Violence:
Implications for Primary Care

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1/3/13
Objectives: To review

- National and local data
- Types of violence influencing our patients (bullying, IPV, gangs, political)
- Injury prevention strategies for PCPs
- PTSD and other sequelae of violence
- Routes for advocacy
NYT Op-Ed “At the E.R., Bearing Witness to Gun Violence” David Newman, MD 1/1/13

• “Homes with a gun are two to three times more likely to experience a firearm death than homes without guns”

• “Members of the household are 18 times more likely to be the victim than intruders”
Guns in the Home and Risk of a Violent Death in the Home: Findings from a National Study

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³ Office of Statistics and Programming National Center for Injury Prevention and Control Centers for Disease Control and Prevention, Atlanta, GA.
• Data from the 1993 National Mortality Followback Survey--Examines death certificates

• Based on a “nationally representative 10% sample of decedents aged 15 or older”

• Except South Dakota

• “Blacks, persons <35 or >100yo, persons who died from homicide, suicide, or unintentional injury were oversampled “to produce more reliable estimates”
Data from a US mortality follow-back survey were analyzed to determine whether having a firearm in the home increases the risk of a violent death in the home and whether risk varies by storage practice, type of gun, or number of guns in the home. Those persons with guns in the home were at greater risk than those without guns in the home of dying from a homicide in the home (adjusted odds ratio = 1.9, 95% confidence interval: 1.1, 3.4). They were also at greater risk of dying from a firearm homicide, but risk varied by age and whether the person was living with others at the time of death. The risk of dying from a suicide in the home was greater for males in homes with guns than for males without guns in the home (adjusted odds ratio = 10.4, 95% confidence interval: 5.8, 18.9). Persons with guns in the home were also more likely to have died from suicide committed with a firearm than from one committed by using a different method (adjusted odds ratio = 31.1, 95% confidence interval: 19.5, 49.6). Results show that regardless of storage practice, type of gun, or number of firearms in the home, having a gun in the home was associated with an increased risk of firearm homicide and firearm suicide in the home.
• Protection or Peril?
• Arthur L. Kellermann, M.D., M.P.H., and Donald T. Reay, M.D.

• Abstract
• To study the epidemiology of deaths involving firearms kept in the home, we reviewed all the gunshot deaths that occurred in King County, Washington (population 1,270,000), from 1978 through 1983. The medical examiner's case files were supplemented by police records or interviews with investigating officers or both, to obtain specific information about the circumstances, the scene of the incident, the type of firearm involved, and the relationship of the suspect to the victim. A total of 743 firearm-related deaths occurred during this six-year period, 398 of which (54 percent) occurred in the residence where the firearm was kept. Only 2 of these 398 deaths (0.5 percent) involved an intruder shot during attempted entry. Seven persons (1.8 percent) were killed in self-defense. For every case of self-protection homicide involving a firearm kept in the home, there were 1.3 accidental deaths, 4.6 criminal homicides, and 37 suicides involving firearms. Handguns were used in 70.5 percent of these deaths.

• The advisability of keeping firearms in the home for protection must be questioned. (N Engl J Med 1986; 314: 1557–60.)
CDC: Number of deaths for leading causes of death (2009):

- Heart disease: 599,413
- Cancer: 567,628
- Chronic lower respiratory diseases: 137,353
- Stroke (cerebrovascular diseases): 128,842
- Accidents (unintentional injuries): 118,021
- Alzheimer's disease: 79,003
- Diabetes: 68,705
- Influenza and Pneumonia: 53,692
- Nephritis, nephrotic syndrome, and nephrosis: 48,935
- Intentional self-harm (suicide): 36,909
Mortality
All injury deaths
- Number of deaths: 177,154
- Deaths per 100,000 population: 57.7

Motor vehicle traffic deaths
- Number of deaths: 34,485
- Deaths per 100,000 population: 11.2

All poisoning deaths
- Number of deaths: 41,592
- Deaths per 100,000 population: 13.5

All firearm deaths
- Number of deaths: 31,347
- Deaths per 100,000 population: 10.2

Source: Deaths: Final Data for 2009, table 18
Health Action: **Sonoma County Health Snapshot**

<table>
<thead>
<tr>
<th>Leading Health Indicator</th>
<th>Healthy People 2010 Indicator</th>
<th>2010 Target</th>
<th>US Baseline</th>
<th>California</th>
<th>Sonoma County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual Behavior</strong></td>
<td>Proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active</td>
<td>95%</td>
<td>82.6%(^61)</td>
<td>Not Available</td>
<td>77.0%(^62)</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Proportion of adults with recognized depression who receive treatment(^63)</td>
<td>50%</td>
<td>Not Available</td>
<td>44.8%(^64)</td>
<td>55.5%(^65)</td>
</tr>
<tr>
<td></td>
<td>Suicides (deaths per 100,000 population)</td>
<td>5</td>
<td>10.9(^66)</td>
<td>9.4(^67)</td>
<td>12.8(^68)</td>
</tr>
<tr>
<td><strong>Injury and Violence</strong></td>
<td>Deaths caused by motor vehicle crashes (deaths per 100,000 population)</td>
<td>9.2</td>
<td>14.9(^69)</td>
<td>12.1(^70)</td>
<td>13.2(^71)</td>
</tr>
<tr>
<td></td>
<td>Homicides (deaths per 100,000)(^72)</td>
<td>3.0</td>
<td>5.9(^73)</td>
<td>6.7(^74)</td>
<td>3.8(^75)</td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td>Proportion of kindergarten children with recommended vaccinations by age 24 months(^76)</td>
<td>90%</td>
<td>80.4%(^77)</td>
<td>79.5%(^78)</td>
<td>76.0%(^79)</td>
</tr>
</tbody>
</table>
AAFP statement

• Since 1987, the AAFP has had a policy that specifically recognizes violence as a major public health concern. "Members are best able to adequately counsel patients when they are aware of the various manifestations of violence (including sexual violence), both risk and protective factors related to violence, and of available services for survivors of violence in their community,"
Office visits: Children & Adolescents

- Homicide is the leading cause of death for children age 1-19*
- Up to 10 million children each year witness domestic violence
- New research on “resilience factors that enable children and young adults to adapt successfully to stress, including exposures to violence.”

*Pediatrics: Role of the Pediatrician in Youth Violence Prevention, Policy Paper July 2009
Office visits: Children & Adolescents

Ask about:

• Exposure to violence at home
• Exposure to violence in TV/games
• Coping mechanisms/stress management
• Bullying at school
• Dating/intimate partner violence
• Guns in the home
Office visits: Children & Adolescents

- With average viewing, a child will witness 7000 murders on TV by 7yo
- 100,000 acts of interpersonal violence on TV by high school graduation
- Nationally, 17% of high school students reported carrying a gun, knife, or club to school in the past 30 days

AAP endorses a “strength-based approach to anticipatory guidance” (v. risk-based)

RCT (n= 224) of 7-15yo children who scored positive on brief psychosocial screening test

Intervention group: telephone-based parenting education

showed reduction of both fighting and fighting-related injuries*

Office visits: Children & Adolescents

- Bullying
Office visits: Children & Adolescents

• Bullying involves 3 groups:
  – Bullies + acolytes
  – Victims
  – Bystanders

• Olweus Bullying Prevention Program (Scandanavia): focus on bystanders

• Early parenting reinforcement

Office visits: Children & Adolescents

- Teen Dating Violence
  - 9-46% of teenagers
  - anticipatory guidance on relationship dynamics
  - Local resources (SAY, YMCA, CPI, Boys and Girls Club, school programs)
  - Contraception

Office visits: IPV

- One in four American families
- 2-4 million U.S. women annually
- 2,000-4,000 women die annually of injuries
- 20% of adult women, 15% college-age, 12% adolescents have experienced sexual or physical assault*
- 12-15% of physicians witness or experience

Office visits: IPV

• Fewer than 15% of female patients report being asked about violence or abuse by health professionals
• Multiple studies show that most patients would disclose abuse if asked directly
• Comparable rates in heterosexual and homosexual relationships

Office visits: political violence

• 2/3 of patients never shared or were asked about the impact of political conflict
• “physicians should be educated to inquire directly about trauma histories.”

Office Visits: Sequelae:

- substance abuse
- depression
- anxiety, PTSD
- somatizing d/o
- eating d/o
- chronic pain
- suicide

Office visits: PTSD

1) Witnessed or experienced traumatic event
2) Re-experiencing sx
3) Avoids trauma-related stimuli
4) Increased arousal, irritability, insomnia

Rx: education, therapy, SSRI, trazodone or clonidine for sx
Physician Responsibilities

• Clinical Practice
• Advocacy
• Education
• Research

*Pediatrics: Role of the Pediatrician in Youth Violence Prevention, Policy Paper July 2009
Education and Advocacy:

- Local: “The G.I.F.T. (Gun Violence Information for Teens) program is a gun-violence awareness prevention program for teens designed to educate students about the legal, medical, and emotional consequences of youth gun possession and related gun violence. The program has been presented to over 4,200 students over the last three years.” (through SRMH’s Trauma Center)
Mayor’s Gang Prevention Task Force
“Sales Rise at North Coast Gun Shops”
The Press Democrat 12/27/12

• “Fear that stricter gun laws may be looming in the wake of the Connecticut school shooting has triggered a sustained spike in sales at North Coast gun shops.

• Semi-automatic pistols are flying out of the store and she sold her last three AR-15s within days of the shooting. The phone has been ringing steadily from customers seeking semi-automatic rifles. Many other models are on back order as people hoard firearms nationwide in anticipation of restrictions, she said.
• “The number of guns sold in Sonoma County wasn't immediately available but the Justice Department website said there were more than 2,200 assault weapons registered in the county as of 2006. Mendocino County had nearly 500 and Lake County had about 200.”
• National:

• **Posted: 11/28/2012, 3:15 p.m.** -- The AAFP has joined with other major physician organizations in filing a friend-of-the-court brief that seeks to overturn a Florida law prohibiting physicians from asking patients and their families about guns in their homes and from noting a patient's gun ownership in the patient's medical record.
Education and Advocacy

• The National Physicians Alliance “is urgently calling on lawmakers to:
  • Enact a comprehensive federal ban on assault weapons and high capacity magazines
  • Close the gun-show loopholes
  • Strengthen universal background checks for all gun transfers
  • Work toward an evidence-based approach to gun violence prevention”
Education and Advocacy

- AAFP:
- “supports strong and robust enforcement of existing laws and regulations regarding the manufacture, sale and possession of guns. Additionally, the AAFP urges support of legislation that requires trigger locks and storing firearms locked away and unloaded. The AAFP also opposes private ownership of assault weapons.”
Dear Cathryn,

Great news. Vice President Joe Biden’s office has invited Doctors for America to join a roundtable this Thursday, January 3rd, to help put in place a comprehensive plan to stop gun violence. We have a seat at the table because you took a stand by signing our petition to stop gun violence.
Summary

• Clinical Practice
  – Ask, identify, intervene, prevent
• Advocacy
• Education
• Research