A Family Health Impact Analysis of Current United States Gun Policy

by Deirdre A. Quinn, Ph.D., M.Sc., M.Litt. and Samuel H. Allen, Ph.D.

ABSTRACT
Gun violence in the United States is an epidemic that threatens the health and safety of individuals and families. It also has a particularly disproportionate impact on Black and Brown communities, women, sexual and gender minorities, and those living in poverty. However, despite increased recognition of the pervasive, pernicious, and inequitable impacts of gun violence, federal policy to curb them remains relatively stagnant. A family health impact analysis suggests that public policy efforts can best support family well-being through laws that restrict gun ownership for those who have identifiable risk factors for violence; through expanded implementation of gun violence restraining orders; through requirements for both universal background checks at the federal level and national and community-specific gun violence awareness campaigns; and through incorporation of the expertise of family professionals.

Executive Summary

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Policy Brief

Gun violence in the United States is a public health crisis. The Centers for Disease Control and Prevention lists firearm-related injuries as one of the top five leading causes of death for Americans of all ages. In 2018, nearly 40,000 Americans were killed by guns—an average of 109 people per day—more than 30% of which were a result of homicide and 60% a result of suicide. Each year, 2,555 children die as a result of gun-related injuries, and more than 600 women are shot and killed by an intimate partner. Gun violence does not affect all Americans equally. Disparities exist in the rates of both gun violence incidents and firearm deaths across race, class, and gender. For example, Black Americans are 10 times more likely than White Americans to be victims of gun violence, and 58% of homicide victims are Black, although they account for only 13% of the U.S. population. Black men in particular are further disproportionately affected by gun violence: 91% of all Black homicide victims are male, and these victims are three times more likely to die by police than are White men. Socioeconomic disparities exist as well: neighborhoods with higher percentages of residents living in poverty are more likely to experience firearm homicides than are wealthier neighborhoods. Additionally, women are far more likely than men to

TALKING POINTS
- Researchers, politicians, and public health professionals are increasingly referring to gun violence in the United States as an epidemic, one that continues to have a disproportionate impact on underprivileged and minority families and communities.
- Despite growing recognition of this public health crisis, legislation intended to curb gun violence at both the federal and the state level has been limited, whereas legislation that expands access to guns has flourished.
- Akin to gun violence itself, gun violence policy has an impact on families—on their structures, functions, and diversity.
- To mitigate these impacts, direct political advocacy must be multifaceted, informed by targeted research, include programmatic interventions, and be conducted through a lens of equity.
**RECOMMENDATIONS FOR POLICYMAKERS**

1. Increase research funding to explore (a) the role of families in preventing gun violence and (b) the impact of gun violence on family health and family functioning.

2. Adopt state- and federal-level policies that restrict the purchase or possession of guns by persons whose actions represent identifiable risk factors for violence.

3. Expand implementation of gun violence restraining order laws (e.g., ERPOs) which allow family members and intimate partners to petition for temporary removal of guns from an individual with significant, evidence-based risk factors for causing harm to self or others.

4. Adopt and streamline universal background checks at the national level.

5. Develop both national and community-specific awareness campaigns that would (a) alert families to the evidence-based, individual-level risk factors for gun violence as a way to prophylactically prevent family gun violence and (b) promote safest practices for gun storage and usage.


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be victims of gun violence perpetrated by an intimate partner, and Black, Hispanic, and Indigenous women are all more likely than their White counterparts to be victims of firearm homicide. Intersectional disparities have recently been noted, too: for example, lesbian women, bisexual men and women, and transgender persons experience the highest rates of lifetime intimate partner violence (IPV), as compared to their heterosexual and cisgender counterparts; the rates of IPV involving a firearm are highest among Black and Latina transgender women.

One of the reasons gun violence is so widespread in the United States is that guns are so ubiquitous in the United States. According to the Small Arms Survey’s most recent report on civilian-owned firearms, American civilians own an estimated 393 million guns, nearly 50% of the entire world’s privately owned firearms and almost six times the amount owned by residents of any other country. The rate of national firearm ownership—or the number of guns per 100 residents—is 120.5 in the United States, which is the highest in the world and more than twice that of any other country. Indeed, there are more guns in the United States than there are residents. Similar to the above-mentioned disparities in gun violence incidents and deaths, analogous inequalities exist in rates of gun ownership: more men own guns than women, more White people own guns than Black or Hispanic people, and those with a high school diploma or less are more likely to own guns than are those with a college degree.

Although high rates of gun ownership do not necessarily portend high rates of gun violence, the absence of policies that limit gun usage do. Such policies include, but are not limited to, regulations around who can own guns, which types of guns can be used, and in which situations guns can be used. Research has emphasized an empirical and verifiable association between stricter gun policies and a reduction in gun-related death.

**Conclusion**

This brief provides a snapshot of the current landscape of policies to prevent gun violence in the United States, enumerates how policies may be inciting more violence, and discusses the potential impacts of this policy landscape on family and community health. Improving the health and well-being of families requires a family-centered, multifaceted, and equity-focused approach to gun policy. Such an approach suggests that future policy initiatives could include increased family-focused research, legislation that expands gun violence–related restraining orders, federal implementation of universal background checks, and the expansion of community-specific gun violence awareness campaigns. Additionally, gun violence prevention is a critical component of achieving health equity for individuals, families, and communities. Effective advocacy and prevention strategies must recognize the disproportionate impacts of gun violence and engage those most vulnerable to gun violence victimization in the United States.

*Please see the full brief for a complete set of references and more information about the authors.*
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ABSTRACT

Gun violence in the United States is an epidemic that threatens the health and safety of individuals and families. It also has a particularly disproportionate impact on Black and Brown communities, women, sexual and gender minorities, and those living in poverty. However, despite increased recognition of the pervasive, pernicious, and inequitable impacts of gun violence, federal policy to curb them remains relatively stagnant. A family health impact analysis suggests that public policy efforts can best support family well-being through laws that restrict gun ownership for those who have identifiable risk factors for violence; through expanded implementation of gun violence restraining orders; through requirements for both universal background checks at the federal level and national and community-specific gun violence awareness campaigns; and through incorporation of the expertise of family professionals.

Gun violence in the United States is a public health crisis. The Centers for Disease Control and Prevention lists firearm-related injuries as one of the top five leading causes of death for Americans of all ages. In 2018, nearly 40,000 Americans were killed by guns—an average of 109 people per day—more than 30% of which were a result of homicide and 60% a result of suicide. Each year, 2,555 children die as a result of gun-related injuries, and more than 600 women are shot and killed by an intimate partner.

Gun violence does not affect all Americans equally. Disparities exist in the rates of both gun violence incidents and firearm deaths across race, class, and gender. For example, Black Americans are 10 times more likely than White Americans to be victims of gun violence, and 58% of homicide victims are Black, although they account for only 13% of the U.S. population. Black men in particular are further disproportionately affected by gun violence: 91% of all Black homicide victims are male, and these victims are three times more likely to die by police than are White
Socioeconomic disparities exist as well: neighborhoods with higher percentages of residents living in poverty are more likely to experience firearm homicides than are wealthier neighborhoods. Additionally, women are far more likely than men to be victims of gun violence perpetrated by an intimate partner, and Black, Hispanic, and Indigenous women are all more likely than their White counterparts to be victims of firearm homicide. Intersectional disparities have recently been noted, too: for example, lesbian women, bisexual men and women, and transgender persons experience the highest rates of lifetime intimate partner violence (IPV), as compared to their heterosexual and cisgender counterparts; the rates of IPV involving a firearm are highest among Black and Latina transgender women.

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Although high rates of gun ownership do not necessarily portend high rates of gun violence, the absence of policies that limit gun usage do. Such policies include, but are not limited to, regulations around who can own guns, which types of guns can be owned, and in which situations guns can be used. Research has emphasized an empirical and verifiable association between stricter gun policies and a reduction in gun-related death.

Past Legislation

In this section, we summarize the gun policy landscape in the United States since 2012. We chose this year as an anchor point for our discussion specifically in light of the prominent advocacy efforts to enact stricter gun policies that have burgeoned since then; namely, after the mass shooting at Sandy Hook Elementary School in December of that year. Since Sandy Hook, there have been 2,654 mass shootings in the United States, an incident defined as one in which four or more people are killed other than the perpetrator. However, although mass shootings typically garner the attention of news outlets and the general public more than other forms of gun violence, they account for less than 1% of total gun deaths. While we recognize that mass shootings are a small component of the overall gun violence crisis, the Sandy Hook mass shooting acted as a catalyst in the previously stagnant debate on gun violence policy in the United States and therefore offers a meaningful starting point for our analyses.

Any examination of gun-related policy in the United States would be incomplete without acknowledging the sweeping impact of the embeddedness of race and racism in our systems of law. In a recent review, four mechanisms that explain this ongoing relationship between law and racial inequality were identified: political channels (including interest group influence) leading to policymaking; the carceral state, which refers to the increase in incarcerations since the 1970s; delegation and administration within the federal system that translates law and policy into action; and ongoing segregation of neighborhoods with concentrated disadvantage. Although it is beyond the scope of this policy brief to explore each of these mechanisms in detail, an awareness of the deep influence of race and racism on U.S. policy informs our discussion of the current gun-policy landscape.

At the broadest level, there are two types of gun policies: those that restrict gun access and usage and those that enable gun access and usage. At the federal level, no policy restricting gun access or gun usage has passed both chambers of Congress, although several initiatives have been proposed. For example, in January 2013, the Assault Weapons Ban of 2013 (S. 150) was introduced, but the bill failed to pass the Senate, by a vote of 40–60. Similarly, in April 2013, the Manchin–Toomey Amendment (S.Amdt. 715) was introduced, which proposed...
universal background checks on all private gun sales. It, too, failed to pass the Senate (54–46). Most recently, the Bipartisan Background Checks Act of 2019 (H.R. 8) was introduced in January 2019. Unlike the aforementioned Senate bills, H.R. 8 successfully passed the House; it was the first legislation of its kind to pass either chamber of Congress in the past quarter century. Although it has been listed on the Senate’s Legislative Calendar since March 4, 2019, “its prospects in the Senate are dim.”21 It remains listed there as of the publishing of this brief.

While federal gun policy has stagnated since the post-2012 advocacy movement, there has been more legislative activity on gun policy at the state level. A comprehensive summary of each state’s gun-policy initiatives over the past nine years is beyond the scope of this brief; however, we offer the following synopsis: since 2012, tens of thousands of gun-related initiatives have been proposed in all 50 states and Washington, DC, and nearly 600 have been enacted into the laws of various states. However, more than 60% of those enacted were backed by the National Rifle Association, reflecting gun policies that expand, rather than limit, Americans’ access to and use of guns.22 Indeed, in the nine years since the Sandy Hook shooting that prompted a robust advocacy effort to limit gun access, legal access to firearms has increased, rather than decreased, nationwide. Furthermore, during sweeping national shutdowns in 2020 in response to the COVID-19 pandemic, the federal government advised states to classify gun stores, shooting ranges, and firearm manufacturers as “essential businesses” that would remain open as most other businesses were temporarily closed.23 This seemingly unlikely trend is best explained by one of the previously described four mechanisms that links laws with racial inequality: interest-group influence on policymaking. In the United States, the current system enables powerful (i.e., well-funded) interest groups to influence the policy process;20 with routine annual spending of over $10 million, the gun industry lobby is one of the most powerful influences on Congress today.24

A Family Health Impact Analysis of Gun Policy

The gun violence victimization statistics mentioned previously, though staggering, still underestimate the broader impact of gun violence, including who experiences that impact, how, and with which consequences.25 Historically, public and academic discourse around the impact of gun violence on family health has focused on the immediate and lasting trauma of gun violence for victims and their families, as well as for those exposed to gun violence either directly as a witness or more broadly in the form of community exposure. Our goal with this brief, however, is to draw attention to the often-overlooked family and community health impacts of gun violence policy, not to the violence itself. A useful tool for this type of examination is family health impact analysis (FHIA), which adapts principles of a traditional family impact analysis to assess how a health-related policy impacts aspects of family structure and functioning.26, 27 Briefly, family structure refers to the size and type of the family, its stage of development, and its socioeconomic status. Family function refers to the family’s role in the performance of various tasks (e.g., providing, socializing, manipulating resources). FHIA also examines how three key principles of a family-centered health initiative—family support, family diversity, and family partnership and empowerment—are integrated (or not) into the policy landscape.

The Rand Corporation offers a classification system that groups U.S. gun policies into three broad categories: those that regulate (1) who may legally own, purchase, or possess firearms; (2) firearm sales and transfers; and (3) the legal use, storage, or carrying of firearms.28 Because there are dozens of categories of gun laws—and even more subcategories of those laws—we use Rand’s three-tier classification to perform the ensuing family health impact examination.

"red-flag laws ... have the potential to support family and community health"

Gun Policy Category No. 1: Own, Purchase, and Possess Firearms

Most gun laws in the United States focus on the user of the gun,1 restricting the ability to own, purchase, or possess guns for certain categories of individuals.29 Extreme risk protection orders (ERPOs), colloquially referred to as “red-flag laws,” are one example of this type of legislation that have the potential to support family and community health via the FHIA principle of family partnership and empowerment. Under this principle, a policy should recognize both the expertise of family and the family’s central role in an individual’s life, and family
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members should be treated as key consultants and partners. ERPOs empower families, household members, and/or law enforcement officers to petition a court directly to temporarily restrict an individual’s access to guns. This type of policy acknowledges the potential role of families in preventing gun violence and prioritizes family members’ experiences with and knowledge of the potentially violent individual. Research suggests that ERPOs are effective in reducing the incidence of firearm-related suicide, and they have been successfully implemented to temporarily disarm individuals who have made credible threats of violence.

In contrast, broad categorical restrictions on gun access (e.g., existing prohibitions around the purchase or possession of firearms for individuals with mental illness) may fail to support FHIA’s principle of family diversity by unfairly stigmatizing individuals and families who fall within restricted categories and by perpetuating problematic false narratives around the causes and perpetrators of gun violence. There is little evidence that this type of broad restriction can effectively identify persons who actually pose a significant risk of gun violence. Current broad restrictions also fail to acknowledge or address major risk factors that have been associated with gun violence perpetration and victimization, including socioeconomic disadvantage, abuse of illicit drugs or alcohol, and history of trauma. In the context of the deep structural inequities in the United States, that increase the likelihood that certain individuals will experience these risk factors, policymaking around gun violence prevention must bypass false narratives of individual blame to systematically address the root causes of violence in our communities.

Waiting-period laws are designed to interrupt impulsive acts of violence and to reduce the likelihood that temporary anger or distress result in gun violence; these policies also allow law enforcement to complete background checks to ensure that a buyer is not ineligible to purchase firearms. From a family health perspective, waiting-period laws adhere to the FHIA principle of family support by establishing a buffer between an individual and a potential violent act. This buffer may allow family members to provide support or seek help for the buyer; in situations of family violence, this buffer may also provide necessary time for potential victims to leave a violent situation. Research has shown that waiting-period laws significantly reduce the incidence of gun-related homicide.

A sometimes-controversial set of policies within this grouping are background checks, which attempt to ensure that convicted felons and other prohibited possessors are prevented from purchasing guns. The well-known federal example of this type of policy is the Brady Handgun Violence Prevention Act of 1993 (the Brady Act), which requires licensed dealers to request a background check prior to the sale or transfer of a firearm. This requirement does not apply, however, to private sales or transfers of firearms, although some states have expanded this requirement to include all sales and transfers, public or private (known as universal background checks). A second loophole allows even licensed sellers to proceed with a sale without a background check if the result is not available within 3 days; this loophole enables individuals who are legally prohibited from gun possession to circumvent the law and buy guns. Despite research that suggests background checks reduce the incidence of violent crime, gun homicide, and gun suicide, opponents often cite privacy violations and the likelihood that violent offenders will fail to comply with the laws as reason not to have or enforce them. Background checks have the potential either to support or to hinder family health. When universal background checks are enforced, these policies exemplify the FHIA principle of family support by preventing families from experiencing gun violence; however, when background checks apply only to certain “prohibited possessors" and not to all gun purchasers, and when loopholes abound that allow individual buyers and sellers to evade the law, these policies may present acute risks for families, particularly in the context of domestic violence.

“waiting-period laws [provide] family support by establishing a buffer between an individual and a potential violent act.”

Gun Policy Category No. 2: Firearm Sales and Transfers

A commonly debated policy type related to the regulation of firearm sales and transfers is waiting-period laws, which require that some set period of time elapse between the purchase of a gun and the buyer’s taking possession of the weapon.
violence. Under current federal law, individuals who have been convicted of a misdemeanor crime of domestic violence or subject to a domestic violence restraining order are prohibited from buying guns.\textsuperscript{35, 36} It can be challenging, though, to determine whether a particular conviction or restraining order qualifies for this prohibition, as these background checks take a relatively long time to process and may exceed the 3-day window. National adoption of universal background checks may offer critical support for families and communities besieged by gun violence.

\begin{quote}
\textbf{child-access prevention laws empower families to “actively engage in gun violence prevention efforts”}
\end{quote}

**Gun Policy Category No. 3: Use, Storage, or Carrying of Firearms**

The third major category of gun legislation regulates the legal use, storage, or carrying of firearms.\textsuperscript{28} One example of this type of policy are child-access prevention (CAP) laws, which hold adult gun owners accountable for intentionally or carelessly allowing children to have unsupervised access to guns. Twenty-six states and DC have enacted some version of CAP laws,\textsuperscript{37} although the specific provisions of such policies vary widely from state to state; the strongest CAP laws impose criminal liability when a child gains access as the result of negligent gun storage. CAP policies successfully integrate the FHIA principle of family partnership and empowerment and protect family and community health by emphasizing the serious responsibilities associated with gun ownership (e.g., ensuring the safety of loved ones) and empowering adult gun owners to actively engage in gun violence prevention efforts via personal responsibility. Research also suggests that CAP laws may reduce gun self-injury and suicide among youth, as well as unintentional gun injuries and deaths among both children and adults.\textsuperscript{38, 39}

In contrast, stand-your-ground laws, often called “shoot-first laws,” are an example of this third category of gun violence regulation that fails to integrate the FHIA principle of family support and therefore may negatively affect family and community health. These laws expand an individual’s right to use deadly force in self-defense in public, even when that force could safely be avoided, and they upend historical precedents for the use of lethal force only as a last result. Research suggests that stand-your-ground laws may be associated with an increase in the total number of homicides as well as the number of gun-specific homicides.\textsuperscript{40} This type of policy thwarts family and community health by protecting the use of violence, a dangerous precedent particularly in the context of family violence or civilian community policing. As events of the past decade have demonstrated, the freedom to “shoot first” as enacted through these policies normalizes and may even encourage the escalation of violence in everyday situations. One of the many tragic examples includes the 2012 murder of Trayvon Martin, an unarmed Black teenager, by George Zimmerman, an armed white Hispanic neighborhood-watch captain who was emboldened by Florida’s stand-your-ground law to shoot Martin for appearing suspicious while he was walking home. This case, the aftermath of which launched the Black Lives Matter movement, also called national attention to the disparate impact of legalized gun violence on Black Americans, and particularly Black men.

**Conclusion**

This brief provides a snapshot of the current landscape of policies to prevent gun violence in the United States, enumerates how policies may be inciting more violence, and discusses the potential impacts of this policy landscape on family and community health. Improving the health and well-being of families requires a family-centered, multifaceted, and equity-focused approach to gun policy. Such an approach suggests that future policy initiatives could include increased family-focused research, legislation that expands gun violence–related restraining orders, federal implementation of universal background checks, and the expansion of community-specific gun violence awareness campaigns. Additionally, gun violence prevention is a critical component of achieving health equity for individuals, families, and communities. Effective advocacy and prevention strategies must recognize the disproportionate impacts of gun violence and engage those most vulnerable to gun violence victimization in the United States.
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Elaine A. Anderson, Policy Brief Editor


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Author Bios

Deirdre A. Quinn, Ph.D., M.Sc., M.Litt., is a postdoctoral fellow in women’s health at the Center for Health Equity Research & Promotion (CHERP) at VA Pittsburgh Healthcare System. She completed her M.Sc. in gender and social policy at the London School of Economics and Political Science and her Ph.D. in Family Science at the University of Maryland School of Public Health. Her research explores individual-, family-, and community-level influences on sexual and reproductive health with the goal of advancing the quality and equity of reproductive health and health care for vulnerable populations.

Samuel H. Allen, Ph.D., is a postdoctoral fellow at the Family Institute at Northwestern University. He completed his M.S. in couple and family therapy and his Ph.D. in Family Science at the University of Maryland–College Park, from which he also received a graduate teaching certificate. His research, which is guided by a commitment to social justice, examines gender and sexuality within families, racial minority families, and intersectionality. Previously, he was the cochair of the Qualitative Family Research Network of the National Council on Family Relations (NCFR) and is currently the Student and New Professional Representative of the Feminism & Family Studies Section of NCFR. He is a clinical fellow of the American Association of Marriage and Family Therapy and serves on the editorial board of Journal of Family Psychology.
RECOMMENDATIONS FOR POLICYMAKERS

1. **Increase research funding to explore (a) the role of families in preventing gun violence and (b) the impact of gun violence on family health and family functioning.** Allocating funding for this area of research will ensure that the critical role of families is elevated in both political and public health discourse on gun violence and gun violence prevention. This research should take the form of both primary data collection in communities affected by gun violence and secondary analyses of existing national data sets. No single variable or profile can reliably predict whether a person will perpetrate gun violence; rather, a complex constellation of individual, family, school, peer, community, and sociocultural risk factors interact across the life course. Research illuminating these developmental risks will guide future prevention efforts to reduce gun violence. To do so, we suggest funding sources support this line of research, with a particular focus on the ways families themselves may help reduce the impact of gun violence on individual, family, and community health. Further, particularly given the intersectionally disparate impact of gun violence for certain groups, targeted funding to such communities is needed.

2. **Adopt state- and federal-level policies that restrict the purchase or possession of guns by persons whose actions represent identifiable risk factors for violence.** These restrictions may include domestic violence offenders, individuals convicted of prior violent misdemeanors, or those with more than one conviction for driving under the influence of drugs or alcohol, all of whom may be more likely than others to pose a danger to themselves or others. Focusing on evidence-based risk factors for gun violence—rather than relying on harmful stereotyping of certain individuals or groups—will enable policymakers to develop more effective criteria and processes for restricting access to or removing guns from at-risk individuals.

3. **Expand implementation of gun violence restraining order laws (e.g., ERPOs) which allow family members and intimate partners to petition for temporary removal of guns from an individual with significant, evidence-based risk factors for causing harm to self or others.** Elevating the FHIA principle of family empowerment in this sphere has the possibility to prevent gun violence and save lives.

4. **Adopt and streamline universal background checks at the national level.** These policies have the potential to provide critical support for families and communities by preventing impulse firearm purchases as well as purchases by prohibited possessors, including individuals with a history of domestic violence perpetration.

5. **Develop both national and community-specific awareness campaigns that would (a) alert families to the evidence-based, individual-level risk factors for gun violence as a way to prophylactically prevent family gun violence and (b) promote safest practices for gun storage and usage.** This type of widespread public outreach, particularly in specific communities that experience disproportionate impact, would engage all three key principles of FHIA—family support, family diversity, and family partnership and empowerment—by disseminating resources, enhancing knowledge, and empowering both gun violence prevention advocates and communities.

6. **Engage family professionals’ expertise when developing new violence legislation.** Family professionals are trained to advocate for gun violence prevention approaches that promote the safety and well-being of families without reinforcing or exacerbating stigma or relying on families to provide their own support and resources, and they are well positioned to inform evidence-based standards of care related to assessing families’ risk factors and promoting safer gun practices. The approach to preventing gun violence must be multifaceted, involving directed research, programmatic intervention, and direct policy advocacy, and conducted through an equity-focused lens.