areas like Colombia and South Africa where it is impossible to distinguish the two. The main instrument can be handguns, military weapons or hunting weapons.
- Without systematic analysis, it is unlikely that effective programs will be developed. 'Moreover, from a health perspective, the constructions of "conflict" and "crime" are not particularly meaningful or useful; the focus is the protection of human life within the context of human rights and humanitarian law' (p. 269).
- There are more small arms in civilian hands worldwide than in the possession of governments and police.
- Handguns are a bigger problem than military weapons.
- Policymaking is not always based on empirical evidence: "political expediency and symbolic significance are often factors" at national and international levels (p. 273).
- '...even though research has suggested that many "social marketing" or educational efforts are the least cost-effective injury-prevention strategies ("say no to drugs"), they are often the most politically attractive, affording high visibility' (p. 273).
- A public health approach involves a multilevel strategy:
  - Addressing the root causes of violence "Whether in the context of crime, injury, or conflict, most strategies must begin by examining and addressing the root causes of violence. While this is a complex and long-term project, it is essential as many of the other interventions proposed are essentially aimed at "harm reduction;"' (p. 273).
  - Controls at the point of manufacture to reduce the lethality of products;
  - Measures to reduce the risk of misuse;
  - Safeguards and accountability;
  - Improved injury control;
  - Enforcement;
  - Community development and awareness; and
  - Monitoring and evaluation

Location:	**http://www.ryerson.ca/SAFER-Net/issues/BroJJE03.pdf**
Accessed:	**04 April 2006**

Title:	**Working Paper: Global Trade in Small Arms: Health Effects and Interventions**
Publisher:	**IPPNW (International Physicians for the Prevention of Nuclear War) and SAFER-Net (Small Arms/Firearms Education and Research Network), March 2001**
Author (s):	

Summary of Content:

- WHO and others have recognized that violence is a pandemic.
- "As Robin Coupland, a surgeon with the International Committee of the Red Cross wrote: "Weapons are bad for people's health... Yet health professionals have been slow to recognize that the effects of weapons are, by design, a health issue, and moreover constitute a global epidemic mostly affecting civilians."
- While small arms are a significant factor in conflicts, and result in high levels of civilian deaths and injuries, ending the conflict does not solve the problem. One study found that weapons injury declined only 20-40% 18 months after the end of the conflict (p. 3).

> "Weapons are bad for people's health... Yet health professionals have been slow to recognize that the effects of weapons are, by design, a health issue, and moreover constitute a global epidemic mostly affecting civilians."
>
> *Source: Working Paper: Global Trade in Small Arms*

Location:	**http://www.ippnw.org/PDF%20files/IPPNWglobaltrade%20effint%20final.pdf**
Accessed:	**04 April 2006**

Title:	**SALW and Public Health**
Publisher:	**UNIFEM**
Author (s):	

Summary of Content:

- SALW as a public health issue for women also impacts on children and young people. Violence against women in the home affects children directly and indirectly.
- Gender-based violence is made more likely, and more severe, when SALW are readily available. The adverse consequences for women's physiological and psychological well-being has an impact beyond their immediate lives, since it negatively affects their dependents, increases costs to health services, and compromises their economic, political and social activities.
- Widespread proliferation and use of SALW affects the availability of health resources for women. If weak, underfunded and understaffed health infrastructures must constantly deal with emergencies caused by SALW injuries, reproductive and preventive health become lower priorities, thus worsening women's health and well-being.
- Women carry the greatest burden of caring for the injured, the sick, the traumatized, the elderly and the orphaned, and prolific SALW compound the difficulties they face in their care giving work."

Location:	**http://www.womenwarpeace.org/issues/smallarms/smallarms.htm**
Accessed:	**04 April 2006**

Title:	**Small Arms and Public Health**
Publisher:	**Small Arms Working Group, 2006**
Author (s):	
Summary of Content:	
1-page fact sheet on small arms and public health internationally.	
Location:	**http://www.fas.org/asmp/campaigns/smallarms/sawg/2006factsheets/Small_Arms_and_Public_Health.pdf**
Accessed:	**17 August 2006**

Title:	**Mental Health Facts**
Publisher:	**New York University Child Study Center, 2006**
Author (s):	
Summary of Content:	
▪ Children are more at risk of violence at home and on the streets than in school. ▪ Eight-four percent of elementary school-age inner-city boys had heard guns being shot, 87% had seen someone arrested and 25% had seen someone get killed.	
Location:	**http://www.aboutourkids.org/aboutour/articles/mhfacts.html**
Accessed:	**25 March 2006**

Title:	**The Global Gun Epidemic: From Saturday Night Specials to AK-47s**
Publisher:	**Praeger Security International, Westport, Connecticut, 2006**
Author (s):	**Wendy Cukier & Victor W. Sidel**
Summary of Content:	

Chapters

- Guns: A Global Perspective.
- The Firearm Epidemic.
- More Guns Equal More Deaths.
- The Global Gun Trade.
- Globalization and gun running.
- "Gun Culture" and the Demand for Firearms.
- The Regulation of Firearms.
- National Approaches to Regulation.
- Global Action: the Rise of an International Movement.

Main points

- The problem of firearms death and injury has been analyzed in terms of disarmament and conflict prevention, crime and the public health perspective.
- "The public health perspective begins with an analysis of a problem in order to identify the causal links that lead to an illness or injury. Based on an analysis of those causal links, interventions are developed, aimed at breaking the chain at its weakest point. The interventions are implemented and continuously evaluated in order to refine and improve them. The public health perspective helps separate fact from fiction and focuses on the evidence:
- What is the nature of the problem of gun violence?
- What factors contribute to gun violence?
- What interventions can break the cycle and do they work? (p.xv)

Title:	**The Global Gun Epidemic: From Saturday Night Specials to AK-47s**

- Firearms increase the number of victims, whether the context is crime, conflict, domestic assault or suicide, and they increase the potential for children to become killers.
- The authors believed it was important to write a book applying the public health approach to firearms on a global level "to draw attention to the obvious but silent reality" that the US approach to gun ownership and use is an anomaly among industrialized countries, and US citizens are not the only ones who pay the price (p.xvi).
- The Americas have 14% of the world's population but US citizens own one-third of the world's guns.
- The US plays a central role in the global gun epidemic: it is a major producer of legal guns; it has the highest rate of gun ownership in the world; it has limited gun regulation laws; it has the highest rate of gun deaths and injury in the developed word, and it is a major source of illegal guns.
- "At a time when the "security" agenda has shaped many aspects of our lives, it is important to reflect on the effects that American guns and American gun culture have on human security worldwide" (p.xvi).
- Peace building, crime prevention and public health programs all have models for intervening to address the root causes of violence. In these approaches, gun control is an intermediate step that can result in reducing the severity and lethality of violence.
- Research on these models suggests that attempts to modify the voluntary behaviour of individuals through education and awareness programmes are less effective than approaches such as modifying products, requiring manufacturers to be responsible for safety, rather than individuals. There are examples from the areas of traffic safety and anti-smoking campaigns.
- It is necessary to address the global gun epidemic at the international level and at the local level with specific interventions.
- There is a general finding that countries with the most firearms have the highest rates of gun death and the strongest opposition to increased regulation (p.xvii).
- Children are victims of firearms violence in conflict and "peaceful situations, and the light weight of small arms enables children to become combatants and killers. There are an estimated 300,000 child soldiers in the world today" (p.22).
- A comparison made by the Centers for Disease Control in the USA showed that the number of children killed by firearms in the US was equal to the combined number killed in 25 other countries.
- The epidemic of gun violence in South Africa has directly affected children: in 2000, guns killed 375 children under 12, and 274 aged 12-17.
- Unintentional injuries ('accidents') account for the smallest percentage of firearms deaths, but disproportionately affect children. In the US, 3% of firearms deaths (900) are classified as accidents, and of these, 400 victims are under 18, and the majority (80%) are males. These accidents mostly occur when the child finds a gun at home. It is estimated that 40% of homes in the US have a gun, so it is not surprising that accidents involving guns are more common in the US than other developed countries. Countries with high rates of gun ownership – Finland, Canada and Switzerland – also have high rates of accidental injuries.
- **Studies of unintentional injuries in a variety of contexts have suggested that reducing access to firearms is critical in promoting the safety of children. Despite an emphasis on efforts to educate or "train" children not to touch a firearm if they find it, repeated studies have shown that children who find a firearm will play with it in spite of prior firearm safety education, and that parents tend to overestimate the extent to which children will obey instructions not to touch a firearm"** (p.24 emphasis added).
- There is some evidence that gun manufacturers in the US are targeting young people, in a similar way to the activities of tobacco companies, by attempting to develop their interest when young. A study from the Violence Policy Center suggest that the National rifle Association's "Eddie Eagle" 'gun safety' program for schools is an attempt to induct children into the gun culture. Similarly in Canada, the NRA has tried to replace safe storage requirements with programs to "gunproof" children through teaching them how to handle guns 'safely' (p.124).
- Guns and Masculinity: "Most of the existing work exploring demand for firearms is silent on one of the factors found across nations, both in times of war and in times of peace: the majority of those who use and misuse firearms are men" (p.124).
- Gun culture and the link to masculinity has been studied in a variety of countries: South Africa, Albania, Afghanistan, Somalia, Iraq, and of course, the USA.
- The role of gender in the study of gun culture and small arms needs to be part of the dominant literature, not only gender studies.
- However, cultural differences in attitudes to guns are greater than gender differences.

Title:	**The Global Gun Epidemic: From Saturday Night Specials to AK-47s**

- US media and the US gun lobby export US gun culture to the world. As well, the US is the largest manufacturer of guns in the world and has the highest rate of gun deaths per capita in the industrialized world. The US is one of the main obstacles to international control of guns.
- There is a wide range of actions that can address the epidemic of gun violence, including international, regional and national laws, increased awareness of the problem and integrated, community-based strategies (p.242).

Title:	**The Instrument Matters: Assessing the Costs of Small Arms Violence**
Publisher:	**Small Arms Survey, 2006**
Author (s):	

Summary of Content:

Main conclusions

- Relatively low violence-related health expenditures in developing countries do not mean that gun violence is less of a burden, but rather that gun injuries are less likely to be treated and are more likely to be lethal;
- Small arms misuse account for an excessive proportion of the costs of violence and affects young people disproportionately. In Brazil and Colombia, medical treatment of gun injuries costs 1.7 to 3 times more than injuries caused by stabbings;
- The intent of small arms violence influences its lethality and cost: accidental shootings and assaults are less fatal than suicide attempts, and incur higher costs. Premeditated killings and the high lethality of suicide attempts incur other costs, such as loss of earnings;
- “Misconceptions about the costs of violence abound, and methodologies need to be refined to gain a better understanding of the global costs of violence”;
- “Given the disparate nature of existing data, it is exceedingly difficult to render a global estimate of the economic burden of violence, much less gun violence”;
- “Examining the impacts of gun violence from an economic perspective can serve as an essential component in the design, monitoring, and evaluation of violence prevention and reduction initiatives. It highlights how every gunshot wound has implications that go far beyond victim and perpetrator, and thus helps justify investment in gun violence prevention and reduction. Small arms violence affects society as a whole, inflicting material costs to survivors, family, and institutions; jeopardizing future output and productivity; and affecting mindsets and well-being”;
- There is a need for systematic data gathering, especially in developing countries, on the costs of gun violence; and
- Countries and regions pay very different price tags for gun violence, depending on the nature of that violence.

Title:	**The Instrument Matters: Assessing the Costs of Small Arms Violence**

A TYPOLOGY OF THE COSTS OF VIOLENCE

COST CATEGORY	TYPE OF COST	COMMENTS
Direct costs	Medical	In-patient costs (hospitalization, surgery, physicians fees, drugs, laboratory tests) Out-patient costs Rehabilitation Ambulance fees
	Non-medical	Costs of policing and incarceration Costs of legal services Direct perpetrator control costs Costs of foster care Private security contracts Post-conflict reconstruction costs Care provided to displaced people
Indirect costs	Tangible	Productive losses (earnings and time) Lost investments in social capital Life insurance costs Indirect protection costs Macroeconomic costs (reduced production, property values, tourist streams and foreign investment
	Intangible	Health-related quality of life (pain and suffering, psychological costs) Other quality of life (reduced job opportunities, access to schools, public services, and participation in community life)[1]

Table 1: A typology of the costs of violence

Location:	**http://www.smallarmssurvey.org/files/sas/publications/year_b_pdf/2006/2006SASCh8-full_en.pdf**
Accessed:	**17 August 2006**

Title:	**The global burden of non-conflict related firearm mortality**
Publisher:	**Injury Prevention 2005; 11:348–352**
Author (s):	**T.S. Richmond, R. Cheney and C.W. Schwab**

Summary of Content:

- Understanding global firearm mortality is hindered by data availability, quality, and comparability.
- In some countries firearms are the main means for homicides and suicides.
- Only high-income countries have statistics on firearms related deaths and injuries.
- Low income and lower-middle income countries generally lack such data (FDD: firearm death data).
- China has very low rates of firearms deaths.
- The global burden of non-conflict related firearm mortality is estimated at 196 000 to 229 000 per year (see article for methodology).
- The Small Arms Survey makes an estimate of 200,000 - 270,000 but it was not possible to disaggregate this data by gender or age
- Countries with the most complete firearm data covered only 23.8% of the world population.
- "Three major recommendations stem from this study: improve data, recognize the burden of firearm mortality, and take public health action. Improving surveillance, data availability, and specificity are important; however this requires government and social stability, financial investment, infrastructure, and human resource commitment" (emphasis added).

[1] Sources: Adapted from WHO (2004a, p. 6); Lindgren (2005, p. 5).

Title:	**The global burden of non-conflict related firearm mortality**
▪ It is likely that firearms-related deaths and injury will continue to grow, especially in countries without FDD, due to increased urbanization and poverty, the world-wide proliferation of small arms and their diffusion into the civilian population.	
Location:	**http://ip.bmjjournals.com/cgi/content/abstract/11/6/348**
Accessed:	**18 August 2006**

Title:	**Epidemiology of violent deaths in the world**
Publisher:	**Injury Prevention 2001;7;104-111**
Author (s):	**A. Reza, J.A. Mercy and E. Krug**
Summary of Content:	
▪ The first step toward building the foundation necessary to control and prevent violence is describing the magnitude and nature of the problem. ▪ "In 1990, there were an estimated 1.851,000 violence-related deaths (35.3 per 100 000) in the world.... Overall rates of violence related deaths ranged from 12.5 per 100 000 in EME (established market economies) excluding the United States (−US) to 101.0 per 100 000 in SSA (Sub-Saharan Africa). Rates of violence related deaths were highest in SSA, MEC (Middle Eastern crescent), and FSE (formerly socialist economies of Europe) and lowest in EME (−US). In 1990, an estimated 3.7% of all deaths in the world were violence related ... . Suicide was the most frequent form of violent death followed by homicide and then war related deaths. The global risk of suicide was 1.7 times that of war related deaths and 1.4 times that of homicide. Violence accounted for a greater proportion of total deaths in SSA than in any other region of the world. ▪ The number of firearms related accidental deaths is small compared with that of homicides (82, 465 homicides compared to 3733 unintentional firearms related deaths in 36 high and upper middle income countries in a one year period). ▪ Suicide was the most frequent form of violent death followed by homicide and then war related deaths. ▪ Suicide rates were highest in China and formerly socialist economies, homicide rates were highest in Sub-Saharan Africa and Latin America/Caribbean, and war related death rates were highest in Sub-Saharan Africa and the Middle Eastern crescent. ▪ The data on suicides is not disaggregated as to cause (guns, etc). ▪ It was not possible to distinguish adolescents from adults in the available data. ▪ Comparable information was not available on injuries caused by violence. ▪ "The contribution of violence to the global burden of health is predicted to increase unless substantial efforts are taken to remediate this problem. Therefore, nation states and prominent organizations across the world need to develop a global strategy to address the premature and unnecessary deaths and disabilities associated with this problem. These strategies would include: ▪ implementing surveillance systems to monitor the incidence and prevalence of violence related health outcomes; ▪ establishing an international network to share information and resources on prevention research and programs; ▪ developing a global agenda to identify and prioritize research needs; ▪ conducting cross national research to better understand risk and protective factors for violence; and ▪ implementing interventions and policies that reduce the risk of exposure to violence and promote non-violence. ▪ History has shown us that humankind can reach across geographic boundaries to solve health problems. A collective effort is needed to ensure a more peaceful world for future generations" (p.8).	
Location:	**http://ip.bmjjournals.com/cgi/reprint/7/2/104**
Accessed:	**09 May 2006**

Title:	**Youth Risk Behavior Surveillance - USA, 2005**
Publisher:	**Centers for Disease Control and Prevention, 2006**
Author (s):	
Summary of Content:	

- Priority health-risk behaviors, which contribute to the leading causes of morbidity and mortality among youth and adults, often are established during childhood and adolescence, extend into adulthood, are interrelated, and are preventable.
- Data for October 2004-January 2006: 71% of all preventable deaths among young people aged 15-24 resulted from four causes: automobile crashes, other unintentional injuries, homicides and suicides.

Weapons/gun related data

- 18.5% had carried a weapon (gun, knife or club) in the 30 days prior to the survey (males 29.8%, females 7.1%).
- 5.4% had carried a gun (males 9.9%, females 0.9%).
- 6.5% had carried a weapon on school property (males 10.2%, females 2.6%).
- During the previous 12 months, 7.9% had been threatened or injured with a weapon on school property (males 9.7%, females 6.1%).
- 6.0% of students had not gone to school for one or more days in the previous month because of safety fears.
- 16.9% had seriously thought of committing suicide in the previous year (males 12% females 21.8%).

Trends

- The percentage of students who carried a weapon decreased during 1991-1999 (26.1% to 17.3%) and then did not change significantly during 1999-2003 (17.3% to 18.5%).

Location:	**http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf**
Accessed:	**17 August 2006**

Title:	**Global Firearms and Suicide Research Data**
Publisher:	**Information Sheet by Gun Control, UK**
Author (s):	
Summary of Content:	

Reference to a study that found that adolescents who committed suicides using guns were more likely to have access to guns in the home. It concludes that two types of public health interventions to prevent adolescent firearm suicides are likely to be successful: limiting household access to firearms, and identifying adolescents at high risk of firearm suicide.

Location:	**http://www.gun-control-network.org/GF03.htm**
Accessed:	**09 March 2006**

Title:	**Firearm Injury and Fatality among Children and Adolescents in the US (2003)**
Publisher:	**HELP Network, 2006**
Author (s):	
Summary of Content:	

- In 2003, 2,849 U.S. children and teenagers died of firearm injuries: 1,844 homicides, 810 suicides, and 195 unintentional and undetermined shootings.
- For every child killed by a gun, 4 are injured.
- Research evidence that young children (aged four plus) are strong enough to fire many handguns used in the US.

Location:	**http://www.helpnetwork.org/frames/2006.firearm.injury.and.fatality.among.children.pdf**
Accessed:	**09 March 2006**

Title:	**Guns and Gun Attitudes in America**
Publisher:	**HELP Network, 2003**
Author (s):	
Summary of Content:	
▪ About 35% of households in the USA have guns. ▪ Men are more likely to own a gun than women, 41.7%: 28.5%. ▪ More than 30% of homes with children have a gun. ▪ In homes with guns, the homicide of a household member is three times as likely to occur as in homes without a gun. The risk of a suicide is increased nearly five-fold in homes with guns. ▪ Guns are used in only a minority of crimes, but more than half of all homicides and suicides involve guns. ▪ "A 1998 survey of parents showed that 23% of gun-owning households keep a gun loaded and 28% keep a gun hidden, but not locked." ▪ Gun owners who had received some kind of training about gun use were no more likely to store guns safely. ▪ Children and young people who grow up in homes with guns are more likely to own guns themselves.	
Location:	**http://www.helpnetwork.org/pdf/2003%20Guns%20in%20America.pdf**
Accessed:	**09 March 2006**

Title:	**More Guns, More Deaths**
Publisher:	**Harvard Injury Control Research Centre, 2005**
Author (s):	
Summary of Content:	
An overview of research on homicide, suicide, unintentional gun deaths, gun carrying, and self-defensive gun use.	
Location:	**http://www.helpnetwork.org/pdf/2005%20Fact%20Sheets/HICRC%20lit%20rev.pdf**
Accessed:	**09 March 2006**

Title:	**Guns and Domestic Violence in the US**
Publisher:	**HELP Network, 2003**
Author (s):	
Summary of Content:	
▪ Clearly domestic violence has an impact on children and young people growing up in households where it occurs. ▪ A woman is five times more likely to become a victim of domestic violence if there is a gun in the home. ▪ Approximately 700 women are shot by intimate partners each year in the USA.	
Location:	**http://www.helpnetwork.org/pdf/2004%20Fact%20Sheets/Guns%20and%20DV.pdf**
Accessed:	**09 March 2006**

Title:	**Wounds caused by firearms in El Salvador, 2003-2004: Epidemiological Issues**
Publisher:	**Medical, Conflict and Survival, 2005 Jul-Sep;21(3):191-8**
Author (s):	**I. Paniagua, E. Crespin, A. Guardado and A. Mauricio**
Summary of Content:	
▪ "This study presents data from hospital records in El Salvador describing the features of 100 patients admitted to a public hospital with firearm wounds. ▪ Wounds caused by Firearms (WFA) account for 70% of homicides; 30% of WFA homicides died in hospital. ▪ For every death in hospital there are five admissions who need treatment and survive. ▪ The typical victim is a young man with reasonable education but poor earning capacities and some family responsibilities, who lives in an urban setting where drugs, alcohol and firearms are commonplace. ▪ Extrapolating from this study, an estimated 2,580 people were treated in El Salvador hospitals during 2003; and of these 2,400 were treated in public hospitals at a cost to the state of 7.4 million USD, just over seven per cent of the health budget. Using further extrapolations, the total social costs for WFA morbidity would amount to around 34 million USD. ▪ There need to be greater controls on firearms, public education on their risks and a more unified surveillance system" (emphasis added).	
Location:	**http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16180732&dopt=Abstract**
Accessed:	**22 August 2006**

Title:	**Stronger gun control, better mental health services critical for safety of kids**
Publisher:	**Canadian Pediatric Society, September 21, 2006**
Author (s):	
Summary of Content:	
Statement by the Canadian Pediatric Society and the Association for Adolescent Health following the recent shootings in Canada. They called for: ▪ Strengthened gun control legislation; ▪ A ban on assault weapons; and ▪ Increased access to mental health services for children and youth.	
Location:	**http://www.cps.ca/english/media/NewsReleases/2006/Sep21.htm**
Accessed:	**02 October 2006**

3 Small Arms as a Public Health issue - global responses

Title:	**Introduction to the IANSA Public Health Network**
Publisher:	**International Physicians for the Prevention of Nuclear War, 2006**
Author (s):	
Summary of Content:	
"Priorities of the IANSA Public Health Network are: ▪ Health representation on National Commissions for small arms. This is needed to ensure that information on deaths and injuries are considered in the development of national action plans, and that public health approaches are included in those plans. ▪ National collection of data on gun deaths and related costs. This is needed to guide prevention planning, to identify high-risk groups and areas, and to monitor the effects of interventions. The cost of this should be included in budgets for National Commissions. ▪ Support for hospital research projects to provide details on gun-related injuries. Local-level data collection is needed to provide details on injury events and medical effects, ... To assure proper prevention and management of victims. ▪ Education of the medical community, students, the media, the public, and policy makers about the public health burden of gun-related injuries. These steps are needed to develop a comprehensive effort to reduce gun-related deaths and injuries. ▪ More involvement of the international injury prevention community in gun-related injury prevention. This group can help to apply decades of experience with public health approaches to the prevention of injuries from small arms and light weapons."	
Location:	**http://www.iansa.org/issues/documents/phn-introduction.pdf**
Accessed:	**17 August 2006**

Title:	**IANSA Public Health Network**
Publisher:	**International Physicians for the Prevention of Nuclear War, 2006**
Author (s):	
Summary of Content:	
The International Action Network on Small Arms' Public Health Network: ▪ Noted that the resources spent on dealing with the results of gun violence are diverted from other serious heath problems; ▪ Recommended that heath staff play a greater role in the campaign to control small arms; and ▪ Called on national governments to include health professionals in the National Commissions/Focal Points on small arms, and for those representatives to be given an active role.	
Location:	**http://www.iansa.org/issues/documents/public-health-network-pr.pdf**
Accessed:	**17 August 2006**

Title:	**ICD-10 International Classification of Diseases**
Publisher:	**World Health Organization**
Author (s):	

Summary of Content:

"The International Classification of Diseases (ICD) has become the international standard diagnostic classification for the recording of health related data. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. In addition to enabling the storage and retrieval of diagnostic information for clinical and epidemiological purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

The ICD-10 is the most recent version of this list of international causes of death. ICD-10 was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States in 1994.

ICD-10 and SALW

Chapter XX of the ICD-10 provides codes for the recording of external causes of mortality and morbidity. Codes specifically related to SALW are:

X72 Intentional self-harm by handgun discharge.
X73 Intentional self-harm by rifle, shotgun and larger firearm discharge.
X74 Intentional self-harm by other and unspecified firearm discharge.
X75 Intentional self-harm by explosive material.
X93 Assault by handgun discharge.
X94 Assault by rifle, shotgun and larger firearm discharge.
X95 Assault by other and unspecified firearm discharge.
X96 Assault by explosive material.
Y22 Handgun discharge, undetermined intent.
Y23 Rifle, shotgun and larger firearm discharge, undetermined intent.
Y24 Other and unspecified firearm discharge, undetermined intent.
Y25 Contact with explosive material, undetermined intent.
Y35.0 Legal intervention involving firearm discharge.
- Legal intervention with: machine gun, revolver, rifle pellet or rubber bullet.

Y35.1 Legal intervention involving explosives.
- Legal intervention with: dynamite, explosive shell, grenade, mortar bomb.

Y36 Operations of war.
- Includes: injuries to military personnel and civilians caused by war and civil insurrection.

Y36.0 War operations involving explosion of marine weapons.
Y36.2 War operations involving other explosions and fragments.
Y36.4 War operations involving firearm discharge or other forms of conventional warfare.
Y36.8 War operations occurring after cessation of hostilities.
- Includes injuries by explosion of bombs or mines placed in the course of operations of war, if the explosion occurred after cessation of hostilities. Injuries due to operations of war and classifiable to Y36.0-Y36.7 or Y36.9 but occurring after cessation of hostilities."

Title:	**ICD-10 International Classification of Diseases**

COUNTRY	MORTALITY	MORBIDITY	COMMENTS
Albania	(2005)	(2005)	2004 (partial) in two hospitals only, otherwise using ICD-9. 2008-2010 according to WHO-FIC EC NAS.
Bosnia and Herzegovina	1999	1996-1998	
Bulgaria	1999	X	2005 according to WHO-FIC EC NAS.
Croatia	1995	1995	
FYR Macedonia	X	X	Still using ICD-9 according to WHO-FIC EC NAS.
Romania	1999	2001-2004	
Republic of Moldova	1996	1996	
Serbia and Montenegro	2000	X	

Table 2: Adoption of ICD-10 in South Eastern Europe

COUNTRIES REPORTING DATA BY ICD-10 CODES	1994	1995	1996	1997	1998	1999	2000
Croatia		X	X	X	X	X	X
Republic of Moldova			X	X	X	X	X
Romania						X	X

Table 3: Implementation of ICD-10 in South Eastern Europe

Location:	**http://www.who.int/classifications/icd/en/**
Accessed:	**19 September 2006**

Title:	**Editorial: Confronting the Global Small Arms Pandemic**
Publisher:	**British Medical Journal 2002;324:990-991, 27 April 2002**
Author (s):	**N. Arya**

Summary of Content:

- The US has 28,000 gun deaths per year from small arms – includes accidents, homicides and suicides. This is the highest rate in the developed world.
- Firearms are the leading cause of death among 15-24 year olds, slightly more than for vehicle accidents.
- Firearms are the third leading cause of death among children under 15 in the US.
- The US murder rate without guns, is comparable to Canada's. The murder rate with handguns is 15 times higher.
- Data from the developing world are less available, but small arms were the main cause of death in wars in the 1990s (about 300,000 deaths).
- About 200,000 people die from non-conflict firearms incidents.
- Following the Dunblane massacre in Scotland and the Port Arthur massacre in Australia, 250,000 weapons were handed in the UK and 750,000 in Australia.

- "Law enforcement officials in both countries affirm the effectiveness of these measures in reducing damage by these weapons."
- "Although it seems clear that restrictions on the possession of weapons are necessary to prevent harm due to small arms, such restrictions are fiercely opposed by highly organised, wealthy, and influential groups such as America's National Rifle Association."
- Public health models can be used to evaluate the effectiveness of preventive approaches.
- International Physicians for the Prevention of Nuclear War has taken up the issue of small arms as a public health problem.
- "The next steps will be to determine data on which to base recommendations for policy change and community action; standardise databases and collection methods across the world; heighten awareness about the public health and social consequences of small arms among local, national, and international policy makers; and inform professional colleagues, students, and the public about the multiple causes and the devastating consequences of small arms violence."
- Laws on gun storage, common in most European countries, are designed to reduce the risk of theft and access by children. The USA has no national regulations on safe storage, but some states have CAP (Child Access Prevention) laws, requiring owners to store firearms locked, unloaded, or both, and make owners legally liable if a child uses the firearm to threaten or harm themselves or others (p.155). Research has shown a correlation between the introduction of CAP laws and a decrease in unintentional firearm death rates among children (p.177).

Location:	**http://bmj.bmjjournals.com/cgi/content/full/324/7344/990**
Accessed:	**07 March 2006**

Title:	**American Academy of Pediatrics: Firearm-related Injuries Affecting the Pediatric Population Committee on Injury and Poison Prevention**
Publisher:	**American Academy of Pediatrics, 2000**
Author (s):	

Summary of Content:

- Statement reaffirms 1992 position of the Academy "that the absence of guns form children's homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents."
- International comparisons: "The United States has the highest rates of firearm related deaths (including homicide, suicide, and unintentional deaths) among industrialized countries. The overall rate of firearm-related deaths for US children younger than 15 years of age is nearly 12 times greater than that found for 25 other industrialized countries, and the rate of firearm-related homicide is nearly 16 times higher than that in all the other countries combined."
- In 1997, 85.2% of all homicides for young people aged 15-19 involved firearms.
- Characteristics of firearm-related deaths: most occur on impulse during interpersonal conflicts.
- Risk factors for children and adolescents: exposure to family violence, history of anti-social behaviour, depression, suicidal ideation, alcohol use, poor school performance, bullying and withdrawal.
- Of the 4223 firearm-related deaths of children in 1997, 1262 (29.9%) were suicides. 63% of all suicides of young people 15-19 involved firearms.
- 7.2% of under 20 year olds killed by firearms died as a result of accidents, unintentional injury. Younger children were more likely to be killed in firearms accidents and they usually occurred while the child was at home, unsupervised.
- The ratio of non- fatal to fatal injuries was 2.6:1.
- From 1989 to 1994 the proportion of homicides committed by juveniles increased from 8% to 16% of all homicides, but then fell in 1995. Firearms were involved in 79% of homicides committed by youths in 1995. Many of the guns used were purchased on the black market.
- A significant number, 12%, of young people reported carrying guns at school, either because they felt afraid, or as the result of peer pressure "Adolescence is marked by a search for identity, independence, and autonomy. Accompanying characteristics may be curiosity, the strong influence of the peer group, rites of passage, belief in invincibility, impulsiveness, immaturity, mood swings, and substance abuse. The perception of danger by adolescents may be influenced by many factors, including the media, as well as the reality of their own lives. The world seen as a dangerous place during this particularly vulnerable developmental period may lead to conflict, injury, and death, especially when access to guns is easy" (p. 6).

Title:	**American Academy of Pediatrics: Firearm-related Injuries Affecting the Pediatric Population Committee on Injury and Poison Prevention**

- Surveys of gun owners report that a majority admit to leaving their guns loaded, and many leave them both unloaded and unlocked.
- Some curricula targeting young children and those at low risk for violence have been effective: resiliency-based violence prevention strategies in preschool children, family support and early childhood education have shown reductions in delinquency.
- "Because firearm-related injury to children is associated with death and severe morbidity and is a significant public health problem, child health care professionals can and should provide effective leadership in efforts to stem this epidemic" (p. 7).
- The AAP (American Academy of Pediatrics) recognizes the importance of some countermeasures: educational, environmental, engineering, enforcement, economic incentives and evaluation.
- "The AAP affirms that the most effective measure to prevent firearm-related injuries to children and adolescents is the absence of guns from homes and communities."
- Regulations to ban handguns and assault weapons are the most effective way to reduce firearm-related injuries.
- Child health care professionals should inform parents about the dangers of guns in the home and community, and alert parents to the particular risks faced by adolescents with a history of aggressive behaviour, suicide attempts or depression.
- "The AAP urges that guns be subject to safety and design regulations, like other consumer products, as well as tracing."
- The AAP urges the development of quality, violence-free programming and constructive dialogue among child health and education advocates, the Federal Communications Commission, and the television and motion picture industries, as well as toy, video game and other software manufacturers and designers, in an effort to reduce the romanticization of guns in the popular media."
- The AAP supports the evaluation of firearm injury prevention and intervention strategies such as conflict resolution, alternatives to violence, storage techniques (eg, trigger locks, lock boxes, and gun safes), and educational programs for children and adolescents."
- "The AAP urges that a coordinated, comprehensive, national surveillance data system be maintained by the Centers for Disease Control and Prevention as well as the National Center for Health Statistics."
- "The AAP supports the education of physicians and other professionals interested in understanding the effects of firearms and how to reduce the morbidity and mortality associated with their use" (p.7).

Location:	**http://pediatrics.aappublications.org/cgi/reprint/105/4/888**
Accessed:	**10 August 2006**

Title:	**European Strategy for Child and Adolescent Health Development**
Publisher:	**World Health Organization, 2006**
Author (s):	

Summary of Content:

- The strategy for child and adolescent health and development is designed to help Member States achieve the following objectives:
  - to develop a framework for an evidence-based review and improvement of national child and adolescent health and development policies, programmes and action plans, from a life course perspective;
  - to promote multisectoral action to address the main health issues related to child and adolescent health; and
  - to identify the role of the health sector in the development and coordination of policies and in delivering services that meet the health needs of children and adolescents.

Title:	**European Strategy for Child and Adolescent Health Development**
▪ Emphasizes burden of injury caused by violence in all countries of the region. Injuries in childhood and adolescence have a high risk of long-term physical and psychological consequences. ▪ There are no references to the issue of small arms.	
Location:	**http://www.euro.who.int/document/E87710.pdf**
Accessed:	**17 August 2006**

Title:	**Reducing Suicide in Canada**
Publisher:	**Gun Control, Canada**
Author (s):	
Summary of Content:	
▪ The majority of gun deaths in Canada are suicide. ▪ Suicide is a major public health problem. ▪ Firearm suicide is the third leading cause of death among 15-24 year olds. ▪ The highest proportion (92%) of completed suicides is with a gun. ▪ A home where there is a firearm is five times more likely to be the scene of a suicide than a home without a gun. ▪ Evidence of a correlation between the rate of suicides with guns and the issuing of hunting licenses. ▪ "While it is well understood that broad education programs aimed at reducing suicide may have unintended consequences, increasing awareness among individuals and groups interacting with potential suicides through targeted communications strategies can be effective. This includes first and foremost police, but also physicians, social workers, educators, suicide prevention experts, counselors, occupational health and safety specialists, women's organizations etc. Preliminary consultation with these groups has suggested that there is uneven awareness of the risks associated with firearms as well as the tools which may be used to remove firearms from individuals considered a risk. Professionals should be aware of the risks, screen for these risks and undertake appropriate interventions." ▪ "Ensuring parents and family understand the risks associated with firearms in the home particularly if there are individuals suffering from depression or other mental illness. Adolescent males represent a particular risk. Ideally firearms should be removed. As a minimum they must be safely stored. **Impulsivity has been identified as a major factor in suicides involving youth and increasing barriers between them and firearms have been effective strategies"** (emphasis added).	
Location:	**http://www.guncontrol.ca/English/Home/Works/ReducingSuicide.pdf**
Accessed:	**05 April 2006**

Title:	**Suicide Prevention and Youth: Saving Lives, Congressional Statement**
Publisher:	
Author (s):	**C. King, 2004**
Summary of Content:	
▪ Firearms are the most common method of suicide among adolescents in the United States. In one study, firearms were present in the homes of 74.1 percent of completers and 33.9 percent of suicidal inpatients. Several more recent control studies also demonstrate a strong link between completed suicide and the availability of firearms in the home." ▪ In 1996, firearms were used by 66.4 percent of male suicide victims and by 48.3 percent of female victims (aged 15 to 19). ▪ Availability of the means to commit suicide is one of the risk factors. "In one study, firearms were present in the homes of 74% of suicide completers versus 34% of hospitalized suicidal adolescents. Because suicidal youth are sometimes impulsive, and because they are often ambivalent about killing themselves, the period of imminent risk is often short. **Thus, restricting access to firearms may be an important prevention strategy"** (emphasis added).	

Title:	**Suicide Prevention and Youth: Saving Lives, Congressional Statement**

- Violence prevention, in the form of reducing access to firearms, is one of a range of prevention strategies for youth suicide.

Suicide: Violence prevention, in the form of reducing access to firearms, is one of a range of prevention strategies for youth suicide.

Source: Suicide Prevention & Youth: Congressional statement by Cheryl A King, King, C., 2004.

Location:	**http://www.apa.org/ppo/issues/youthsuictest304.html**
Accessed:	**19 April 2006**

Title:	**Youth and Firearms in Canada, Adolescent Health Committee, Canadian Paediatric Society (CPS)**
Publisher:	**Paediatrics & Child Health 2005;10(8):473-477, Ref. No. AH05-02 (Formerly AM95-01)**
Author (s):	

Summary of Content:

- An estimated 21-34% of homes in Canada have firearms (although one study suggested a lower rate of 17%.)
- "The presence of a firearm in the home has been shown to increase rates of homicide and suicide compared with homes without a firearm. In studies of adolescent suicide conducted by Brent et al, the presence of a firearm in the home was found to be a strongly positive risk factor for completed adolescent suicide. **Apparently, the adolescent without a firearm in the home is more likely either to use a less lethal method or to not attempt suicide**. Birckmayer and Hemenway analyzed the relationship between suicide rates and household firearm ownership for four age groups. They found that firearm ownership was correlated with increased suicide rates for 15- to 24-year-olds and 65- to 84-year-olds, but not for 25- to 64-year-olds. This suggests that the availability of a firearm in the home is a suicide risk factor for some, but not all, age groups. **It is likely that certain developmental characteristics of adolescents, such as impulsivity, sensitivity to peer pressure, and experimentation with alcohol and substances, are responsible for this effect."** (emphasis added).
- Firearms are the leading method of homicide used against those in the 12- to 18-year-old age group.
- Before 1990, about 30% of homicides with firearms involved handguns, and 70% rifles and shotguns. Since then, the rate of homicides with rifles and shotguns has declined, while the rate involving handguns has remained stable.
- Data collected since 1997 suggest that most homicides involving handguns used illegal weapons.
- Over the past decade, youths aged 9-17 comprised 9% of those charged with homicide, and 43% of their victims were aged 12-24.
- The link between illegal firearms deriving from the US needs to be studied further.
- Non-powder firearms: BB and air guns are no toys, and have been associated with fatalities and serious injuries.

Interventions to reduce Firearms Injuries

- Counselling – while US physicians believe that counseling parents would be worthwhile, few are actually doing it. There is no data on Canadian physicians. US data on parents' attitudes to doctors counseling them about firearms is mixed: in one study, 17% of parents indicated their willingness to remove a firearm from the house if recommended by a doctor, and 84% would follow safe storage advice. However, two studies of gun-storage behaviour following counseling by doctors showed no improvement in safe storage. In another study of adolescents diagnosed with depression, 27% of parents followed doctors' recommendations to remove firearms from the house.
- Education and environmental manipulation – one study showed a big improvement in safe storage practices after lock boxes for guns were distributed and owners were provided with education, but other studies have not shown such an effect. It is still not clear what types of intervention would result in safer storage practices.
- Technological modifications to firearms – one study reviewed all unintentional and undetermined firearms deaths in Maryland, USA and found that if a range of safety devices had been included in gun design, an estimated 44% of the deaths would have been preventable, in particular deaths of children.
- Firearms safety education – "At present, no children's firearm safety programs have been shown to be effective in simulated real-life situations. Further research is required to find an effective way to change children's behaviour around firearms. Widespread use of these programs is unwise until an effective program is developed."

Title:	**Youth and Firearms in Canada, Adolescent Health Committee, Canadian Paediatric Society (CPS)**

- Conclusions: "Firearm injuries result in significant mortality in Canadian children and adolescents. The rates of firearm injury in Canadian youth are among the highest in developed countries. The presence of a firearm in the home increases the risk of suicide, homicide and unintentional injuries in the home. Nonpowder firearms and paintball guns are not regulated as firearms by Canadian gun control laws yet can cause significant injury, especially ocular injury. Children's school-based firearm safety education programs have not been shown to be effective and may have unintended negative effects."
- Recommendations: "The position of the Canadian Paediatric Society is that it is best for firearms not to be present in homes or environments in which children and adolescents live and play. If a firearm must be present, it should be stored according to the regulations of the Canadian Firearms Act, that is, unloaded, locked and separate from its ammunition."
- Doctors should support strict control of the acquisition, ownership and storage of firearms.
- Doctors should counsel parents about the risks of firearms in the home.
- Doctors should recommend that firearms be removed from the home where there is a risk of adolescent suicide.

- The present level of evidence does not indicate how to improve gun safety in homes.
- The use of technological innovations is promising and deserves more research.
- Nonpowder firearms are dangerous weapons and should not be considered as toys for children and young people.

Children's 'firearms safety programs: "At present, no children's firearm safety programs have been shown to be effective in simulated real-life situations. Further research is required to find an effective way to change children's behaviour around firearms. Widespread use of these programs is unwise until an effective program is developed."

Source: Canadian Pediatric Society

Location:	http://www.cps.ca/english/statements/AM/AH05-02.htm
Accessed:	14 August 2006

Title:	**Small Arms: US Policy and the Role of the Medical Community**
Publisher:	**Physicians for Social Responsibility**
Author (s):	

Summary of Content:

- Doctors are forced to treat the injuries caused by small arms and ought to be called upon to advocate a public health approach to address this epidemic from a preventative angle.
- The campaign to deal with the small arms issue should focus more on human suffering and health losses.
- "The goal of doctors in the emergency room is to reduce the occurrence of premature death, injury and disability. The goal of doctors outside the ER ought be to advocate global efforts to develop international instruments to govern the weapons that cause the wounds they treat."

Location:	http://www.psr.org/home.cfm?id=pressroom20
Accessed:	18 August 2006

Title:	**Firearm related deaths: the impact of regulatory reform in Australia**
Publisher:	**Injury Prevention 2004;10:280–286**
Author (s):	**J. Ozanne-Smith, K. Ashby, S. Newstead, V. Z. Stathakis, A. Clapperton**
Summary of Content:	
▪ A study of the relationship between strengthening firearms regulations and firearms-related deaths was done using Australia as an example. ▪ Focus on the state of Victoria, where two periods of firearms related reform occurred, following mass shootings in 1988 and 1996. After 1988, Victoria tightened laws on semi-automatic guns, but did not follow the National Committee on Violence's recommendations for uniform national laws. ▪ After the second mass shooting in 1996, there was a national gun amnesty and a buyback campaign, lasting one year. ▪ The results of the study showed dramatic declines in firearm–related deaths in Victoria and the rest of Australia from 1979 to 2000. There were declines in household ownership, firearms licences, and licensed shooters. "These changes were associated with substantial publicity, unprecedented community awareness, and advocacy for gun control reform from antigun groups and the broader community" (emphasis added). ▪ There were statistically significant reductions in suicides and assaults involving weapons after both periods of reform in Victoria. ▪ By the year 2000 the rate of firearms deaths was less than 2 per 100,000 and raises the question of whether it is possible to have zero deaths form firearms.	
Location:	**http://ip.bmjjournals.com/cgi/reprint/10/5/280**
Accessed:	**17 May 2006**

Title:	**Small Arms Proliferation Awareness in Uganda**
Publisher:	**People with Disabilities – Uganda**
Author (s):	
Summary of Content:	
▪ Description of the small arms program. ▪ Violence from small arms is the main cause of disability in Uganda: small arms related disabilities outnumber fatalities 10 to 1. ▪ Disabilities are caused by direct violence and indirectly as a result of lack of health care facilities, lack of access to food and fertile land.	
Location:	**http://www.pwd-u.org/programs/programs-summary.asp**
Accessed:	**16 August 2006**

Title:	**The Skeleton in the Closet: Survivors of Armed Violence**
Publisher:	**Centre for Humanitarian Dialogue, June 2006**
Author (s):	

Summary of Content:

- Governmental and nongovernmental organizations work on a daily basis to provide for the needs and rights of individuals who survive gun violence.
- "The silence on the issue of assistance to survivors in the UN process on small arms control therefore stands in sharp contrast."
- Survivors of gun-related injuries need emergency and continuing medical care, physical rehabilitation, psychological support, socio-economic reintegration and disability laws and policies.
- Men are the largest number of disabled survivors.
- Women and girls experience many forms of gun-related violence, including sexual violence at gunpoint. In addition, they are the main carers of survivors of gun injuries.
- Much can be learned from the Mine Ban Treaty, which defines victim assistance in detail.
- Differentiation of victims according to injury from landmines, ERW (explosive remnants of war) or guns, is "neither practically possible, nor ethically acceptable." Assistance to survivors needs to be part of overall national health, poverty and crime reduction and development strategies.
- "People affected by small arms related violence will move from being victims to survivors, as they recover from trauma, reclaim their lives, and enjoy their rights."
- Surviving small arms violence also has consequences for families, communities and for socio-economic activity.
- The UN Programme of Action, 2001, pays little attention to the needs of survivors.
- There are no separate statistics on disability caused by gun-related violence, but violence accounts for 9% of global mortality and is one of the main causes of disability. 90% of gun-related homicides occur among men. The UN estimates that 10% of the world population are affected by disabilities. The majority of people with disabilities live in poor countries.
- One study by the International Rescue Committee in one of the world's largest refugee camps in Kenya found that gun shot injuries was the single largest cause of physical disability (32.4% of all cases).
- It is necessary to strengthen the national health infrastructure to assure the sustainability of assistance. Lesson learned from landmine process; need for a twin-track approach, disability specific when necessary, but also focus on overall health system.
- As with all public health programs, there is a need for injury surveillance and data collection, to identify needs, set priorities and also provide survivor groups with information to lobby for services.
- There is a need for survivors to be represented in committees working on National Action Plans for control of small arms.
- In Croatia the Mine Action Plan for 2005-9 includes victim assistance and rehabilitation, possibly a model for similar programs for small arms injury survivors; while the Mozambique mine action plan covers all victims of violence and trauma, including victims of family violence and road accidents.
- Public health tax on firearms: In December 2004 El Salvador introduced a tax on firearms, similar to taxes on tobacco and alcohol sales, to fund health promotion, prevention of injuries and medical help. "Although the fund is not designed specifically for victims of gun violence, it provides an interesting model of a policy of getting weapons owners to contribute to the costs of gun violence while levying additional resources for the public health budget."
- USAID Leahy War Victims Fund: supports and assists survivors of war-related violence, with an emphasis on rehabilitation and reintegration. The fund has supported national policies on disability in Angola, Sri Lanka, Lebanon, Nicaragua and Senegal.
- Public awareness campaigns on small arms control should focus on the rights of people disabled by small arms injuries.
- Healing trauma and bearing witness: The VIVO foundation helps victims of armed violence to work with traumatic memories and re-establish normal life. Such work can also contribute to breaking the cycle of violence.
- Mine and ERW Action: in a number of countries where mine action is well established there is the possibility of applying that experience to the needs of small arms injury survivors.

Title:	The Skeleton in the Closet: Survivors of Armed Violence

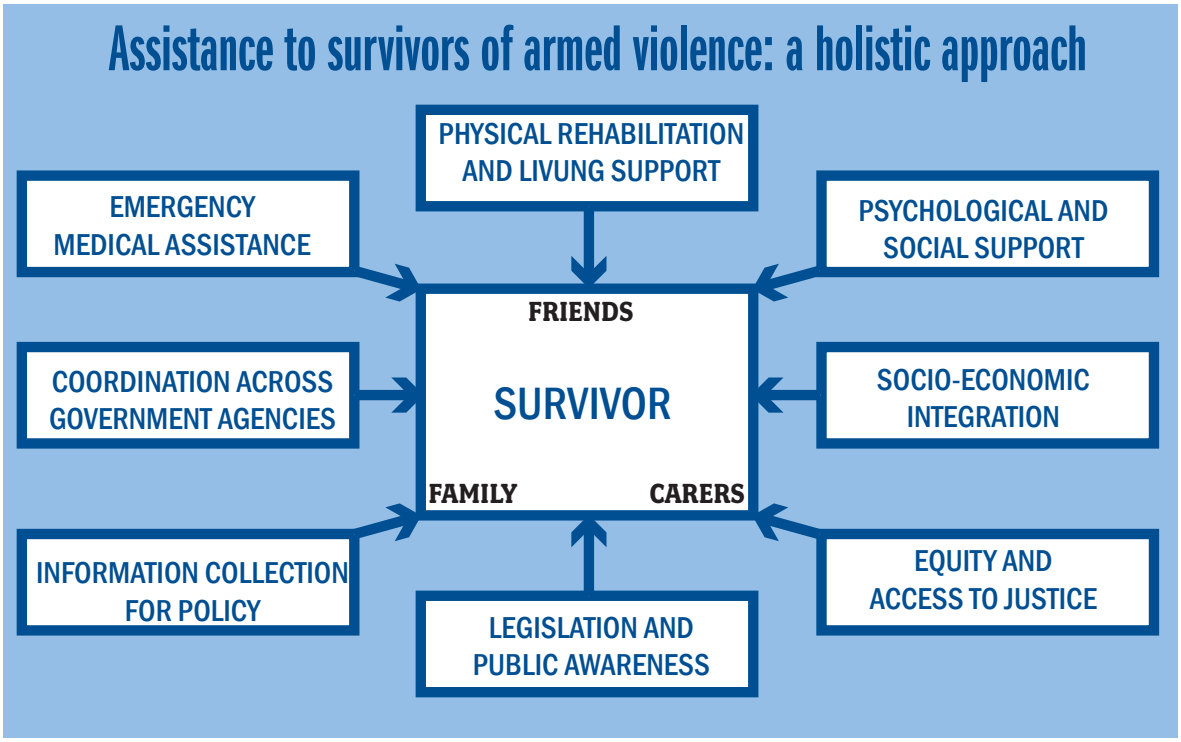

Figure 3: Assistance to survivors of gun violence

Violence and Survivors in Burundi

There are an estimated 100 000 to 300 000 weapons in circulation in Burundi, many distributed to civilians during the war. Records from a hospital run by MSF Belgium for people wounded in the war, showed that 35% of the case load in 2005 was related to gun injuries and 11%, to grenades. Patients with such injuries have to pay all costs themselves. Average cost for treating gunshot injuries: $100 (a doctor's monthly salary is $60). Many people cannot access primary health care, and there are no services for rehabilitation or counseling. People with disabilities are an economic burden for their families, and may therefore face rejection. The government is aware of the problem but lacks resources to respond; international donors provide little or no assistance. Programmes for reintegrating combatants and child soldiers do not include survivor assistance. No provisions were made for survivors in the peace agreement or for those experiencing continuing levels of violence post-conflict.

Survivors "are in effect left behind as the country desperately wants to look towards the future."
Source: The Skeleton in the Closet, Survivors of Armed Violence

Location:	http://www.hdcentre.org/datastore/Small%20arms/UN%20Process/Survivors.pdf
Accessed:	22 August 2006

Title:	**Missing Pieces: Considering the Needs of Gun Violence Survivors**
Publisher:	**Humanitarian Dialogue Center, July 2005**
Author (s):	

Summary of Content:

- The international community continues to debate the issue of small arms control, but ignores survivors of small arms injuries.
- :... victim assistance for gun violence survivors is in a sense 'at square one,' confounded by a significant absence of research and policy-relevant information and complicated by the variety of settings in which armed violence occurs" (p.1).
- As well as physical effects, survivors of gun violence also experience psychological effects; an increased risk of suicide, depression and substance abuse. A controversial recent study (2005) evens suggests that survivors of gun violence are twice as likely as others to engage in violence themselves as a result of their experience (Bingenheimer, JB et al, quoted on p. 2).

Location:	**http://www.hdcentre.org/datastore/Small%20arms/Missing_Pieces/Theme%203.pdf**
Accessed:	**14 August 2006**

4 Violence as a Public Health Issue

Title:	**World report on violence and health**
Publisher:	**World Health Organization, 2002**
Author (s):	

Summary of Content:

- Between 1985 and 1994 youth homicide rates increased in many parts of the world, especially in developing countries and countries in economic transition. These increases were generally associated with increases in the use of guns. (p. 51).
- The combination of gangs, guns and drugs resulted in high levels of violence (p. 59).

Prevention programs

Successful:

- Programs to reduce teenage pregnancies and reduce maltreatment of children and the risk it poses for later involvement in violent behavior.
- Increased access to prenatal and antenatal care.
- Academic enrichment programs.
- Targeting high risk youth with incentives to complete secondary school.
- Vocational training for underprivileged youths.

Programs that appear to be unsuccessful:

- Individual counseling.
- Training in safe use of guns.
- Programs focusing on brutality of prison life.
- Trying young offenders in adult courts.
- Residential programs in psychiatric and correctional institutions (pp. 65-66).
- At the societal level, buying back guns was shown to be ineffective in reducing youth violence, while promoting safe and secure storage of firearms and enforcing laws preventing illegal transfer of guns to young people were shown to be effective (p. 68).

Tackling gun violence among youth

- "Changing the social environment so as to keep guns and other lethal weapons out of the hands of children and unsupervised young people may be a viable strategy for reducing the number of deaths arising from youth violence."
- In most countries of the world it is illegal for young people to have access to firearms, so enforcement of the law may have a high return in reducing firearm-related violence. There is very little research on this issue.
- Since most guns used by young people were stolen, then safe storage, resulting in fewer thefts and burglaries, should contribute to reducing youth access to guns.
- "A longer-term strategy for reducing unauthorized access to guns on the part of children and adolescents would be to develop ''smart'' guns that do not function if anyone other than their rightful owner tries to use them" (p. 71).
- In areas with very high rates of gun violence, such as Colombia, there is evidence that selective bans on carrying weapons, during periods known to be related to high homicide rates, such as weekends after paydays, holidays and election days, resulted in reduced homicide rates (p. 71).

Conclusions

- "As is evident from the review of risk factors and prevention strategies, youth violence is caused by a complex interaction among multiple factors, and efforts to reduce this problem in a substantial way will need to be multifaceted...Ideally, programmes should approach youths through multiple systems of influence (individual, family, community and society) and provide a continuum of interventions and activities spanning the stages of development" (p. 72).
- Deaths and injuries from youth violence are a significant public health problem, which varies in magnitude within and between countries. There are strategies that have proven to be effective, but no one strategy is sufficient, and all strategies need to be relevant to the particular country where they are implemented.

Recommendations

1. Create, implement and monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
4. Promote primary prevention responses.

Title:	**World report on violence and health**
5. Strengthen responses for victims of violence. 6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality. 7. Increase collaboration and exchange of information on violence prevention. 8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights. 9. Ensure practical, internationally agreed responses to the global drugs trade and the global arms trade (pp. 272-279).	
Location:	**http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf**
Accessed:	**14 March 2006**

Title:	**Preventing violence: A guide to implementing the recommendations of the World report on violence and health**
Publisher:	**World Health Organization, 2004**
Author (s):	
Summary of Content:	
▪ Identifies the carrying of weapons as important risk behaviour for interpersonal violence. In the USA, information about this risk behaviour is available from youth risk behaviour surveys. ▪ Youth violence is more likely to result in death than intimate partner violence (p.23). ▪ In terms of primary prevention, there are some rapid interventions that are effective, for example, reducing the carrying of weapons in public (p.48).	
Location:	**http://whqlibdoc.who.int/publications/2004/9241592079.pdf**
Accessed:	**14 March 2006**

Title:	**Milestones of a Global Campaign for Violence Prevention, 2004**
Publisher:	**World Health Organization, 2004**
Author (s):	
Summary of Content:	
Update on Programme of Action of the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons, and WHO and IPPNW (International Physicians for the Prevention of Nuclear War) panel on public heath dimensions of small arms violence.	
Location:	**http://whqlibdoc.who.int/publications/2005/9241593555_eng.pdf**
Accessed:	**08 August 2006**

Title:	**Milestones of a Global Campaign for Violence Prevention**
Publisher:	**World Health Organization, 2005**
Author (s):	
Summary of Content:	
An update on the international campaign for violence prevention: ▪ From January 2004 to August 2005, the number of national focal points for violence prevention rose from 40 to 70, and the number of countries preparing national plans/reports increased from 4 to 25 (p. 6).	

Title:	**Milestones of a Global Campaign for Violence Prevention**
▪ ***Armed Violence Prevention Programme:*** collaboration with UNDP to develop an international policy framework based on a clear understanding of the causes, nature and impact of armed violence. So far, this initiative has resulted in comprehensive reports on firearm-related violence in Brazil and El Salvador. ▪ UN Secretary General's Study on Violence and Children commissioned, involving cooperation between WHO, UNICEF and UNOHCR. ▪ ***Africa*:** Regarding prevention, almost all countries have multi-sectoral groups working at national and community levels to raise awareness about the importance of gun violence and to advocate for comprehensive measures to address this problem. The focus for much of these efforts has been on bringing in laws for gun control, establishing or improving information systems and providing appropriate care for those who suffer firearm injuries (p. 24). ▪ *Eighth World Conference on Injury Prevention and Safety Promotion* held in Africa for the fist time, in Durban, South Africa, 2-5 April 2006. ▪ ***South America:*** GTZ funded project on youth development and violence prevention in Argentina, Colombia, El Salvador, Honduras, Nicaragua and Peru. ▪ International conference on youth violence in Central America, *Voices from the field*, February 2005 (p. 26). ▪ ***Europe***: Low and middle income countries in Eastern Europe have some of the highest violence-related mortality rates, e.g. the Russian Federation has very high rates of homicide and suicide in males aged 25-54. ▪ November, 2004 the Council of Europe passed an inter-ministerial resolution Preventing Everyday Violence in Europe: Responses in a Democratic Society". ▪ In June 2005, the government of FYROM formed the National Commission for Violence Prevention, headed by the Minister of Health, with representatives of the ministries of health, interior affairs, justice, education and science, labour and social policy, and Macedonian Television and some NGOs (p. 31). ▪ In July 2000, the Slovenian Government hosted the regional conference to contribute to the Secretary General's *Study on Violence against Children.* UNICEF has been heavily involved in this process. ▪ Development of the Violence Prevention Alliance.	
Location:	**http://whqlibdoc.who.int/publications/2004/9241591188.pdf**
Accessed:	**29 March 2006**

Title:	**Injuries and Violence In Europe: why they matter and what can be done**
Publisher:	**World Health Organization, 2006**
Author (s):	
Summary of Content:	
▪ The main types of violence in Europe are self-directed and interpersonal, although collective violence in the recent past still affects people's health. ▪ WHO's *World report on violence and health* shows that violence can be predicted and is a preventable health problem. ▪ The availability of weapons is a risk factor for violence at the social level. ▪ Reducing access to weapons is one way to reduce violence in Europe, especially youth violence. ▪ Little evidence of use of guns in domestic violence, more likely to be fists and other objects.	
Location:	**http://www.euro.who.int/document/E88037.pdf**
Accessed:	**29 March 2006**

Title:	**Violence Prevention Alliance**
Publisher:	**World Health Organization, 2006**
Author (s):	

Summary of Content:

"The Violence Prevention Alliance (VPA) was officially formed in January 2004 at the WHO-*hosted Milestones of a global campaign for violence prevention* meeting. The Milestones meeting reviewed the progress made in the first year following the 2002 launch of WHO's *World report on violence and health* (WRVH) and its subsequent Global Campaign for Violence Prevention (GCVP), and looked to the future to plan activities to be undertaken as part of the GCVP.

Definition and typology of violence

VPA addresses the problem of violence as defined in the *World report on violence and health* (WRVH), namely:

> "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

The WRVH also presents a typology of violence that, while not uniformly accepted, can be a useful way to understand the contexts in which violence occurs and the interactions between types of violence. This typology distinguishes four modes in which violence may be inflicted: physical; sexual; and psychological attack; and deprivation. It further divides the general definition of violence into three sub-types according to the victim-perpetrator relationship.

- ***Self-directed violence*** refers to violence in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide.
- ***Interpersonal violence*** refers to violence between individuals, and is subdivided into family and intimate partner violence and community violence. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions.
- ***Collective violence*** refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence."

Location:	**http://www.who.int/violenceprevention/approach/definition/en/index.html**
Accessed:	**29 March 2006**

Title:	**Violence Prevention Alliance**
Publisher:	**World Health Organization, 2006**
Author (s):	

Summary of Content:

The public health approach

The principles of public health provide a useful framework for both continuing to investigate and understand the causes and consequences of violence and for preventing violence from occurring through primary prevention programmes, policy interventions and advocacy. The activities of VPA are guided by the scientifically tested and proven principles and recommendations described in the *World report on violence and health*. This public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence.

The approach consists of four steps:

- To define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence.
- To establish why violence occurs using research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through interventions.
- To find out what works to prevent violence by designing, implementing and evaluating interventions.
- To implement effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and the target outcome should be monitored, and their impact and cost-effectiveness should be evaluated.

Title:	**Violence Prevention Alliance**

By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for the primary prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level.

The ecological framework

The ecological framework is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, while others are more protected from it. This framework views interpersonal violence as the outcome of interaction among many factors at four levels—the individual, the relationship, the community, and the societal.

- At the ***individual level,*** personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse and a history of behaving aggressively or having experienced abuse.
- Personal ***relationships*** such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.
- ***Community*** contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility and the existence of a local drug or gun trade.
- ***Societal*** factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts.

The ecological framework treats the interaction between factors at the different levels with equal importance to the influence of factors within a single level. For example, longitudinal studies suggest that complications associated with pregnancy and delivery, perhaps because they lead to neurological damage and psychological or personality disorder, seem to predict violence in youth and young adulthood mainly when they occur in combination with other problems within the family, such as poor parenting practices. The ecological framework helps explain the result—violence later in life—as the interaction of an individual risk factor, the consequences of complications during birth, and a relationship risk factor, the experience of poor parenting. This framework is also useful to identify and cluster intervention strategies based on the ecological level in which they act. For example, home visitation interventions act in the relationship level to strengthen the bond between parent and child by supporting positive parenting practices."

Location:	**http://www.who.int/violenceprevention/approach/ecology/en/index.html**
Accessed:	**29 March 2006**

Title:	**World Health Organization Fact Sheets: Youth Violence**
Publisher:	**World Health Organization, 2002**
Author (s):	
Summary of Content:	
Summarizes relevant material from *World report on violence and health*.	
Location:	**http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/youthviolencefacts.pdf** (Also available in French, Albanian and Macedonian)
Accessed:	**07 August 2006**

Title:	**World Health Organization Fact Sheets: Youth Violence and Alcohol**
Publisher:	**World Health Organization, 2002**
Author (s):	
Summary of Content:	
Of the risk factors for youth violence, classified as: individual, relationship, community and societal, the presence of guns is listed as one of the latter risk factors. In the Caribbean Youth Health Survey high alcohol use was associated with weapons-related violence for both males and females aged 10-18.	
Location:	**http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_youth.pdf**
Accessed:	**07 August 2006**

Title:	**World Health Organization Fact Sheets: Collective violence**
Publisher:	**World Health Organization, 2002**
Author (s):	
Summary of Content:	
Summarizes the extent of the problem, risk factors, and possible preventive measures. Role of small arms in lethality of injuries due to collective violence.	
Location:	**http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/collectiveviolfacts.pdf** (Also available in French, Albanian and Macedonian)
Accessed:	**07 August 2006**

Title:	**Fact Sheet on Schools, Youth and Violence**
Publisher:	**HELP Network, 2003**
Author (s):	
Summary of Content:	
▪ Violent deaths in schools represent less than 1% of violent deaths among school-aged children in the United States. In 1997-98, 1.3% of homicides and 0.3% of suicides among school-aged children (5-19 yrs) occurred at school. ▪ In the 1992-2001 school years, shooting was the leading cause of violent deaths in schools (77%), and 68% of all school violent deaths occurred in high schools. ▪ In 2001, 17% of US high school students had carried a weapon including guns, knives or clubs in the 30 days before the survey – a 33% decrease from 1991. ▪ From 1993 to 2001, the percentage of high school students carrying a weapon to school in the 30 days before the survey fell from 11.8% to 6.4% - a 46% decrease. ▪ There are a number of common sense actions that communities and families can take to help reduce future school violence tragedies, including behavior problem identification, class size reduction, gun access reduction, tolerance and conflict resolution promotion, and bully elimination.	
Location:	**http://www.helpnetwork.org/pdf/2003%20Fact%20Sheet%20on%20Schools,%20Youth%20and%20Violence.pdf**
Accessed:	**07 August 2006**

Title:	**World Health Organization Handbook for the Documentation of Interpersonal Violence**
Publisher:	**World Health Organization, 2004**
Author (s):	
Summary of Content:	
▪ **"*Rationale*.** Interpersonal violence is a leading cause of premature death and burden of disease. The little that is known about programmes for the prevention of violence is not widely shared. The purpose of this project is to systematically describe and compare interpersonal violence prevention programmes. The objective in doing so is to establish baseline information with respect to the prevention aims, target groups, intervention strategies and efforts at evaluation on the part of current programmes at the levels of communities and countries." ▪ DESEPAZ Programme in Colombia, includes a ban on carrying handguns.	
Location:	**http://www.who.int/violence_injury_prevention/publications/violence/handbook/en/**
Accessed:	**17 May 2006**

Title:	**The Economic Dimensions of Interpersonal Violence**
Publisher:	**World Health Organization, 2004**
Author (s):	
Summary of Content:	
Includes a chapter on guns, drugs, and gangs, and one on the costs of youth violence.	
Location:	**http://whqlibdoc.who.int/publications/2004/9241591609.pdf**
Accessed:	**17 May 2006**

Title:	**WHO Information Series of School Health: Violence Prevention: An Important Element of a Health-Promoting School**
Publisher:	**World Health Organization / UNESCO, 1999**
Author (s):	
Summary of Content:	
Identifies access to firearms and other weapons as a contributing cause of violence, at both the individual and societal levels, identifies the question 'Are weapons involved?' as a key issue in analyzing school violence, and the number of weapons confiscated as an indicator of local situations.	
Location:	**http://www.who.int/school_youth_health/media/en/sch_violence_prevention_en.pdf**
Accessed:	**17 May 2006**

Title:	**Editorial: Tackling violence**
Publisher:	**British Medical Journal, BMJ 1998;316:879-880 (21 March 1998)**
Author (s):	**J.P. Shepherd**
Summary of Content:	
▪ Violence is on the public health agenda in Britain now as a result of increased rates of injury and homicide, especially among men, and increased reporting of domestic violence. ▪ No national system of violence surveillance in accident and emergency departments.	

Title:	**Editorial: Tackling violence**
▪ Fear of repeat violence and a continuing relationship with the perpetrator prevent many people from reporting violence. ▪ International comparisons accentuate the effectiveness of firearms control in Britain as compared to the US where 30,000 people have been murdered every year by guns in the past 30 years. ▪ Role of medical personnel: "Putting violence on the public health agenda has undoubtedly begun to pay dividends in America: homicide rates have fallen, legislation such as the Brady bill has made it harder to buy firearms, laws have been enacted to protect children in the home by requiring that firearms are kept in locked cupboards." ▪ In Britain, a medical perspective on violence has shown that many more injured in violence have criminal records compared to those injured in accidents. ▪ Need for violence surveillance in accident and emergency departments to provide accurate data and to inform local violence prevention programmes.	
Location:	**http://www.bmj.com/cgi/content/full/316/7135/879**
Accessed:	**02 June 2006**

Title:	**Violence as a health problem in the US**
Publisher:	
Author (s):	**Felton Earls, 2005**
Summary of Content:	
▪ "Violence is commonly understood to be a public health problem, which means that it's a problem that can be studied among populations and the structures, institutions, and regulations that affect those populations. Medical problems are focused on individuals." ▪ Outlines the findings of a study that looked at adolescents who had experienced life-threatening gun violence, either as witnesses or as victims. "What they found was that even after controlling for a huge number of variables - including aggression, drug use, gender, and ethnicity - that those who witnessed firearm violence were three times more likely to perpetrate firearm violence within two years than their peers who didn't witness the violence. Thus, violence can be viewed as a disease that "infects" its witnesses." ▪ Prevention of such violence, through gun control and other measures, not only reduces the impact of gun violence on perpetrators and victims, but also on those who witness such violence.	
Location:	**http://www.news.harvard.edu/gazette/2005/12.01/16-violence.html**
Accessed:	**11 May 2006**

Title:	**Comparing pediatric injury surveillance data with data from publicly available sources: consequences for a public health response to violence**
Publisher:	**Injury Prevention 1999;5;136-141**
Author (s):	**D.A. Stone, S.J. Kharasch, C. Perron, K. Wilson, B. Jacklin, and R.D. Sege. 1995**
Summary of Content:	
▪ Data available from injury surveillance in emergency departments differed from that available from public sources. ▪ Only 4 of 14 violence-related data sources met the criteria of including separate data on intentional and unintentional injury, and on youth. ▪ Data from the injury surveillance showed that only a minority of injuries involved weapons, in contrast to police statistics on homicide and crime. ▪ "Public health efforts to reduce levels of violent injury among youth require thorough, detailed, and timely data about the scope and nature of violent injury in communities targeted for intervention, and a method for monitoring the success or failure of these efforts".	

Title:	**Comparing pediatric injury surveillance data with data from publicly available sources: consequences for a public health response to violence**

"Public health efforts to reduce levels of violent injury among youth require thorough, detailed, and timely data about the scope and nature of violent injury in communities targeted for intervention, and a method for monitoring the success or failure of these efforts."

Source: Comparing pediatric injury surveillance data with data from publicly available sources

Location:	**http://ip.bmjjournals.com/cgi/content/abstract/5/2/136**
Accessed:	**09 May 2006**

Title:	**Childhood Injuries: A Priority Area for the Countries of Central and Eastern Europe and the Newly Independent States**
Publisher:	**European Centre on Health of Societies in Transition (ECOHOST), 1998**
Author (s):	

Summary of Content:

- Now somewhat out-of-date, but reports on childhood injuries in the transitional countries of Central and Eastern Europe and the Newly Independent states of the former Soviet Union.
- Separate tables for death by violence, but deaths by firearms are not differentiated.

Location:	**http://www.lshtm.ac.uk/ecohost/injuries.pdf#search=%22http%3A%2F%2Fwww.lshtm.ac.uk%2Fecohost%2Finjuries.pdf%22**
Accessed:	**20 August 2006**

Title:	**Healing the Crisis in South Eastern Europe**
Publisher:	**Open Society Institute, 2003**
Author (s):	

Summary of Content:

- Death rates from injuries and violence are particularly high in South Eastern Europe.
- Deaths disproportionately affect the young and have multiple causes: high rates of road accidents due to multiple causes, high rates of homicide and suicide using firearms remaining from the conflicts in the region.
- No differentiation of data about firearms-related deaths.

Location:	**http://www.soros.org/initiatives/health/articles_publications/publications/healingthecrisis_20030626/healing_the_crisis.pdf**
Accessed:	**09 May 2006**

Title:	**Country Activities on Violence Prevention in South Eastern Europe**
Publisher:	**World Health Organization, 2005**
Author (s):	

Summary of Content:

The only programmes addressing violence as a public health issue have been in Serbia and Montenegro, and FYR Macedonia. There is no data specifically referring to firearms.

Serbia and Montenegro

'Serbia and Montenegro: Domestic Violence'. Serbia and Montenegro was one of the countries included in the study of domestic violence.

FYR Macedonia

- Fact sheets on violence (see above, WHO Fact sheets on Collective Violence (3.11), Youth Violence (3.9)).
- In November 2003 the Macedonian Ministry of Health launched the *World report on violence and health*. At the same time, it initiated a Macedonian National Campaign for Violence Prevention, in collaboration with WHO, UNICEF, the Open Society Institute Macedonia and the Republic Institute for Health Protection.
- Following the national launch, and a violence prevention advocacy and poster campaign in Macedonian and Albanian languages, a National Centre for Injury and Violence Control and Prevention in the Republic Institute for Health Protection was established. A number of workshops on the prevention of intimate partner violence, child maltreatment and youth violence have been conducted, and Macedonian violence prevention experts have made a study tour of child maltreatment programmes in Romania.
- A national report on violence and health is in preparation, (due 2006) and plans have been made to convene a national consultative conference at which to develop a multi-sectoral plan of action for the prevention of violence.
- The Ministry of Health has established a National Directorate for Injuries and Violence Prevention under the leadership of a senior public health official.
- In 2003-2004, achievements included a study tour of Croatia to observe that country's child abuse prevention work; the initiation of activities to prevent youth violence, including pilot administration of WHO-VIP's community based survey questions on violence; and training workshops with Macedonian students.
- In June 2005, the Minister of Health of the former Yugoslav Republic of Macedonia established a national commission on violence prevention, whose members represent a broad range of ministries, NGOs and research institutions. WHO/Europe and the national focal point for violence prevention, Prof. Fimka Tozija, are actively involved in the commission as well. Priorities set in an initial workshop include supporting the production of a national report on violence and health, and developing a business plan and terms of reference for the commission.

Croatia

"In March 2003, the Croatian Ministry of Health hosted a regional launch of the *World report on violence and health* for the countries of the Stability Pact, namely Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR Macedonia, Romania and Serbia and Montenegro. Also present were representatives from other Croatian government ministries, the Croatian national parliament, NGOs and UN Organizations. Participating countries discussed the need to nominate focal points for violence prevention within their health ministries, to establish intersectoral task forces to coordinate national activities, and to increase research and advocacy related to violence prevention."

Location:	**http://www.who.int/gender/violence/who_multicountry_study/fact_sheets/SerbiaandMontenegro.pdf** (Serbia and Montenegro) **http://www.who.int/violence_injury_prevention/violence/national_activities/mkd/en/index.html** (FYR Macedonia) **http://www.who.int/violence_injury_prevention/violence/national_activities/hrv/en/** (Croatia)
Accessed:	**09 May 2006**

5 Injury Prevention

Title:	**Child and Adolescent Injury prevention: A Global Call to Action**
Publisher:	**UNICEF and World Health Organization, 2005**
Author (s):	
Summary of Content:	

- There is no separate data for injuries and deaths caused by small arms, as health statistics are not kept in this way. Injuries and deaths caused by small arms are included under the categories of 'violence' and 'other'.
- "Prevention programmes that use a multi-disciplinary strategy (i.e. a combination of education, environmental modification and legislation) have been shown to be particularly effective for reducing injury mortality in many high-income countries."

"Injury prevention: why children and adolescents deserve special consideration? We have a duty to protect children from injury and violence for the following reasons:

- They are more vulnerable to forces on their body than are adults.
- Children live in a world designed for adults and are not always able to judge the potential hazards of many situations and products.
- They have an equal right to health and a safe environment. It is in the economic interest of our society."

Location:	**http://whqlibdoc.who.int/publications/2005/9241593415_eng.pdf**
Accessed:	**09 May 2006**

Title:	**Serious Firearm Injury Prevention Does Make Sense**
Publisher:	**Pediatrics 2001;107;408-410**
Author (s):	**D. Laraque, H. Spivak, M. Bull, 2001**
Summary of Content:	

Commentary on the AAP Policy Statement "Firearm Injuries Affecting the Pediatric Population".

- The policy statement clearly states that firearm injuries, one of the leading causes of death and injury to children and adolescents, require a comprehensive public health approach.
- The public health approach to gun violence requires problem definition, identification of risks, and suggestions for interventions and evaluations.

"Viewing gun violence as a public health problem requires problem definition, identification of risks, and suggestions for interventions and evaluations. The public health approach to other injury problems, such as automobile crashes, has taught pediatricians that to impact the death rates, it is important to shift the debate from one that targets only the individual to one which includes broader community and legislative interventions. The difficulty of changing individual behavior can be contrasted with the effectiveness of passive, one-time measures that remove the hazard. Towards that end, handguns, which are responsible for at least 70% of deaths in all categories (homicide, suicide, and unintentional) are specifically targeted in the recommendations" (p. 3).

Support for paediatricians to take an active role in advising parents about the dangers of guns:

"Often parents do not realize the risks that guns pose to their children, do not recognize the inability to trust them with a loaded gun, and may overestimate the ability of their child to differentiate a toy gun from a real gun" (p. 3).

- Points out pediatricians' role in advocacy, fact-finding, assessing the political situation, developing strategy and following up initiatives.
- Lists HELP (Handgun Epidemic Lowering Plan Network), an international coalition of medical and related organizations as an example, and a possible network for AAP chapters to join.
- In August 2000 the AAP joined ASK (Asking Saves Kids) part of the NGO, PAX, which works to reduce gun violence. This campaign urges parents to ask their neighbours and family if there is a gun in the home, and not to allow their children to visit and play there if there is a gun. Some pediatricians hand out brochures from this campaign.

Title:	**Serious Firearm Injury Prevention Does Make Sense**
HELP: http://www.helpnetwork.org. Members include: The American Academy of Pediatrics (http://www.aap.org/); The American College of Physicians (http://www.acponline.org/); The American Academy of Child and Adolescent Psychiatry (http://www.aacap.org/index.ww); The American Medical Association (http://www.ama-assn.org/); and PAX (http://www.paxusa.org/index.html).	
Location:	**http://www.pediatrics.org/cgi/content/full/107/2/408**
Accessed:	**11 August 2006**

Title:	**Traditional public health injury control does not apply to violence**
Publisher:	**Injury Prevention 1999;5;13-14**
Author (s):	**L. Fisher 1995**
Summary of Content:	
▪ Questions the injury control paradigm as the major response to violence. ▪ "Injury control and epidemiological research to reduce firearm-related intentional injuries by making handguns less available and safer are now at the cutting edge." ▪ Complexity of youth violence. ▪ "An angry young adult or older child will probably be able to bypass a safety locked trigger on a handgun and older guns will be available for some time. The firearm today is one of the weakest links in the chain of control. Moreover, little scientific evidence is yet available that these interventions work, and for safety locks, there are no uniform standards to assure they will all perform effectively." ▪ At the political level, the juvenile justice system is better funded than injury control. ▪ "Moreover, interest groups in America, such as the National Rifle Association, continue to succeed politically in limiting government's public health responses to firearms injury reduction. They have succeeded in blocking bills tied to Centers for Disease Control appropriations. In injury control practice, as well as politics and history, the perception of reality is as important as the reality. Nevertheless, we are at the threshold of change in juvenile violence control. The progress we made in the safety of medicines, automobiles, and consumer products should permit us to learn."	
Location:	**http://ip.bmjjournals.com/cgi/content/full/5/1/13**
Accessed:	**11 May 2006**

Title:	**Child death reviews: a gold mine for injury prevention and control**
Publisher:	**Injury Prevention 276 1999;5:276–279**
Author (s):	**C. Onwuachi-Saunders, S.N. Forjuoh, P. West, P. Brooks, 1999**
Summary of Content:	
▪ Showed that child death review teams can be used to prevent future deaths due to violence and injury through retrospective, multi-agency case analysis and recommendations for policy changes. ▪ Study conducted in Philadelphia, where there was an increase in the number of deaths of children under 21 due to injuries and violence. ▪ 37% of the deaths were judged as preventable. ▪ Of these, homicide was the leading cause of death for young people aged 13-21, and the majority of these deaths involved firearms (automatic handguns). ▪ Even among infants, homicides were the fifth cause of death. ▪ The death review teams act as a public health mission to reduce youth mortality and promote healthier behaviors. ▪ "It is a 'gold mine' in as much as by examining deaths, a cost effective alternative injury surveillance methodology can be created to better understand youth fatality in any community." ▪ In regard to firearms, the study resulted in the first program to target juvenile violators of firearms laws.	

Title:	**Child death reviews: a gold mine for injury prevention and control**
▪ The sharing of data among different agencies responsible for children and young people resulted in a fuller picture of the causes of injuries to children than that available to any one agency.	
Location:	**http://ip.bmj.com/cgi/reprint/5/4/276.pdf**
Accessed:	**09 May 2006**

Title:	**Predictions of injury from fighting amongst adolescent males**
Publisher:	**Injury Prevention 312 2001;7:312–315**
Author (s):	**B.J. Hammig, L.L. Dahlberg, M.H. Swahn, 2001**
Summary of Content:	
▪ The study examined the associations between violent behaviors such as group fighting, weapon use, and circumstances surrounding fights, and the risk of a fight related injury among a nationally representative sample of adolescent males who reported being in a fight in the past 12 months. ▪ Those who reported using a weapon to threaten or harm someone and those who carried a weapon to school were more likely to be injured. ▪ Results showed that fighting, fighting in groups, fighting with strangers and use of weapons were all significant health risks for adolescent males still at school.	
Location:	**http://ip.bmj.com/cgi/reprint/7/4/312.pdf**
Accessed:	**09 May 2006**

Title:	**Small Arms Injury Prevention by Public Health Approaches**
Publisher:	**HELP Network, 2003**
Author (s):	
Summary of Content:	
▪ Until recently, the main approach to the small arms issue has been from the criminal justice and humanitarian fields. ▪ In the same way that the public health approach has contributed to the elimination of small pox and the reduction of vehicle accident deaths, it is hoped to contribute to the reduction of deaths and injuries from small arms. ▪ There is an urgent need for accurate small arms injury data, including information about the source and type of weapon used, and the circumstances of the injury.	
Location:	**http://www.helpnetwork.org/pdf/2003%20Fact%20Sheets/The%20Public%20Health%20Approach.pdf**
Accessed:	**14 August 2006**

Title:	**Suggestions for Discussing Safe Storage with Other Parents**
Publisher:	**HELP Network, 2003**
Author (s):	
Summary of Content:	
Gives suggestions to parents for discussing safe gun storage with other parents.	
Location:	**http://www.helpnetwork.org/pdf/2003%20Fact%20Sheets/Tips%20for%20Parents.pdf**
Accessed:	**14 August 2006**

Title:	**Child-to-Child Unintentional Injury and Death from Firearms in the US: What can be done?**
Publisher:	**Journal of Pediatric Nursing, vol 20, No 6 (December), 2005**
Author (s):	**K. Glatt, 2005**
Summary of Content:	

- Editorial in journal on child health policy.
- 400 children in the USA die and more than 3,500 are wounded unintentionally and unnecessarily because of the accessibility of firearms.
- The fact that children have access to firearms is a contributory factor to child suicides and school shootings.
- Most of the firearms used in child-to-child violence come from the child's home or from the homes of friends and relatives.
- A number of studies relate unsafe storage practices to injury or death of children (p.448).
- Reasons for owning firearms; hunting, protecting livestock, target shooting and protection of family.
- These reasons must be balanced against the reality of unintentional harm to children.
- "Unsafe firearm storage practices, combined with children's natural curiosity regarding their environment, create an increased risk for injury or death."
- Developmental stages in childhood: children aged 2 to 5 years are prelogical, and fantasy and imagination plays a greater role in children's interpretation of their environment than logic. Children from 6 to 12 begin to develop logical thinking, but at different rates, therefore it is not possible to make generalized statements that children in this age groups understand the dangers of firearms. During adolescence, peer influence is powerful, and young people may handle firearms to impress their friends.
- A number of studies have indicated that parents believe that their children would not touch a firearm under any circumstances, but other studies have shown that children do.
- The Brady Campaign has been successful in lobbying for bans on plastic handguns, armor=piercing ammunition, and the passing of the Brady Bill which requires background checks and a 5-day waiting period for the purchase of firearms. The Campaign also lobbies for CAP laws (Child Access Prevention), which have been passed in 18 states. The Campaign is also involved in public education.
- There is a wide range of stakeholders interested in firearm safety laws: families, children, health professionals, teachers, police, and organizations promoting gun ownership (the NRA) and those promoting gun control: the Brady Campaign amongst others.
- The NRA "is a powerful political force lobbying against any perceived infringement of the Second amendment, including the passage of CAP laws." It has 4 million members and a large budget. The NRA promotes 'gun safety' education for children (the National Rifle Association's 'Eddie Eagle' program). The basis of the program is that children are taught to stop, if they see a firearm, no to touch it and call an adult. "This is an unrealistic expectation based on the cognitive abilities of children is this age group" (p.450).
- An unintentional child-to-child killing or injury affects the entire community, and the young is often too young to understand what has happened. It is incumbent on health care professionals, especially nurses and doctors working in pediatric medicine, to be advocates for children and their increased safety, similar to their role in road safety.
- It is notable that teddy bears, which have resulted in zero injuries, are subject to four federal safety laws, but firearms, responsible for the deaths of 400 children per year are not subject to manufacturers safety standards (p.451).

Title:	**Child-to-Child Unintentional Injury and Death from Firearms in the US: What can be done?**

Preschool children: "It is unrealistic to expect a child in this age group to understand the danger associated with handling a firearm."

Source: Smith, K. Child-to-Child Unintentional Injury and Death from Firearms in the US: What can be done?

Location:	http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16298286&dopt=Abstract
Accessed:	09 March 2006

Title:	**Firearms Injury Prevention: Advice to Parents**
Publisher:	**American Academy of Pediatrics**
Author (s):	

Summary of Content:

- More than 44 million Americans own firearms. Of the 192 million firearms owned in the United States, 65 million are handguns. Research shows guns in homes are a serious risk to families.
- A gun kept in the home is 43 times more likely to kill someone known to the family than to kill someone in self-defense.
- A gun kept in the home triples the risk of homicide.
- The risk of suicide is 5 times more likely if a gun is kept in the home.

Advice to parents

- The best way to keep your children safe from injury or death from guns is to NEVER have a gun in the home.
- Do not purchase a gun, especially a handgun.
- Remove all guns present in the home.
- Talk to your children about the dangers of guns, and tell them to stay away from guns.
- Find out if there are guns in the homes where your children play. If so, talk to the adults in the house about the dangers of guns to their families.

For those who know of the dangers of guns but still keep a gun in the home

- Always keep the gun unloaded and locked up.
- Lock and store the bullets in a separate place.
- Make sure to hide the keys to the locked boxes.

Source: Firearms Injury Prevention Advice to Parents, American Academy of Pediatrics

Location:	http://www.aap.org/healthtopics/safety.cfm
Accessed:	14 May 2006


STOP
VIOLENCE
AGAINST
CHILDREN
ACT NOW !

6 Impact of Small Arms on Children: Interpreting Statistics

Title:	**Where Did You Get that Statistic? Firearms Deaths of Children**
Publisher:	**Violence Policy Center, 2000**
Author (s):	
Summary of Content:	
Reviews a number of studies of firearms deaths among children in the USA.	
Location:	**http://www.vpc.org/studies/wher2kid.htm**
Accessed:	**09 May 2006**

Title:	**Understanding and Using Statistics**
Publisher:	**Violence Policy Center, 2000**
Author (s):	
Summary of Content:	
Guide for non-medical staff to understanding health statistics.	
Location:	**http://www.vpc.org/studies/wherap2.htm**
Accessed:	**09 May 2006**


STOP
VIOLENCE
AGAINST
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ACT NOW !

7 Websites

Organisation:	World Health Organization Department for Injuries and Violence Prevention
Summary of Organisation:	
"Injuries constitute a major public health problem, killing more than 5 million people per year, and harming many millions more. Yet events which result in injury are not random or unpredictable. The causes of injuries can be studied and acted upon; injuries can be prevented."	
Location:	http://www.who.int/violence_injury_prevention/en/
Accessed:	01 October 2006

Organisation:	Centers for Disease Control: National Center for Violence Prevention and Control - Division for Violence Prevention (DVP)
Summary of Organisation:	
"DVP is committed to stopping violence before it begins (i.e. primary prevention). The division's work involves: ▪ Monitoring violence-related injuries; ▪ Conducting research on the factors that put people at risk or protect them from violence; ▪ Creating and evaluating the effectiveness of violence prevention programs; ▪ Helping state and local partners plan, implement, and evaluate prevention programs; and Conducting research on the effective adoption and dissemination of prevention strategies."	
Location:	http://www.cdc.gov/ncipc/dvp/dvp.htm
Accessed:	01 October 2006

Organisation:	SAFER-Net
Summary of Organisation:	
The purpose of SAFER-Net is to provide current research regarding: ▪ The impact of small arms/firearms on health and safety on an international basis; ▪ National profiles that include each country's approach to small arms/firearms regulation and efforts to prevent misuse and proliferation; and ▪ Links to sources of information in academic, scientific and governmental publications. "**The HELP Network** is dedicated to reducing firearm injuries and deaths, promoting strategies that are based on public health research." Since 1993, HELP served as a clearinghouse for information on the modern epidemic caused by firearms — especially handguns. HELP members have included: ▪ The American Academy of Paeditarics (http://www.aap.org/). ▪ The American College of Physicians (http://www.acponline.org/). ▪ The American Academy of Child and Adolescent Psychiatry (http://www.aacap.org/index.ww). ▪ The American Medical Association (http://www.ama-assn.org/).	
Location:	http://www.ryerson.ca/SAFER-Net/ http://www.helpnetwork.org
Accessed:	01 October 2006

Organisation:	**Violence Policy Center**
Summary of Organisation:	
"The Violence Policy Center (VPC), a national tax-exempt 501(c)(3) non-profit organization based in Washington, DC, works to stop this annual toll of death and injury through research, advocacy, and education. The VPC approaches gun violence as a public health issue, advocating that firearms be subject to health and safety standards like those that apply to virtually all other consumer products."	
Location:	**http://www.vpc.org**
Accessed:	**01 October 2006**

Organisation:	**International Action Network on Small Arms (IANSA)**
Summary of Organisation:	
"IANSA is the global network of civil society organisations working to stop the proliferation and misuse of small arms and light weapons (SALW). World attention is increasingly focused on the humanitarian impact of these weapons, and IANSA brings together the voices and activities of non-governmental organisations (NGOs) and concerned individuals across the world to prevent their deadly effects."	
Location:	**http://www.iansa.org**
Accessed:	**01 October 2006**

Organisation:	**Gun Policy News**
Summary of Organisation:	
Provides evidence-based, public health-oriented information on firearm-related death and injury, gun violence and crime around the world.	
Location:	**http://www.gunpolicy.org**
Accessed:	**01 October 2006**

Organisation:	**Vivo**
Summary of Organisation:	
"Vivo works to overcome and prevent traumatic stress and its consequences within the individual as well as the community, safeguarding the rights and dignity of people affected by violence and conflict. VIVO further aims to strengthen local resources for the development of peaceful, human rights-based, societal ways of living."	
Location:	**http://www.vivofoundation.net**
Accessed:	**01 October 2006**

Organisation:	**WomenWarPeace.org**
Summary of Organisation:	
WWP.org is intended to address the lack of consolidated data on the impact of armed conflict on women and girls as noted by Security Council resolution 1325 (2000). By no means exhaustive, this portal is meant to serve as a centralized repository of information from a wide variety of sources, with links to reports and data from the UN system to information and analysis from experts, academics, NGOs and media sources. Views expressed in external sources may not necessarily reflect those of UNIFEM or other UN departments, agencies, programmes or funds.	
Location:	**http://womenwarpeace.org**
Accessed:	**01 October 2006**

Organisation:	**The Future of Children**
Summary of Organisation:	
Full issue on line: Children, Youth, and Gun Violence Volume 12, Number 2 – Summer/Fall 2002.	
Location:	**http://www.futureofchildren.org/**
Accessed:	**01 October 2006**

Organisation:	**World Health Organization**
Summary of Organisation:	
List of resources relevant to SALW, with links.	
Location:	**http://www.who.int/violence_injury_prevention/resources/res19/en/index.html**
Accessed:	**01 October 2006**

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