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Children and Guns:
A Lethal Combination

by

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Children and Guns: A Lethal Combination

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"Every day, 15 American children and adolescents die in gun-related homicides, suicides and accidents. Approximately every 2 hours, someone's child is killed with a loaded gun."

Kochanek K.D., Hudson B.L. Advance report of final mortality statistics, 1992. *Monthly Vital Statistics Report*. Hyattsville, MD: CDC, National Center for Health Statistics; 1995. U.. Department of Health and Human Services Publication PHS 95-1120.

"In 1991, the number of American children younger than 10 who died as a result of firearms was twice the number of American soldiers killed in the Persian Gulf war and Somalia combined. Between 1979 and 1991, nearly 50,000 children were killed by guns, a figure equivalent to the number of Americans killed in the Vietnam War. A child in this country is 15 times as likely to die as a result of gunfire as a child in Northern Ireland."

The Washington Post, The News and Observer, Friday, January 21, 1994.

"Firearms are the second leading cause of death (After motor vehicle injury fatalities) for children 10-19 years of age. For persons 15-19 years of age, firearm homicide as an individual category of death was second only to motor vehicle deaths."

CDC, National Center for Health Statistics; 1993. US Department of Health and Human Services publication PHS 93-1250.

"The National School Safety Center reports that of 105 school-associated violent deaths from 1992 to 1994, 75% were committed with guns."

Stennies GM, et al. *School-associated violent deaths in the United States, 1992- 1994*. Presented at the National Violence Prevention Conference, Des Moines, IA, October 24, 1995. Atlanta, GA: CDC.

"Hospital emergency departments treat four children for gunshot wounds for every child killed by gunfire."

Annest J.L., Mercy J.A., Gibson, D.R., Ryan G.W. National estimates of nonfatal firearm-related injuries: beyond the tip of the iceberg. *JAMA*. 1995; 273:1749- 1754.

"Among young children who commit suicide, aged 10 to 14, more than half of them use guns. Among older youth, aged 15 to 24, 65% of suicides involve the use of guns."

Suicide in the United States, 1980-92. *Violence Surveillance Summary #1*. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 1995.

The death of a child is one of the most tragic things that could happen. Even more tragic is that it could have been prevented. An alarming number of children die each year from firearms. The focus of this project is studying childhood deaths that occur with any type of firearm in order to find prevention recommendations and strategies for the future.

Introduction

An unacceptable number of children die each year in the United States and Virginia as the result of abuse, neglect, and preventable injuries. In 1990, the Virginia Department of Health, Office of Vital Statistics identifies a total of 1005 infants who died before their first birthday. Sudden Infant death Syndrome and homicide were major causes of death in this group. An additional 138 children died between the ages of one and four years. When deaths due to external causes (injury) were tabulated, accident and homicide were the leading causes of death for children dying of external causes ages fourteen and under. Suicide ranked third after accident and homicide for children between fifteen

and eighteen years.¹ This situation inspired Virginia legislators to create a Child Fatality Advisory Committee to assess the need for State and local Child Fatality Review Teams. Clearly, there are too many child fatalities. The Advisory Committee recommended that State and local teams be established in Virginia to combat this problem.

In response to this problem, The 1995 General Assembly mandated a Virginia State Child Fatality Review Team. The purpose of this team is to ensure that child deaths are reviewed and analyzed in a systematic way in order to develop prevention and education strategies to reduce unnecessary childhood deaths. This includes preventive measures the State, local authorities, or community organizations could take to combat the preventable deaths of children. By retrospectively analyzing the deaths of children this team will analyze and develop strategies to prevent them in the future.

One of the preventable causes that leads to death in children that is a astronomical problem in our society is firearm death. "12% of fatalities among American children and teens are from guns."² "Firearms are the fourth leading cause of accidental deaths among children 5 to 14 years

¹ Recommendation of the Symposium on Child Maltreatment Fatalities in Virginia, October 1993. Hosted by the Governor's Advisory Board on Child Abuse and Neglect and sponsored by the Virginia Department of Criminal Justice Services and the Virginia Department of Social Services.

² Kochanek K.D., Hudson B.L. Advance report of final mortality statistics, 1992. *Monthly Vital Statistics Report*. Hyattsville, MD: CDC, National Center for Health Statistics; 1995. U.. Department of Health and Human Services Publication PHS 95-1120

old and the third leading cause of accidental deaths among 15 to 24 year olds."³ Because of these statistics and many more I decided to research this specific topic in order to assess the need for intervention and strategies to fight these statistics from increasing. The members of the Review Team will help me with resources and in planning the implementation of my ideas and suggestions for solutions.

This project will be accomplished by targeting gun related deaths of children under eighteen and reporting my findings at the end to the State Child Fatality Review Team. In Virginia, there were seventy-nine deaths of children under eighteen years old by firearms in 1994!! This is very alarming. I am going to look at and study records in detail surrounding these deaths and put the information together in a database that will be able to identify trends and things that could be changed to prevent these unnecessary deaths. After compiling this information I will put together recommendations and strategies for prevention that could have prevented these extraordinary numbers.

Leadership will be displayed through spearheading a project that concerns a current issue in need of exploration and research. The Review Team will help me to make my suggestions a reality, since they are a governing body with power that has enabled me the opportunity to

³ United States General Accounting Office, Accidental Shootings, March 1992: 2.

work on this issue exclusively. Leadership is almost always seen in finding a problem and working towards implementing changes to solve the problem. In Foundations we talked about the "crisis" of leadership. Cheryl Mabey best described it as, "Our failure to mobilize groups resources to solve the group's problems." ⁴ In my situation and position on the State Child Fatality Review Team I have the resources and ability to access all the information dealing with child firearm victims. This is one way in which leadership can be used to prevent violence in the future and eventually solve the larger problem of unnecessary childhood deaths. I know that I will not be able to cause a zero mortality rate for children due to handguns in the near future, but through this type of leadership I hope to make a step in the right direction so that children's lives will not be affected by this type of horrible violence. A real change agent calls people to action and presents the obstacles that need to be overcome as well as the solutions. This is what I will be doing for Virginia and those that can really affect the problem.

Methodology

The collection of the data that I needed for this project was a two step process. First, with the help of Ron Hyman at Vital Statistics, we

⁴ Mabey, Cheryl. "The Making of a Citizen Leader." The Foundations of Leadership: A Reader, Copley Publishing Group. 1993.

printed out all of the children's death certificate information. There is however a lot of unnecessary data on the death certificates. In order to avoid looking at every hand written death certificate, we referred to the information put into the Vital Statistics database. This involved preparing a list of data sets and catalogs in the SAS user library and entering them into Virginia's Vital Statistic database, which gave us a list of the children and their pertinent information.

By gathering this first leg of data, Curtis Conway, the computer specialist at the Office of the Chief Medical Examiner was able to give the names and basic information to police departments in order to assemble the other information that I needed. Curtis sent all of the names to the correct locality in order to receive the police reports on all of the victims for more specific detail about the circumstances surrounding the death. This was a difficult process and the form that we sent to the localities is in Appendix A. The response was not as favorable for the return of copies of police records. In fact, many localities completely ignored the request. This is a conflict in most situations, since the officers are not really aware that this Review Team has the power to request and hold records.

The records that I did receive for many of the cases the preliminary information that I obtained was the same as the police reports. However, several of the reports had meaningful and useful additional information,

such as the place of the injury. I did not ever receive the full amount of records that are currently still coming in. Because of this reason including the findings from these records conclusively would not be a fair assessment. Therefore, I have decided to include the information about the locality of the injury, since that is so important, but no other information, since it would not be conclusive.

I used leadership skills to figure out what information I needed and how I could produce this information. In Community Leadership, I learned a great deal about networking and the strategies and information I took away from that class really helped me in this project. Making contacts through the people I knew in order to get names of people who could help me proved to be very challenging in reality, even though I knew quite a deal about the topic. One of the assets I found this way was the Center to Prevent Handgun Violence and the Handgun Control Inc.

I corresponded with the Center to Prevent Handgun Violence and the Handgun Control Inc. I worked closely with the Center to Prevent Handgun Violence in order to obtain information from other states and other years in Virginia in order to compare the data from 1994. Becca Knox, a Research Associate was able to give me very important information as well as other resources that proved to be essential in the development of this paper. Her opinions and concerns helped me to

center my project and keep on track with my goal. When I had a question concerning a statistic I was able to contact the Center and they quickly found the resource or answer.

Another interesting search for information I completed through Child Protective Services, was to see how many of these children had files with CPS. Rita Katzman, the Director of CPS produced a print out of the children in the CPS computer. This however, does not include unfounded complaints. Currently, those complaints that are unfounded are purged within three weeks. The criteria for a founded complaint is very vigorous to protect the rights of the parents or guardians. However, many times unfounded complaints are later established as founded cases. CPS is currently pushing legislation that would make the criteria for founded cases less vigorous so that more cases can be caught and the rights of the children are not ignored.

Once all of this information was compiled it was first coded onto a database form with all information brought together (Appendix B). Next, the information was entered into database, which allowed me to pull out data on a particular topic and bring it onto a spreadsheet so that the information could be displayed more concisely, in the form of graphs. Through analyzing the information that was compiled, I was able to find patterns and break down the information into different subsets. Once the

information was sorted, I worked on statistical analysis of the data. This allowed me to see exactly what the at risk populations were and why. By comparing all of this information to other states and other years, I was able to assess that the data from 1994, which was very similar so the data is consistent.

All of the statistical information on the children in Virginia that I used was received from different departments of this state. Therefore, the information provided to me was accurate and complete.

Perhaps the most important part of the process of this paper was analyzing the data to figure out what could be done in order to alleviate this problem in our state. This part was the most challenging and rewarding at the same time. I will be presenting the ideas that I came up with as well as suggestions that are already in the works in different communities across the nation. By pulling many resources together and first making people aware of the problem and how large it is, this country can make a difference in the lives of our children.

Literature Review

The sources that I consulted for this project are varied. I researched every type of material from discussions on the Oprah Winfrey show to statistics in the Vital Statistics database. The information available on this

topic of children and firearms is very extensive. However, the information is more informative and eye-opening than actually solution producing. Therefore, most articles plainly address the problem and do not come to any conclusions except that *something* needs to be done.

The statistics that I found gave extensive and informative data about the problem of firearms. Every statistic that I read reinforced the fact that firearm fatalities should be an area of national concern. However, the solutions to this problem are scarce and need attention as I introduced earlier in this paper. Virginia was not the worst state as far as statistics are concerned in the country, but certainly not the best either in comparison. One specific article discussed the death rates of firearms, in Cook County, Illinois, that compared to Virginia. It found that for deaths resulting from accidents the victim in every case was shot as a result of a child or children playing with a gun. In homicides the victim was struck by a stray bullet in 14 cases, shot intentionally in twelve cases, and shot by an adult playing or recklessly handling a gun in five cases. Having access to different states statistics was very helpful in assessing how well Virginia is addressing the problem.

Most of the articles I consulted just stated the need for solutions, but did not give any which were about individual situations. One example illustrates the story of Yoshihiro Hattori, an exchange student, who was

killed in October of 1992. Yoshihiro went to the wrong house and entered Rodney Peairs house in Baton Rouge instead of the Halloween party he was going to. Mistaken as an intruder, Yoshihiro was shot to death.⁵ The fear of intruders is great for many people, but the problem is only heightened with an available gun. I found several article such as this. We hear about these situations quite often and yet they continue to happen.

There were some articles that were exceptions to the rule as far as not giving any solutions. One article, "Teacher Offers a Child's Perspective of Weapon Use," declared the classroom the place to look for solutions, by teaching children how to deal with conflict situations without the use of violence.⁶ In New Mexico a program has been implemented to lower the number of gunshot injuries in the state. The program had several components including increasing gun safety awareness, increasing awareness of health care professionals, reaching the gun owners, monitoring progress, and continuing to find solutions to the problem.⁷ An article entitled, "Firearm Deaths Among Children and Youth" by Clifford O'Donnell introduced short term and long term policy changes in order to lower the casualties of firearms. An article entitled

⁵ Freeman, Gregory. "Judge Puts Price on Fatal Mistake of Living in Fear." The Crisis. Nov-Dec 1994; 7.

⁶ Nesbitt, James E. "Teacher Offers a Child's Perspective of Weapon Use." Journal of School Health. February 1993; 77.

⁷ Becker, Thomas. "Children and Firearms: A Gunshot Injury Prevention Program in New Mexico." The American Journal of Public Health. February 1993; 282.

"Can Children and Guns Coexist in the Home" introduced guns safety training as a solution. These were examples of the solutions that I found in the reading material I researched. Although, these were a wide variety of programs designed to counter the gun problem in our nation, they are not doing enough. There needs to be wider acceptance and participation in programs across the country to really make a significant impact.

Almost every article without fail discussed the need for action in fighting against violence involving firearms. The articles I found from newspapers and journals highlighting specific examples of situations and solutions were meant to stir the audiences compassion for children in order to get their commitment on the issue. One article even went so far as to show a picture of a girl shot in the face, with all the gun powder burns in plain view. Attention gaining statistics and tactics such as the picture were very prevalent. These types of articles were well thought out, but gave no direction to those looking for a way to show their support.

By far the most helpful resource I found was a paper written by Rebecca Knox from the Center for the Prevention of Handgun Violence. She introduced many solutions to the problems surrounding firearm violence and death. Some of her suggestions were laws that could be

passed through the General Assembly or Congress. These solutions would be very easy to implement with the proper public backing and awareness of the problem.

Results

With the basic information discovered through the Vital Statistics database, I was able to break down the data into different ages groups, race, gender, and manner of death. Manner of death means in the case of a firearm death, whether the death was found to be an accident, homicide, or suicide. Out of the seventy-seven deaths in 1994:

- * 80.8% were male, while 19.2% were female.
- * The predominant race of the females was white, with 60.0%, and black had 40.0%.
- * For males the black race was in higher percentage, but not by much with 50.8%, while the whites were 47.6%, and Filipinos made up 1.6%.
- * Six of the deaths were under the age of 10, with one black female the age of 2, a white female and black male aged three, one four year old black male, and two nine year olds.
- * Out of all of these deaths under the age of 10, only one of the nine year olds was an accident, the others were all homicides.
- * The manner of deaths by race, 84.2% of blacks were homicides, 10.5% suicide, and 5.3% were accidental.
- * Manner of death for whites was 59.0% suicide, 33.3% homicides and 7.7% accidents.

- * Manner of deaths for females was 80% homicides, and 20% suicides.
- * Manner of death for males was 52.4% homicide, 39.7% suicide, and 7.9% accident.
- * Manner of death in urban areas was 82.1% homicide, 10.7% suicide, and 7.1% accident.
- * Manner of death in suburban areas was 60.0% suicide, 28.0% homicide, and 12.0% accident.
- * There were five total accidental deaths aged nine, eleven, 13, fifteen, and seventeen from guns available in the home. (Appendix C)

The Georgia Statewide Child Abuse Prevention Panel conducted a statistical report of gunshot fatalities in their Annual Report Calendar Year 1994. They produced similar results to Virginia. I chose to compare Virginia to Georgia since the two states have about the same population and number of rural and suburban areas. The Child Fatality Panel in Georgia studied 48 gun shot fatalities, but there were a total of 103. Of the one hundred and three firearms deaths in 1994:

- * 85 were male and 18 were female.
- * 39 were white and 63 were black.
- * 2 died between the ages of 0-4.
- * 2 died between the age 5-9.
- * 22 died between the age of 10-14.

* 77 died between the age of 15-17.

Of those deaths studied by the Panel, the records showed that:

* 29 (60%) died as a result of a homicide.

* 14 (29%) died as a result of a suicide.

* 4 (.08%) died as a result of an accident, and 1 could not be determined.

* 5 of the fatalities were child/ abuse and neglect related.

* Black children were more likely to die of homicide than white children.

* White children between the ages of 15-17 were more likely to result from suicide.⁸

In studying past years to see if the number of firearm homicides in Virginia has risen, I found very alarming results. In 1980 there were 23 firearm homicides. In 1986 the numbers were still about the same at 25, but after this time the numbers have steadily increased to 34 in 1987, 33 in 1988, 41 in 1989, 58 in 1990, 55 in 1991, and 64 in 1992. Between 1979 and 1989, the firearm homicides death rate for teens, aged 15 to 19, increased 61% while the non- firearm homicide death rate decreased by 29%.⁹ "Of

⁸ Morgan, J. Tom. Georgia Statewide Child Abuse Prevention Panel. Annual Report Calendar Year 1994. December 1, 1995.

⁹ Snyder, H.N., and M. Sickman. *Juvenile Offenders and Victims: A National Report*. Washington D.C.: US Department of Justice; May 1995.

young Americans murdered in 1992, aged 15 to 19, 85% were killed with a gun.”¹⁰

Suicide has increased as well, but not as tremendously as homicides, by firearms. For suicide deaths in 1980 there were 32 and the numbers stayed about constant until 1986, similar to firearm homicides. In 1987 there were 40, 43 in 1988, 42 in 1989, 33 in 1990, 37 in 1991, and 38 in 1992. All of these numbers include children from under one year to 19 years old. Nationwide the suicide rates for youth aged 15-19 quadrupled between 1950 and 1988.¹¹ “And guns are the most lethal suicide method – nearly 92% of suicides attempted with guns are successful, compared with 78% attempted by hanging and just 11% attempted by drugs.”¹²

Accidental shootings occurred at home or other residence most often. On the street or in a vehicle were the next most prevalent. The perpetrator was more likely to be a friend. All of the accidents occurred while playing with a firearm. This is alarming since firearms are the 4th leading cause of accidental deaths among children 5-14 years old and the third leading cause of accidental deaths among 15-24 year olds.¹³ In Virginia, accidental deaths by firearms have decreased slightly, but

¹⁰ US Department of Justice. Crime in the United States 1993. *Uniform Crime Reports*.

¹¹ Centers for Disease Control. *40 Morbidity and Mortality Weekly Report* 633 (1991).

¹² Card, Josefina. Lethality of Suicidal Methods and Suicide Risk: Two Distinct Concepts. *5 Omega Journal of Death and Dying*. 40. (1974).

¹³ United States General Accounting Office, *Accidental Shootings*, March 1991:2.

remain consistently too high. In 1988, there were 10 unintentional firearm deaths from 1 to 19 years old. In 1991 there were thirteen in this same age group. Most disturbing is that so many are under 10 years old. In 1991, there was one child 1 to 4 years of age and two 5 to 9 year olds. The Center to Prevent Handgun Violence stated in 1988, "News reports state that nearly 90% of accidental shootings involving children are linked to an easy -to- find, loaded handgun in the home." These are unnecessary deaths and they must stop!

The type of firearm in these Virginia deaths was varied. Handguns represented 16% of the deaths, one case involved a military arm, while 5 cases involved shotguns. In the Vital Statistics database 56 cases were unspecified. This means that the information was never coded into the database, because the information was never put on the death certificate (even though it should have been.) Nationally, it is estimated that 59% of the guns used in firearm related deaths are handguns.

Seven of the deaths from 1994 were Child Protective Services cases. This means that the child was involved in a founded case and was being watched or was trying to be protected by CPS. This is a scary statistic, because it means that about 10% of the children that died in 1994 from firearms were known to Child Protective Services. Three of these seven were classified as homicides by the caretakers. Two of these

deaths were suicides. The last two were coded as accidents, but that does not mean they actually were, it just means there was no evidence to the contrary. This is evidence of a breakdown in the systems that are set up to protect children in our nation, and is why individual parents and communities need to do more for themselves in order to protect their children.

The statistics in this section are overwhelmingly pointing to a crisis in this country involving firearms death. The need for solutions is great and very overdue. Yet the question remains, what are we going to do about this situation?

Discussion

The Children's Defense Fund reported in 1994 that homicide is the third leading cause of death for elementary and middle school children. The Children's Advocacy Group, in its annual State of America's Children report called for a "cease- fire" in "America's undeclared 20th Century civil war." It cited a steep rise both in the number of children victimized by guns and those arrested for committing crimes with guns." "After years of epidemic poverty, joblessness, racial tolerance, family disintegration, domestic violence and drug and alcohol abuse, the crisis of children

having children has been eclipsed by the greater crisis of children killing children.”¹⁴ These facts can not go unnoticed any longer.

There is a cry from our nation's children for community action against firearms related violence. Communities across the country must rise to the challenge that faces our nation and start working on solutions in their own communities. I will be suggesting laws that I believe should be given national attention. However, the laws will only help as far as they are enforced and supported. In 1995, the National Rifle Association started a nation wide campaign to arm America by letting just about anyone carry a loaded, hidden gun. According to the N.R.A. President Tom Washington, this is necessary because, “An armed society is a polite society.” What kind of a message does this send to our children? Local communities and states have to fight campaigns such as this if they expect violence and death to cease. It is absurd to think that only by packing a hidden, loaded gun can one achieve personal security. I would offer that these guns are killing more then saving lives and the statistics back this claim.

What we need is leadership on this problem, both political leadership and citizen leadership. Political leadership will help by getting the government behind action for this particular issue. With this type of

¹⁴The News and Observer. The Washington Post. January 21, 1994.

support campaigns will hopefully be more successful. Richard A Couto defines citizen leaders as individuals who, “engage others in efforts to reach higher levels of human awareness and relationships. Citizen leadership means making a political, economic, and social system accountable for whom it serves and fails to serve.”¹⁵ I am demonstrating citizen leadership in exactly this way in the project, but our nation needs to assume this leadership as well, before the problems get any worse.

We need willing parents that will rise to the challenge and become change agents. All that is needed is someone to get the ball rolling. It is important work to save children's lives. There is no more motivation needed than that. I am trying to be a change agent in my state by doing this research and reporting on it so that change can be made in Richmond and all throughout Virginia. Leadership is demonstrated in this way in my project. It is time to meet the challenge head on.

I want to discuss first the areas of problems. For children under 10 years of age the major concern is accidental shootings with guns in the home. In Virginia this was not even the case, all of the deaths under age eight were homicides. This is a different problem than the one that needs to be addressed in the 15 to 19 year old category, where the availability of guns is the main problem with homicide and suicide. The question is

¹⁵Couto, Richard A. "Defining of Citizen Leader." The Foundations of Leadership: A Reader. 136-7.

how to address all of the areas that need attention well, so that these problems are not being addressed by an overwhelming big picture solution, but instead by individual solutions for each area of need.

I have found six major areas of improvement that could help reduce the number of accidental firearm fatalities in children. The first four deal with laws that should be passed and enforced. The latter deal more with community, educational, and parental leadership on this issue.

First, it should be unlawful for any person under 21 to possess or control any type of firearms.¹⁶ If this were actually the case the number of firearm fatalities would decrease greatly. The penalties for this crime should be strict in order to help reinforcement. The penalties suggested by the Handgun Control Center in Washington D.C. are, "Upon first conviction, possession of a firearm by a juvenile is a misdemeanor, punishable by a fine of at least \$100, or imprisonment not to exceed 30 days.....Upon second and subsequent convictions, criminal possession of a firearm by a juvenile is a felony, punishable by a fine no less than \$1000, or by imprisonment for no less than 1 year, or by both, such fine and imprisonment."¹⁷ These stricter punishments and laws will hopefully deter juveniles from using or possessing handguns.

¹⁶ Except those people age 18-21 who are in the military.

¹⁷ HCI Model Legislation, Handgun Control Inc., Washington D.C.

No less important is the idea that there should be stricter laws on persons owning or purchasing guns to sell them to juveniles. This criminal transfer of any firearm should be made a felony, with the same \$1000 fine or no less than one year of prison. "In a national survey of students in grades 6 to 12, 59% indicated that they knew where to get a gun if they wanted one, and two-thirds of these said they could get a gun within 24 hours. In the same poll, 15% of elementary and secondary students had carried a gun in the past 30 days."¹⁸ This tells us something as a responsible nation, we must prevent children from acquiring guns!

Third, it should be made illegal for an adult (21 or older) to leave a loaded firearm, or unloaded firearm and ammunition, where a juvenile under the age of 18 is likely to gain access to it. If this was obeyed it would alleviate most of the accidental death occurring in the home. The legislation should require that gun dealers post written warnings of this provision. Fifteen states already have similar laws, but Virginia is not among the leading crowd in this area. In two of those states, Florida and California, unintentional shooting deaths dropped by 50% the first year after enactment.¹⁹ How can we sit back and let such an easy solution go unnoticed. We must support this change in Virginia.

¹⁸ Harris, L.A. *Survey of Experiences, Perceptions and Apprehensions About Guns Among Young People in America*. New York, NY: LH Research, Inc; July 1993.

¹⁹ Based on information from the Florida Department of Health and Rehabilitative Services and the California Department of Health Services, Office of Vital Statistics.

In order to determine the source of firearms which are utilized by juveniles, state law should mandate that a firearms trace be completed when a firearm is found in the possession of a juvenile.²⁰ Firearms tracing is the systematic tracking of firearms from manufacturer to purchaser, and/or possessor. Firearms tracing can aid law enforcement in identifying suspects involved in criminal violations, establishing stolen status, and proving firearms ownership. Specifically, tracing firearms found in the possession of minors can help law enforcement determine exactly who and what is arming our nation's children.²¹ "40% of juvenile males -- for whom the possession of most firearms is by statute illegal -- reported ever possessing a firearm. Just over a third of the juveniles admitted to owning a firearm in the previous 30 days."²² All firearms tracing is usually conducted by the National Training Center (NTC). It is absurd to think that this firearms tracing is not already an automatic procedure in investigation. Many argue against this practice because it may be expensive, but there is no cost for submitting a trace request to the NTC. The only thing that is required for a person to request a firearms trace is a form used to write the description of the firearm and person possessing it.

²⁰ Reducing the Toll of Firearm Violence on Children, Center to Prevent Handgun Violence.

²¹ Firearms Tracing, Handgun Control, Inc. Washington D.C.

²² "Arrestees and Guns: Monitoring the Illegal Firearms Market," *National Institute of Justice Research Preview*, September 1995.

The trace is returned quickly after the request is submitted. This is a necessary step to assess where children are getting guns.

Another area that needs improvement to alleviate the problems of firearm fatalities in children is the way that the educational system is addressing the problem. In a study I mentioned earlier the National School Safety Center reports that of 105 school- associated violent deaths from 1992 to 1994, 75% were committed with guns.²³ Children are not taught how to deal with conflict without violence. The media and television that children view every day is full of violence and heroes solving problems through gunfire. Are we naive enough to think this does not affect the minds of our impressionable children?

The answer to this problem is to educate children on the methods of dealing with conflict. We must allow children to share their feelings about this subject and not hide from the problem in fear. We need to find out why children bring weapons to school, where they get weapons, and how they learn to use them. All this requires is simply talking to children in school and asking questions. Children will usually answer honestly and discuss their problems openly. We should encourage children to recognize and apply better solutions at the point of conflict and to

²³ Stennies, G.M. *School- associated violent deaths in the United States, 1992-1994*. Presented at the National Violence Prevention Conference, Des Moines, IA. October 24, 1995.

develop patterns of acceptable behavior.²⁴ Only when we understand children and their perceptions can we work to promote harmony and peace among them. The answer is national school wide programs where this issue becomes part of the curriculum.

Lastly, the problem of guns in the home needs to be addressed nationally in a campaign to educate those who keep guns in the home. "The risk of suicide is five times greater if there is a gun in the home."²⁵ "The risk of domestic violence is three times greater if there is a gun in the home." "Guns are kept in nearly half the homes in America."²⁶ As I stated earlier, "New reports state that nearly 90% of accidental shootings involving children are linked to an easy-to-find, loaded handgun in the home."²⁷ The statistics go on and on. What can we do to stop this unnecessary loss of life?

There are several solutions I would suggest besides strengthening and making laws. Educating doctors and especially pediatricians on the dangers of firearm safety would greatly help lower the incidence of deaths. Primary care professionals should be required to educate parents and guardians on gun safety as well as the poison safety and

²⁴ Nesbitt, James E. "Teacher Offers a Child's Perspective of Weapon Use." Journal of School Health. February 1993; 77.

²⁵ Kellerman A.L. Center to Prevent Handgun Violence, 1992.

²⁶ Las Angeles Times Poll, National Survey #328; conducted January 15-19, 1994. Los Angeles, CA.

²⁷ Center to Prevent Handgun Violence, 1988.

general childhood injury prevention, which they already cover with parents. Posters and brochures displayed in the offices of these professionals will also do their job to educate parents. By actively getting all the people involved in a child's life aware of the problem and working towards solutions the number of fatalities will go down.

A campaign to educate those purchasing guns would be very helpful, as well. All too often people buy guns without even thinking of the consequences involved. A handout that was required to be given to every person purchasing a gun that warned those people of the dangers involved might greatly reduce the callousness they take in using precautionary measures for safety.

Recently, I saw on television an ad against drunk driving that featured a cute little girl, Sarah, playing on her birthday. Sarah was not an actress, the video was an actual clip from her birthday. The message read aloud and flashed across the screen was, " Unfortunately Sarah did not get to have another birthday because on October 19, 1995 she was hit and killed by a drunk driver." You can imagine the sick and upset feeling this gives the viewer. The first time that I saw this ad it brought me to tears. I believe this type of campaign could help make people aware of the situation of accidental childhood deaths at home using a firearm. It seems a bit cheap to use the innocent victims this way, but I look at it as

a service. At least the child did not die in vain. If that message caused one person to not drink and drive and kill an innocent child than the life of the child that was cut short has given hope to another. These types of creative, yet emotional ads can really make a difference. I challenge Virginia to take the same steps against unnecessary firearm violence as drinking and driving.

As you can see, the problem of children and guns is a lethal one. Yet this problem is not without solutions. I have presented many solutions in this paper and I hope that Virginia will try to make many of these a reality. It is up to the reader and those concerned to make the changes needed in your state or community. I challenge you to make a difference in the lives of innocent children.

Appendix A

**RECORD REQUEST FROM CHIEF MEDICAL EXAMINER
Virginia State Child Fatality Review Team**

SENT TO:

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

RECORDS CONCERNING:

Child's Name: _____ Date of Death: _____

Address: _____

City: _____ State: _____ Zip: _____

D. O. B. _____ Race: _____ Sex: _____

Parents:

Mother: _____ D.O.B. _____

Father: _____ D.O.B. _____

RECORDS REQUESTED:

1. _____

2. _____

3. _____

4. _____

Appendix B

Virginia Child Fatality

Review Team

SSS	Death Certificate #	Birth Certificate #	Medical Record #	CDRT Case #	
OCME Case #	CPS Case #	Police Report #	EMS Incident #	Fire Marshall Report #	Medicaid #

(To be completed on Reviewable Child Deaths under 18)

Name (Last, First, MI)		Birth Date (MM/DD/YY)		Death Date (MM/DD/YY)	
Sex a. <input type="checkbox"/> M b. <input type="checkbox"/> F	Race a. <input type="checkbox"/> White b. <input type="checkbox"/> Black c. <input type="checkbox"/> Indian d. <input type="checkbox"/> Asian and Pacific Islander e. <input type="checkbox"/> Other _____	Residence (Address)		Injury Event (County)	
Hispanic a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No				Death Recorded (County)	
History of Abuse or Neglect? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		Cause of Death (as listed on Death Certificate)		Manner of Death (as listed on Death Certificate)	
If Yes, What local agency investigated case?		Does Review Team agree with cause and manner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Members present: <input type="checkbox"/> ME <input type="checkbox"/> MH <input type="checkbox"/> CPS <input type="checkbox"/> PI <input type="checkbox"/> VVS <input type="checkbox"/> CJ <input type="checkbox"/> LL <input type="checkbox"/> LF <input type="checkbox"/> LSS <input type="checkbox"/> MSV <input type="checkbox"/> VCEP <input type="checkbox"/> VPS <input type="checkbox"/> VSA <input type="checkbox"/> LE <input type="checkbox"/> CA <input type="checkbox"/> CCS	

GENERAL CIRCUMSTANCES SURROUNDING DEATH RESPONSIBLE PARTIES INVOLVED WITH CHILD REVIEW TEAM FINDINGS

1. Date of Injury Event a. <input type="checkbox"/> / / (MM/DD/YY) b. <input type="checkbox"/> Unknown	1. Who was responsible for child at time of fatal illness or injury event? a. <input type="checkbox"/> Biological Father b. <input type="checkbox"/> Adoptive Father c. <input type="checkbox"/> Step Father d. <input type="checkbox"/> Foster Father e. <input type="checkbox"/> Biological Mother f. <input type="checkbox"/> Adoptive Mother g. <input type="checkbox"/> Step Mother h. <input type="checkbox"/> Foster Mother i. <input type="checkbox"/> Sibling(s) j. <input type="checkbox"/> Parent's male paramour k. <input type="checkbox"/> Babysitter l. <input type="checkbox"/> Parent's female paramour m. <input type="checkbox"/> No one in charge n. <input type="checkbox"/> Unknown o. <input type="checkbox"/> Other _____	1. Date of Review Team meeting? a. <input type="checkbox"/> / / (MM/DD/YY) b. <input type="checkbox"/> Unknown
2. Day of week? a. <input type="checkbox"/> _____ (Day) b. <input type="checkbox"/> Unknown	2. If minor(s) were responsible for supervision, what were their ages?	2. Was an autopsy done? a. <input type="checkbox"/> Yes, by _____
3. If injury, time of injury? a. <input type="checkbox"/> : : (H: M: AM or PM) b. <input type="checkbox"/> Unknown	3. Was person(s) responsible for child under the influence of drugs or alcohol at time of fatal illness/injury event? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown	3. Death scene investigation? a. <input type="checkbox"/> Not conducted b. <input type="checkbox"/> By coroner c. <input type="checkbox"/> By M.E. d. <input type="checkbox"/> By law enforcement e. <input type="checkbox"/> By fire inspector f. <input type="checkbox"/> By CPS g. <input type="checkbox"/> By other _____ h. <input type="checkbox"/> Name of person who conducted the investigation _____
4. Last Day of Usual Health? a. <input type="checkbox"/> / / (MM/DD/YY) b. <input type="checkbox"/> : : Time	4. Was decedent under the influence of drugs or alcohol at time of fatal illness/injury event? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown	4. Investigation by law enforcement? a. <input type="checkbox"/> Not conducted b. <input type="checkbox"/> Conducted, no arrest c. <input type="checkbox"/> Cond. arrest for: _____ d. <input type="checkbox"/> Unknown e. <input type="checkbox"/> Not applicable
5. Time of Death? a. <input type="checkbox"/> : : (H: M: AM or PM) b. Unknown	ENVIRONMENTAL/SOCIOECONOMIC CONDITIONS AT LOCATION WHERE INJURY EVENT OCCURRED	5. Did CPS receive/accept referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes answer all questions, if no skip to last four)
6. Scene of illness or injury event? a. <input type="checkbox"/> Residence of Victim b. <input type="checkbox"/> Other Residence c. <input type="checkbox"/> Highway d. <input type="checkbox"/> City Street e. <input type="checkbox"/> Rural Road f. <input type="checkbox"/> Private Driveway g. <input type="checkbox"/> Public Driveway h. <input type="checkbox"/> Other Private Property i. <input type="checkbox"/> Farm j. <input type="checkbox"/> Body of Water k. <input type="checkbox"/> Daycare Center l. <input type="checkbox"/> Unknown g. <input type="checkbox"/> Other _____	1. Conditions of residence? a. <input type="checkbox"/> Overcrowding b. <input type="checkbox"/> Rodent/ Insect infestation c. <input type="checkbox"/> Peeling paint d. <input type="checkbox"/> Unknown e. <input type="checkbox"/> Other _____	6. Status of investigation? a. <input type="checkbox"/> Not conducted b. <input type="checkbox"/> In progress c. <input type="checkbox"/> Completed 1. <input type="checkbox"/> Case unfounded 2. <input type="checkbox"/> Case founded <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Psychological abuse <input type="checkbox"/> Other _____
7. Where did death occur? a. <input type="checkbox"/> Hospital Emergency Room b. <input type="checkbox"/> Hospital ICU c. <input type="checkbox"/> During transport by EMS d. <input type="checkbox"/> Place of injury e. <input type="checkbox"/> Uncertain f. <input type="checkbox"/> Other _____	2. Unusual conditions seen? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> If yes, explain _____	7. Case founded against? (Check person(s) and mark age and race.) a. <input type="checkbox"/> Biological Father _____ AGE RACE b. <input type="checkbox"/> Adoptive Father _____ c. <input type="checkbox"/> Step Father _____ d. <input type="checkbox"/> Foster Father _____ e. <input type="checkbox"/> Biological Mother _____ f. <input type="checkbox"/> Adoptive Mother _____ g. <input type="checkbox"/> Step Mother _____ h. <input type="checkbox"/> Foster Mother _____ i. <input type="checkbox"/> Sibling _____ j. <input type="checkbox"/> Parent's male paramour _____ k. <input type="checkbox"/> Babysitter _____ l. <input type="checkbox"/> Parent's female paramour _____ m. <input type="checkbox"/> Other I/Mng in residence _____ n. <input type="checkbox"/> Unrelated person known to victim _____ o. <input type="checkbox"/> Unrelated person not known to victim _____
8. Conveyed to Medical Facility? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> By whom _____ d. <input type="checkbox"/> Name and address of facility _____	3. Number of residents living at this address? a. <input type="checkbox"/> Children _____ b. <input type="checkbox"/> Adults _____	8. Action taken by CPS? a. <input type="checkbox"/> None b. <input type="checkbox"/> Treatment offered c. <input type="checkbox"/> Other children in residence moved d. <input type="checkbox"/> Unable to locate e. <input type="checkbox"/> Other _____

PERSONS ARRESTED OR CHARGED	CONDITIONS OF FAMILY	9. Previously known to CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Number of persons arrested or charged? a. <input type="checkbox"/> one b. <input type="checkbox"/> Two c. <input type="checkbox"/> Three or more	1. Other children living in residence? a. <input type="checkbox"/> ____ yrs b. <input type="checkbox"/> ____ yrs c. <input type="checkbox"/> ____ yrs d. <input type="checkbox"/> ____ yrs e. <input type="checkbox"/> ____ yrs f. <input type="checkbox"/> ____ yrs	10. Open case at time of death (DSS)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the person(s) arrested or charged caring for or in charge of the decedent at time of fatal illness or injury event? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown	2. Estimated family income? a. <input type="checkbox"/> Less than \$10,000 b. <input type="checkbox"/> \$10,000-20,000 c. <input type="checkbox"/> \$20,001-35,000 d. <input type="checkbox"/> \$35,001-50,000 e. <input type="checkbox"/> \$50,001-100,000 f. <input type="checkbox"/> Over \$100,000	11. Manner of death agreed on by Team members? a. <input type="checkbox"/> Natural b. <input type="checkbox"/> Homicide c. <input type="checkbox"/> Accidental d. <input type="checkbox"/> Suicide e. <input type="checkbox"/> Abuse f. <input type="checkbox"/> Neglect g. <input type="checkbox"/> Maltreatment h. <input type="checkbox"/> Undetermined
3. What was the relationship of the person(s) arrested or charged to the decedent, and the age and race of each? (For race use code below.) AGE RACE	3. Special characteristics of decedent? a. <input type="checkbox"/> None b. <input type="checkbox"/> Behavioral Problems c. <input type="checkbox"/> Physical Handicap d. <input type="checkbox"/> Mental Retardation e. <input type="checkbox"/> Medical Problems f. <input type="checkbox"/> Emotional disturbance g. <input type="checkbox"/> School Problem h. <input type="checkbox"/> Learning disability i. <input type="checkbox"/> Premature Birth j. <input type="checkbox"/> Unwanted Pregnancy k. <input type="checkbox"/> Perceived Problem l. <input type="checkbox"/> Involved w/ Justice System m. <input type="checkbox"/> Unknown n. <input type="checkbox"/> Other _____	12. Was this death preventable? <input type="checkbox"/> Yes <input type="checkbox"/> No (as defined on Preventability Form)
4. Were any of the above previously convicted of a crime? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> If yes, which? _____	Evidence of any characteristics of decedent's household? a. <input type="checkbox"/> Domestic Violence b. <input type="checkbox"/> Mental Health Problems c. <input type="checkbox"/> Elder Abuse d. <input type="checkbox"/> Physical Health Problem e. <input type="checkbox"/> Wife Batter f. <input type="checkbox"/> Other _____	

1-White, 2-Black, 3-Indian, 4-Asian/Pacific Islander, 5-Hispanic, 6-Other		
--	--	--

CAUSE AND CIRCUMSTANCES OF THE DEATH

(Complete blocks A-L to indicate cause of death, fill out all that apply)

A. SUDDEN INFANT DEATH SYNDROME

- Where was child found?
a. Bed b. Crib c. Sofa
d. Other _____
- Was child sleeping alone?
a. Yes b. No
c. If no, specify _____
- Body position when put down?
a. face up b. face down
c. on side d. Unknown
e. Usual position, specify _____
- Body position when found?
a. face up b. face down
c. on side d. Unknown
e. Usual position, specify _____
- Was child on monitoring device?
a. Yes b. No c. Unknown
d. If yes, what type?
1. Room / sound monitor 2. Apnea monitor
3. Other _____
- Were there any complications during pregnancy?
a. Yes b. No c. Unknown
d. If yes, what type?

- Were there any complications during the delivery of this baby?
a. Yes b. No c. Unknown
d. If yes, what type?

- Date of last well child visit?
a. / / (MM/DD/YY)
b. Unknown
- Last time baby was fed?
a. AM b. PM c. Unknown
- Method of last feeding?
a. Breast fed b. Formula fed
c. Solid food d. Unknown
e. Other _____
- Was child on any medications?
a. Yes b. No
c. If no, specify _____
- Was child in its usual state of health?
a. Yes b. No
c. If no, explain _____

B. DROWNING

- Place of drowning
a. Swimming pool b. Wading pool
c. Bath tub d. Bucket
e. Creek / River / Pond / Lake
f. Well / Cistern / Septic Tank
g. Other _____
- Location of Decedent prior to drowning?
a. Boat b. Water Edge
c. Bridge d. Another room
e. Unknown
f. Other _____
- Wearing Floating Device?
a. Yes b. No c. Unknown
d. If yes, what type _____

C. POISONING OR OVERDOSE

- Circumstances surrounding poisoning?
a. Accidental b. Forced ingestion
c. Voluntary d. Unknown
e. Other _____
- Name of drug or chemical?

D. FALL INJURY

- Child fell from?
a. Open window b. Natural elevation
c. Stairs, steps (other) d. Stairs, steps (in baby walker)
e. Unknown
f. Other _____
- Describe composition of landing surface?

- Height of fall? _____ FT

E. VEHICULAR INJURY

- Position of decedent?
a. Driver of vehicle b. Occupant, front seat
c. Occupant, back seat d. Occupant, cargo area
e. Pedestrian f. Unknown
g. Other _____
- Type of vehicle?
a. Car b. Farm Tractor
c. All-terrain vehicle d. Bicycle
e. Truck / RV f. Other Farm vehicle
g. Riding mower h. Motorcycle
i. Unknown
j. Other _____
- Road condition?
a. Normal b. Wet
c. Loose gravel d. Ice / Snow
e. Not applicable
f. Other _____
- Safety Restraint (check all that apply)?
a. None in vehicle b. Not used
c. Lap belt d. Shoulder belt
e. Infant seat f. Not applicable
g. Unknown
h. Other _____
- Was the child wearing helmet?
a. Yes b. No
c. Not applicable d. Unknown
- Driver of vehicle occupied by decedent? (If applicable)
a. Driving intoxicated b. Speed / Reckless
c. Other violation d. Brake failure
e. No operator f. Other mechanical failure
g. Assault with vehicle h. None of the above
i. Other _____
- Was child ejected from the vehicle?
a. Yes b. No c. Unknown
- Driver of other vehicle was: (if applicable)?
a. Driving intoxicated b. Speed / Reckless
c. Other violation d. Brake failure
e. No operator f. Other mechanical failure
g. Assault with vehicle h. None of the above
i. Other _____

F. FIRE, BURN (NON ARSON)

- Source of Ignition / fire?
a. Matches b. Lighter
c. Lit cigarette d. Furnace
e. Space heater f. Woodstove
g. Electrical wire h. Explosives / fireworks
i. Candle j. Explosion of oven / stove
k. Cooking appliance used at heating source
l. Unknown
m. Other _____
- Source of non-fire burn?
a. Hot water
1. bathtub 2. sink
3. shower 4. unknown
5. Other _____
b. Appliance, specify _____
c. Unknown
d. Other _____
- Did a person start a fire?
a. Yes b. No c. Unknown
d. If yes, person's age _____
activity of person?
1. playing 2. Cooking 3. Smoking
4. Other _____

G. ELECTROCUTION

- Cause of Electrocution?
a. Appliance defect b. Appliance-water contact
c. Tool defect d. Toll-water contact
e. Electrical wire defect f. Outlet defect
g. Other electrical hazard
h. Other _____

H. CONFINEMENT

- Place of confinement?
a. Refrigerator/appliance b. Room/Close/building
c. Chest/box/foot/locker d. Motor vehicle
e. Unknown
f. Other _____

I. FIREARM INJURY

- Person handling firearm was?
a. The victim
b. Other person
c. Unknown
- Firearm involved was?
a. Handgun b. Shotgun
c. Rifle d. Assault weapon
e. Other _____
- Age of person's handling firearm?
a. Age, specify _____
b. Unknown
- Use of firearm at time of injury?
a. Cleaning b. Hunting
c. Loading d. Playing
e. Target shooting
f. Assault
g. Other _____

J. SUFFOCATION / STRANGULATION

- Was suffocation / strangulation by someone else?
a. Yes
b. No
c. Unknown
- Object impeding breath?
a. Yes b. No
c. If yes, specify _____
- Object strangulating?
a. Yes b. No
c. If yes, specify _____
- Did the injury occur in a sleeping arrangement?
a. Yes b. No c. Unknown
d. If yes, where?
1. Crib, functioning properly
2. Crib, malfunctioning
3. Bed, sleeping alone
4. Bed, sleeping with another person
Who? _____
5. Unknown
6. Other _____
- Was suffocation caused by confinement?
a. Yes
b. No
c. Unknown

K. OTHER INFLICTED INJURY

- Type of inflicted injury?
a. Shaken b. Thrown
c. Struck d. Cut / Stabbed
e. Sexually assaulted f. Immersed in water
g. Suffocated / strangulated
h. Other _____
- Body region injured?
a. Head and neck b. Chest
c. Abdomen d. Extremities
e. Other _____
- Who inflicted the injury?
a. Self b. Unknown
c. Other person _____
- With what was the injury inflicted?
a. Hands/feet b. Firearm
c. Sharp object d. Blunt object
e. Hot liquid or other substance
f. Unknown
g. Other _____

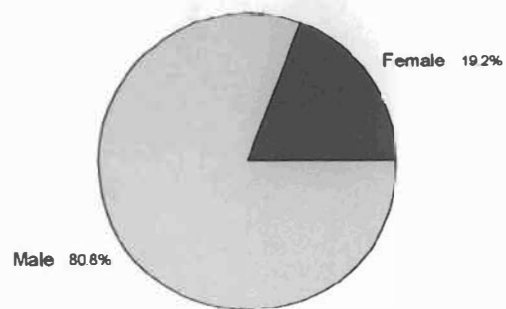
L. OTHER UNNATURAL CAUSES

- Cause of death?
a. Malnutrition
b. Dehydration
c. Delayed Medical Care
- Unknown Cause (Describe what is known)

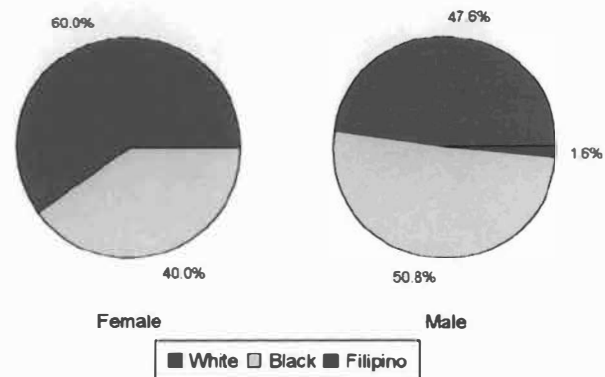
- Other Cause (Describe)

Appendix C

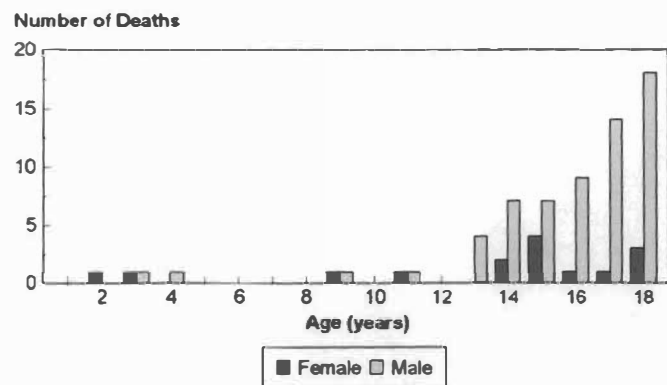
Child Firearm Fatalities in Virginia Gender, 1994



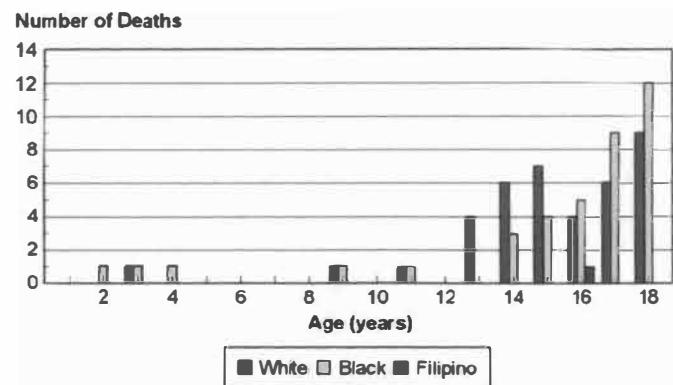
Child Firearm Fatalities in Virginia Race by Gender, 1994



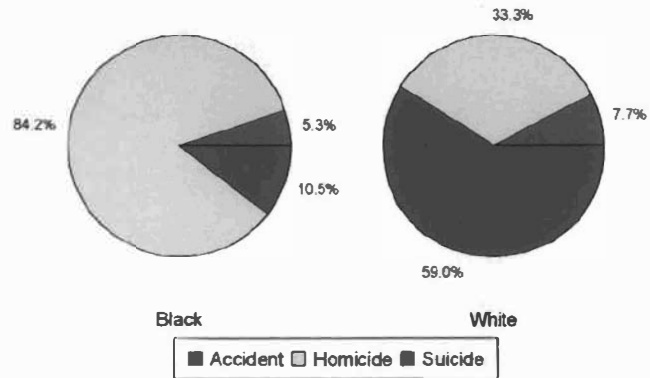
Child Firearm Fatalities in Virginia Age by Gender, 1994



Child Firearm Fatalities in Virginia Age by Race, 1994

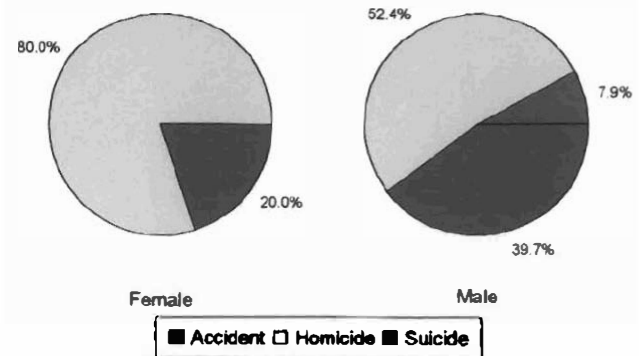


Child Firearm Fatalities in Virginia Manner by Race, 1994

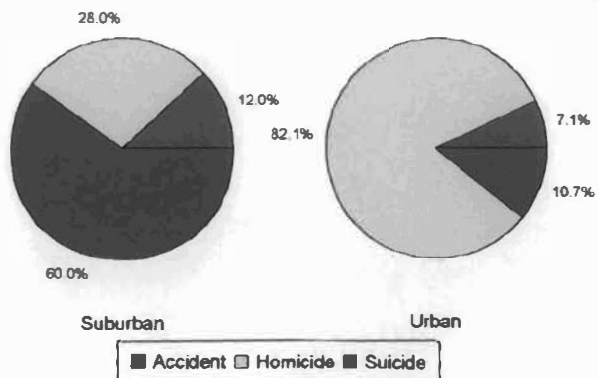


One Filipino death was a suicide.

Child Firearm Fatalities in Virginia Manner by Gender, 1994

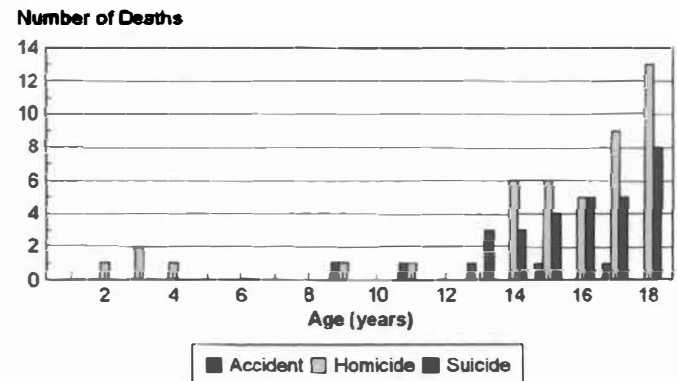


Child Firearm Fatalities in Virginia Manner by Urban/Suburban, 1994



Rural: one homicide, two suicides.

Child Firearm Fatalities in Virginia Manner by Age, 1994



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