

# Parental Preferences for Safe Storage Education

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**Background:** According to the American Academy of Pediatrics, 1/3 of American children live in a home with a firearm and 4.6 million children live in homes where at least one firearm is stored loaded and unlocked<sup>1</sup>. In 2020, gun became the leading cause of death for children 1-18 in Illinois & the United States<sup>2</sup>. The main danger comes from the availability of firearms to children due to improper storage, which allow the firearms to be used in accidental and intentional injuries & deaths, including self-inflicted wounds.

**Evidence for Safe Storage Education:** Families report that they are comfortable with safe storage education<sup>3</sup>. When families were provided with education on best practices for storage and free cable locks for their weapons, proper storage and use of gun locks increased significantly<sup>4</sup>. When targeted with counseling and materials, use of the safe storage materials improved drastically<sup>4,5</sup>. In a study targeting parents whose children presented to an emergency department with mental health challenges, 5 of 8 parents who self-reported having a gun took action to limit access, 2 or 8 disposed of a weapon, and 3 locked up the firearm<sup>6</sup>.

**Theoretical Background of Prevention Science:** Prevention science provides a framework to consider about how to implement education on safe firearm storage. Prevention science comes from an integration of three related fields: epidemiology, life course development, and intervention trials technology<sup>7</sup>. At the heart of epidemiology is a goal to stop the spread of disease, which in this case can be applied to gun violence and injury. By understanding the mental development of youth and utilizing public health approaches to prevent injury, there are opportunities to reduce unnecessary injury and death with a firearm. With this combination, we are able to monitor social behaviors and recognize ways to reduce the harmful behaviors of unsecured firearms<sup>7,8</sup>.

**Motivation:** We know education on safe storage can work, but understanding what the most effective forms of education are is unknown. With limited funding for safe storage education, recognizing the methods for educating families on safe storage in an effective and efficient manner is essential.

**Methods:** Families are most likely to change behaviors if they are educated in ways they appreciate and respect. In order to determine those methods, focus groups were conducted in Illinois during Summer 2024 with more than 50 participants of diverse backgrounds to identify sites and modalities for providing education on safe firearm storage.

**References:**<sup>1</sup>Curtin, S.A. (2020). State suicide rates among adolescents and young adults aged 10-24: United States, 2000-2018. *National Vital Statistics Reports*, 69(11): 1-10.  
<sup>2</sup>Everytown for Gun Safety (2021). Gun violence in Illinois. *Everystat.org*  
<sup>4</sup>Grossman, P., Cummings, D.C., Koepsell, T.D. (2000). Firearm safety counseling in primary care pediatrics: A randomized, controlled trial. *Pediatrics*, 105, 22-26.  
<sup>3</sup>Haser, G., Yousuf, S., Turnock, B., & Sheehan, K. (2020). Promoting safe firearm storage in an urban neighborhood: The views of parents concerning the role of health care providers. *Journal of Community Health*, 45 (2): 338-341.  
<sup>5</sup>Herman, K. C., Riley-Tillman, T. C., & Reinke, W. M. (2012). The role of assessment in a prevention science framework. *School psychology review*, 41(3), 306-314.  
<sup>6</sup>Horn, A. (1999). Suicide analysis among Bristol Bay residents 1993-1999 and distribution of gun safety devices in two Bristol Bay communities. *Bristol Bay Health Corporation, United States Public Health Service Report*.  
<sup>7</sup>Kellermann, A.L., Somes, G., Rivara, F.P., Lee, R.K., & Banton, J.G. (1998) Injuries and deaths due to firearms in the home. *Journal of Trauma*, 45(2), 263-267.  
<sup>8</sup>Kruesi, M. J., Grossman, J., Pennington, J. M., Woodward, P. J., Duda, D., & Hirsch, J. G. (1999). Suicide and violence prevention: parent education in the emergency department. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(3), 250-255.

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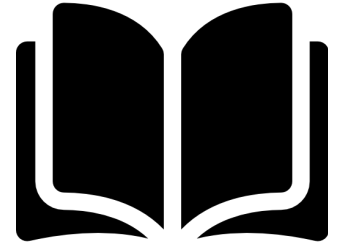


## HEALTHCARE

- Parents would prefer their children's pediatrician rather than their own primary care doctor to talk about safe storage with them
- Provide pamphlets and brochures on safe storage in waiting rooms & offices
- Talk through the brochures to ensure patients listen
- Rather than ask a question, just state, "If you have a gun, here are the best practices..."

## SCHOOLS & LIBRARIES

- Opportunities for panel discussions with experts invited to speak
- Incorporate safe storage education into DARE-like programming and work with school resource officers to teach kids
- Lead with direct messaging rather than put in school newsletters & incorporate into parent events like back to school nights



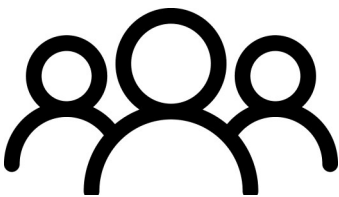
## FIRST RESPONDERS



- Need to be culturally responsive with who is providing education
- Can share their lived experiences to make their points about importance
- Incorporate education into community events
- Share via social media and direct emails

## EMPLOYERS

- Though many delete their emails, there are strategies that work
- Incentivize employees learning about firearm safety through lunch & learns or health care discounts



## COMMUNITY

- Churches are not a preferred source of safe storage education
- Social workers, scouting troops, and others may be credible messengers
- Community events with credible messengers would be appreciated
- Incorporate into the news, billboards, and ads

## BIG THEMES

- Importance of credible messengers
- Lead with education & facts — don't let politics get involved
  - **The more sources of education the better**

**THANK YOU TO OUR COMMUNITY MEMBERS FOR PARTICIPATING**