In a recently released issue of Pediatrics, Dr. Rinad Beidas and colleagues share a call to action in support of firearm storage research (10.1542/peds.2020-0716) that specifically includes the perspectives and views of firearm stakeholders. What does this mean? In plain English, this means including gun owners in research about safe firearm storage. The authors make a strong case that the AAP's Policy, "Firearm-Related Injuries Affecting the Pediatric Population"¹ and current recommendations are not yet sufficiently nuanced for families who do own firearms, and that without including these key stakeholders in research, we lose an opportunity to create evidence-based harm-reduction strategies that could be both more personalized and more broadly acceptable. Not all families may be able or willing to remove all firearms from their home, or to store each weapon locked, unloaded and with ammunition in a separate locked location as the AAP Policy suggests. But we can assume that all families do strive to protect their children (and adult family members) from intentional and unintentional harm, including the tragedy of suicide, and thus families who own firearms may actually be our most valid partners in furthering research in this area.

As a clinician, this makes great sense to me. The families I serve have diverse reasons for firearm ownership, and varied approaches to firearm storage: it doesn't make sense that a "one size fits all" approach will be helpful. For parents who work in law enforcement, firearm storage is more likely to be aligned with AAP recommendations, while for parents whose firearm is for home and personal protection, ready access is critical, and storage is unlikely to be as safe. Few of the families I serve own a firearm for hunting or sport, but this is another ownership purpose to consider, and as the authors note, some families may own several firearms, each for a different purpose. There is a clear role for firearm owner engagement. Community-based participatory research (CBPR) can be defined as "a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities."² Using the "harm reduction" lens that Dr. Beidas and colleagues propose, it makes great scientific and common sense to include the input of all stakeholders in tackling the firearm storage issue.

When we look to our patients and families for their input, it makes us better listeners and better clinicians, and breaks down societal and structural barriers that can interfere with achieving key public health goals, such as reductions in firearm violence. Thanks to this group of authors for taking such a thoughtful approach to an issue that needs all of our attention - i.e. pediatricians and legislators cannot solve the problem of reducing firearm violence without the help of families that own firearms.

References:


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