Preparing Social Work Students to Recognize and Respond to Risks of Firearm Violence

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Abstract: *Firearm violence in the United States is increasing and is a major cause of death for many demographic groups, especially Black Americans. Policy attempts to reduce deaths and injuries face difficult hurdles, including legislatures and courts that place primacy on the Second Amendment to the Constitution. Thus, clinicians across disciplines are encouraged to engage in prevention practice across diverse contexts. Evidence suggests that few social workers have been prepared to recognize and respond to the risks of gun violence amongst their clients beyond a few specific practice contexts. This article lays out a framework for the education of social work students on essential aspects of firearm violence: the nature of violence, misunderstandings of the connections to mental illness, recognizing risks, engaging with clients on mitigating those risks, and understanding key policy debates that affect practicing social workers. This article seeks to spark conversations about the need to educate social work students on this topic, including curricular developments related to the Council on Social Work 2022 Educational Policy and Accreditation Standards.*

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The United States' claims to exceptionalism can be debated in many areas except for one: The country remains a unique outlier on metrics of firearm violence compared to all peer nations. The per capita rate of firearm homicide is 24.9 times higher, and the firearm suicide rate is 9.8 times higher than in other high-income countries worldwide (Grinshteyn & Hemenway, 2019). This may be partly explained by the extreme prevalence of firearms in the US; there are more firearms than people, with an estimated 46% of the world's firearms owned by civilians in the US (Fox & Levin, 2022). Because of the Second Amendment to the Constitution, which has been widely interpreted as guaranteeing civilians' access to firearms with minimal restrictions, most individuals in the US can access a firearm quickly and cheaply. Efforts by policymakers, activists, and legislators to reduce firearm deaths and injuries in recent decades have not substantially reduced the availability of firearms.

In this context, some health professions have urged actions that do not require policy changes. For example, the American Academy of Pediatrics has urged pediatricians to screen all families for access to firearms and to counsel them on safe storage if firearms are in the home (Cleary et al., 2022; Cunningham et al., 2022). A small but growing literature, primarily from medicine, documents the promising effectiveness of such measures, especially when coupled with training for providers on how to discuss the polarizing and sensitive topic of firearms with clients (Hoops et al., 2022; Pallin et al.,

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2022; Roszko et al., 2016; Simonetti et al., 2022). This literature shows the potential for healthcare practitioners to reduce firearm violence at the micro level despite the limited success of macro-level efforts.

However, there is little evidence that social workers have received the necessary training to counsel clients on firearm safety outside of specific and limited contexts, such as lethality assessments (Logan-Greene et al., 2018). In fact, the literature on the topic among social work journals and conference abstracts remains strikingly limited compared to other disciplines, reflecting the lack of attention that firearm violence has received by social work researchers (Aspholm et al., 2019; Sperlich et al., 2019). To our knowledge, there has been no assessment of firearm-related content within social work curricula. However, the scant literature suggests that practicing social workers have rarely been trained to recognize or respond to firearm violence risks among their clients (Slovak et al., 2008; Slovak & Brewer, 2010; Sperlich et al., 2022).

Thus, there have been recent calls to train social workers and other mental health professionals about the nature and prevention of firearm violence, especially in the practice context of the firearm violence epidemic in the US (Bright, 2022; Dorris & Murphy, 2021; Logan-Greene et al., 2018; Sperlich et al., 2022). This manuscript lays out a framework for these efforts, informed by extensive literature reviews, the authors' own research on firearm prevention, interviews with multidisciplinary scholars, and other appraisals of the state of research on firearm prevention. It reviews the essential knowledge social workers should have on the nature of firearm violence, risk factors for different types of firearm violence, key policy debates for social work practitioners, assessment tools and techniques, and guidance for how social workers should engage with diverse clients about firearm violence. Importantly, it should be noted that research on training social workers to engage with clients on firearm violence is nascent, and the following represents basic recommendations from the current state of research. There is an urgent need for development and testing of curricular models across contexts and using a variety of modalities (Logan-Greene et al., 2026).

Firearm Violence in the United States

Firearm violence has been rising in recent years in the US. In 2021, an estimated 47,286 people died by firearms (Simon et al., 2022), which represents the highest number of deaths by firearms to that date. In 2020, for the first time, firearms caused more deaths among children in the US than motor vehicle accidents (Sun et al., 2022), long the most common cause of death among children. This fact highlights the potential for success in public health campaigns to address a common cause of death (e.g., campaigns against drunk driving, improved safety technology for cars and roads, and improved use of car seats), and analogous campaigns for firearm safety are warranted despite historical opposition.

The public at large may misunderstand the nature of firearm deaths, in part due to the media's attention on certain forms of firearm violence (Muschert & Ragnedda, 2011). For example, mass shootings command attention and, to some extent, policy development. However, they comprise a tiny fraction of annual deaths; only 0.5% of all firearm deaths in 2019 were from mass shootings (Centers for Disease Control [CDC], 2022). In fact, the

majority of annual deaths involving firearms are suicides. In 2021, 50.4% of deaths from firearms were considered suicides, according to WISQARS data (CDC, 2025). This is partly due to the unique lethality of firearms in the context of self-harm. In a recent analysis, 89.6% of suicide attempts utilizing firearms resulted in death, followed by 56.4% by drowning and 52.7% by hanging (Conner et al., 2019). Table 1 presents per capita data across all 50 states and by type of death – suicides, homicides, unintentional, legal intervention (e.g., police shootings), and undetermined. This table demonstrates both regional and state policy-based differences. Deeper exploration of state differences may be found in other sources (e.g., Rees et al., 2022; Schell et al., 2024).

Table 1. *Per Capita Firearm Death Rate by State and Type in 2021*

State	Suicide	Homicide	Unintentional	Legal Intervention	Undetermined	Total in State
All states	7.63	5.96	0.18	0.25	0.11	14.14
Alabama	12.04	12.18	0.22	0.24	0.08	24.75
Alaska	19.07	3.54	0.27	0.95	0.82	24.65
Arizona	11.76	5.46	0.15	0.54	0.33	18.24
Arkansas	12.28	8.22	0.23	0.30	0.26	21.3
California	3.40	3.79	0.05	0.26	0.04	7.55
Colorado	12.53	4.42	0.28	0.65	0.09	17.97
Connecticut	3.15	3.17	--	0.06	0.03	6.4
Delaware	7.27	7.17	--	0.20	--	14.63
District of Columbia	1.79	21.53	--	0.60	0.30	24.22
Georgia	9.80	8.57	0.36	0.33	0.12	19.19
Idaho	13.34	1.37	0.21	0.63	0.16	15.7
Illinois	4.78	9.51	0.13	0.20	0.10	14.72
Indiana	9.75	6.84	0.21	0.23	0.18	17.2
Iowa	8.91	1.69	0.03	0.28	0.09	11.01
Kansas	11.4	4.15	0.51	0.31	--	16.37
Kentucky	11.14	7.26	0.47	0.18	0.27	19.31
Louisiana	9.62	16.32	0.76	0.43	0.19	27.32
Maine	11.47	0.73	0.07	0.44	--	12.71
Maryland	4.78	8.54	0.03	0.31	0.05	13.7
Massachusetts	1.79	1.30	0.01	0.14	0.04	3.29
Michigan	7.82	6.57	0.17	0.19	0.17	14.91
Minnesota	6.55	2.56	0.09	0.18	0.05	9.42
Mississippi	10.00	16.04	1.02	0.37	0.37	27.80
Missouri	11.69	9.21	0.41	0.52	0.28	22.09
Montana	20.43	2.26	0.54	0.36	0.45	24.05
Nebraska	7.03	1.94	0.25	0.41	0.10	9.73
Nevada	12.36	5.50	0.10	0.19	0.29	18.43
New Hampshire	7.50	0.65	0.07	0.14	--	8.36
New Jersey	2.01	2.68	0.01	0.09	0.01	4.79
New Mexico	10.3	7.18	--	0.85	0.19	18.52
New York	2.13	3.03	0.01	0.10	0.02	5.29
North Carolina	8.53	7.69	0.30	0.24	0.09	16.84
North Dakota	12.60	1.80	0.51	0.26	--	15.17
Ohio	8.22	7.04	0.25	0.23	0.14	15.87
Oklahoma	13.40	5.94	0.25	0.45	0.13	20.17
Oregon	11.70	3.17	0.14	0.33	0.09	15.44
Pennsylvania	7.52	6.29	0.12	0.15	0.07	14.14
Rhode Island	3.10	2.28	0.09	0.09	--	5.56
South Carolina	10.21	9.88	0.33	0.21	0.17	20.80

State	Suicide	Homicide	Unintentional	Legal Intervention	Undetermined	Total in State
South Dakota	10.94	2.45	--	--	0.11	13.50
Tennessee	11.48	9.28	0.46	0.32	0.22	21.76
Texas	7.32	7.36	0.18	0.20	0.06	15.12
Utah	10.63	1.71	0.18	0.30	0.09	12.91
Vermont	11.44	0.93	0.15	0.15	--	12.67
Virginia	8.02	5.23	0.09	0.20	0.20	13.73
Washington	7.45	2.62	0.09	0.16	0.13	10.45
West Virginia	11.93	4.09	0.11	0.34	0.11	16.58
Wisconsin	7.98	4.44	0.15	0.19	0.03	12.79
Wyoming	22.43	1.38	0.69	0.35	--	24.85

Notes. Data are raw per capita values derived from CDC Web-based Injury Statistics Query & Reporting System. "--" indicates that deaths were <10, in which case data are redacted to maintain confidentiality.

Homicides make up the majority of the remainder of firearm deaths, and their toll is not equally distributed across demographic groups in the US. Black Americans, especially young males, experience homicide at far greater rates than individuals in other demographic categories (Bottiani et al., 2021; Martin et al., 2022). This may, in part, be due to structural racism evidenced in explicit historical discriminatory practices such as redlining and attendant changes to neighborhood environments (preclusion of home ownership, poverty, poor educational attainment, segregation, etc.) (Haider et al., 2013; Jay et al., 2022; Mehranbod et al., 2022; Poulson et al., 2021).

Lost in much of the public dialog about firearm violence is that the impact far exceeds the annual death toll. In a cross-sectional analysis of emergency room visits between 2009 and 2017 (before the recent spikes in firearm violence), Kaufman et al. (2021) found an average of 85,694 nonfatal injuries from firearms each year, approximately twice as many as annual deaths. In contrast to the most common causes of death, an assault was the most common reason for injury (38.9%), followed by accidental injuries (36.9%). This is likely an underestimate, as some individuals (about 10%) may avoid hospitals after firearm injury due to fears of legal intervention (May et al., 2002; White et al., 2021). Increased survival rates are partly due to improvements of trauma treatment in hospitals (Byrne et al., 2022). However, gunshot survivors can face many potentially life-long problems, including mental health challenges, increased substance use, employment problems, and compromised physical health compared to the general population (Vella et al., 2020). Firearm injuries can also result in a substantial risk for long-term disabilities (Orlas et al., 2021; Raza et al., 2020; Vella et al., 2020).

These statistics demonstrate the profound toll that firearm violence takes on the US population, especially on Black families and communities. Given social work's focus on improving health and well-being for vulnerable populations, firearm violence should merit prominent attention as a social factor that impacts our clients. Social work education should also advance clinician understanding of common misconceptions about firearm violence, risk assessment, relevant policies, and interventions.

Misunderstandings of the Connections Between Firearm Violence and Mental Illness

The popular discourse around mass shootings has led many to believe that the biggest cause of firearm violence is mental illness. This is an inaccurate and harmful "misattribution" (see also McGinty et al., 2014; McGinty et al., 2016; Metzl & MacLean, 2015; Simonsson & Solomon, 2021). One commonly cited study estimated that 3-5% of firearm violence in the US is perpetrated by someone with a mental illness (Appelbaum, 2013). Although there are reasons to think that certain individuals with a mental health diagnosis, particularly psychoses, may be more prone to violence, evidence suggests that they rarely use a firearm (Ghiasi et al., 2022; Monahan & Steadman, 1996). The strongest counterargument to the idea that mental illness causes firearm violence can also be found in international comparisons: while some research has found that the US has a slightly higher prevalence of some mental health diagnoses compared to other high-income countries (Tikkanen et al., 2020), the rates are similar to other countries with developed diagnostic infrastructure (Kessler et al., 2009) and do not approach the extreme differences in firearm injuries and deaths (Grinshteyn & Hemenway, 2019).

There are, however, three important ways that mental health and firearm violence intersect: the higher rates of violent victimization for those with a mental health diagnosis, the linkages between mental illness and suicide, and the impact of frequent firearm violence exposure on the mental health of Americans. None of these feature prominently in policy-making or media representations of firearm violence, yet all are important from a social work perspective. The vast majority of individuals with a mental illness diagnosis are not violent, and they are far more likely to be the victims of violence than they are to perpetrate it (Choe et al., 2008). However, there is a legitimate reason to be concerned about access to firearms for those with a mental health diagnosis because of the risks of suicide (Rozel & Mulvey, 2017). We will return to the issue of prohibitions on firearm access for those with mental illness later in this manuscript.

Millions of Americans are exposed to firearm violence each year, directly or indirectly, and evidence is accumulating that it significantly affects our psychosocial well-being. As mentioned, tens of thousands of individuals survive being shot each year and may experience traumatic symptoms. Moreover, each individual injured, fatally or otherwise, is a member of a family and community who may experience the shooting as trauma, in addition to the costs associated with medical bills and lost time from work or school. Although complex and difficult to quantify, a recent analysis found that firearm deaths and injuries cost the US $493.2 billion in 2020 alone (Miller et al., 2024).

Recently, some researchers have begun to document widespread firearm violence exposure's more pervasive toll on the American populace. These effects are only beginning to be appreciated (Carlson, 2023). To be clear, a long history of research has documented the harmful effects of community violence (including firearm violence) exposure, especially on children (Aisenberg & Herrenkohl, 2008; Stein et al., 2003). In particular, these experiences have significantly harmed the communities most affected by violence, especially among young Black and Latino Americans (Motley et al., 2017; Opara et al., 2020). Moreover, individuals directly or indirectly affected by firearm violence generally

experience significant levels of distress and other impacts (Kagawa et al., 2020). However, research has only begun to address the mental health impact of living in a country that experiences regular mass shootings in schools and other public places. The extent of this impact on individuals directly involved is easily understandable (Lowe & Galea, 2017), however, the impact is so widespread that this focus may obscure the "social catastrophe" occurring at the societal level (Carlson, 2023). The horror of mass casualty school shootings significantly impacts youth, even when not directly exposed (Cimolai et al., 2021), as well as parents (Soni & Tekin, 2020). There is evidence that these events may substantially impact daily life. In a recent survey, one-third of respondents in a nationally representative sample reported avoiding public places they deemed too likely to experience a mass shooting (American Psychological Association, 2019). Anecdotal evidence (Jiminez, 2024) also suggests that large numbers of caregivers are choosing to homeschool children because of fears of school shootings, although no peer reviewed research can be found to verify this.

These dynamics should all be of major attention to social workers. As a discipline, we need to advocate against the scapegoating of individuals with mental illness for the firearm violence epidemic, as it harms that vulnerable population and prevents effective action against the real causes of firearm violence. Moreover, social workers must be prepared to address both these risks and the aftermath of firearm violence trauma among clients of all ages (Ranney et al., 2019).

Risk Factors for Firearm Violence

Risk factors for firearm violence are often viewed within separate categories of perpetration, victimization, and suicide and may then be characterized by four subcategories: individual risk factors, relationship risk factors, community risk factors, and societal-political risk factors (Attridge & Powell, 2023). While firearm violence is complex and requires assessment and prevention programs on all levels of these categories, research indicates that the primary risk for firearm violence is access to a firearm (Attridge & Powell, 2023; Kivisto et al., 2019). That factor, in conjunction with other vulnerabilities, such as a life crisis, emotional or relationship volatility, or ongoing family violence, should be considered in addition to specific risk factors described below. Most recently, the COVID-19 pandemic caused a rise in firearm accessibility and firearms purchases (Lynch & Logan, 2022). Thus, now, more than ever, social workers need to assess client access to firearms and provide interventions for those at risk (Duncan et al., 2020).

Risk Factors for Firearm Violence Perpetration

Studies indicate that males are at higher risk of firearm violence (Carter et al., 2015, 2017; Esparaz et al., 2021). Other individual risk factors include violent behavioral tendencies and impaired judgment caused by substance abuse (Sanchez et al., 2020; Sigel et al., 2019). In that sense, the risks of firearm violence largely mirror the risks for the perpetration of other forms of violence. Risk for perpetration is also connected to the number of firearm owners in a community; the higher the number, the more firearm mortality and injury (Murnan et al., 2004).

Risk Factors for Firearm Victimization

Studies have shown that firearm violence impacts Black youth at a higher rate (Fowler et al., 2017). In addition to individual risk factors, relationship risk factors play a part in firearm violence. Intimate partner violence is a strong indicator of further violence and increases the chance of firearm violence if paired with firearm ownership or access (Zeoli et al., 2016). In addition, the communities' social acceptance of firearm ownership and the number of people owning firearms also impact the risks of firearm victimization (Murnan et al., 2004).

Risk Factors for Firearm Suicide

Individual risk factors for firearm suicide that have been noted in research are male gender, low income, unemployment, living alone, and mental or physical health problems (Berkelamns et al., 2021). As noted, individuals who are demonstrating suicide ideation and who have firearm access are especially of concern because of the unique lethality of firearms in suicide attempts. However, research has shown that the risk of suicide by firearm decreases when public health policies such as extreme risk protection laws, buyback programs, and lethal means counseling are in place (Duenow & Connelly, 2024; Swanson et al., 2022). However, these programs are not widespread. Although there are multiple risk factors, any risk factor must be paired with firearm access to equal risk for firearm violence. Therefore, providing interventions at the firearm access level directly impacts solutions to firearm violence prevention.

Addressing Firearm Risks With Clients

Once social workers understand the nature of firearm injuries and deaths in the US, they should incorporate assessments of risks for victimization, homicide, accidental injuries, and suicide among their client populations. The implementation of this will vary across settings and depend on the clients' ages and the nature of their connection to the clinician. However, like discussing other potentially sensitive topics with clients, social workers should be aware of potential issues and be prepared to address the topic without alienating the populations most in need of counseling on firearm access and safety. This aspect of cultural competence is novel, although social workers have good basic education to build on to develop these skills.

First and foremost, social workers need to understand the perspectives of the population of firearm owners in the US, the vast majority of whom pride themselves as being knowledgeable and responsible, and to acknowledge that often a social worker's personal biases may be at odds with their firearm-owning clients (Pirelli & Gold, 2019). While the professed knowledge on the part of firearm owners may be somewhat contradicted by public health data showing that having firearms in the home confers additional risks of suicide, homicide, and accidental deaths (Bleyer et al., 2021; Miller et al., 2002a, 2002b) and that the majority of firearm owners overestimate their skills (Stark & Sachau, 2016), clinicians should not enter the conversation with clients in ways that could be perceived as judgmental or patronizing. Instead, social workers should

acknowledge that the majority of firearm owners have firearms with the goal of protecting their families (Ward et al., 2024). This is the entry point for engaging clients with a shared goal, emphasizing measures that can keep their family members safe. Clinicians should not force this topic on any client or make their services contingent on specific answers unless there is a need to do so to keep themselves safe, such as in the case of home visitations (Sperlich et al., 2022). Finally, clinicians should stress that this is a standard part of safety assessments and that no demographic group is being singled out for questions about firearms.

Other recommendations for discussing firearms can be found in parallel literature aimed at physicians (Betz & Wintemute, 2015). For example, they recommend that broaching the topic of access to firearms should be part of universal screening, similar to asking questions about smoking or alcohol use. However, a clinician's responses must be tailored to the specific risks and needs of the client/patient, which may be determined via assessment.

Risk Assessment Tools

A variety of assessment tools can be found that can guide clinicians in understanding how serious a risk access to firearms poses for an individual or family (see Collins et al., 2026 for a comprehensive list of assessment tools). Table 2 presents three examples of risk assessment tools clinicians can use. The first assessment is the Serious Fighting, Friend Weapon Carrying, Community Environment, and Firearm Threats (SaFETy), a measure designed to gain a clinically feasible risk index for firearm violence among youth (Goldstick et al., 2017). This is a 10-item measure that is free for clinicians to use and is administered through a paper format. The strength of the assessment is that it can be delivered in one to two minutes, incorporates peer and community factors, and can be used in multiple settings. The limitations to the measure are that further validation and testing are required, but the tool shows promise for assessing the risk of firearm violence among youth.

Table 2. *Clinical Risk Assessment Tools*

Assessment	Objective of Assessment	# of Items	Source
Serious fighting, Friend weapon carrying, community Environment, & Firearm Threats (SaFETy)	Derive a clinically feasible risk index for firearm violence in youth.	10 Items	Goldstick et al. (2017)
Danger Assessment Scale (DAS)	Assess the likelihood of lethality in intimate partner violence.	20 Items	Campbell et al. (2009)
Columbia Suicide Severity Rating Scale (CSSRS)	Quantify the severity of suicidal ideation and behavior.	17 Items	Posner et al. (2011)

The second assessment offered is the Danger Assessment Scale (DAS), a measure designed to assess the likelihood of lethality in intimate partner violence (Campbell et al., 2009). This measure contains 20 items, is free for clinicians to use, and is administered in a paper format. The assessment's strengths are that studies have examined reliability and

validity and determined acceptable internal consistency, which ranged from .70-.80 (Campbell, 1995). The assessment is accessible to all clinicians and easy to understand and score.

The limitation is that the original DAS was designed for women in heterosexual relationships, thus taking a very binary language approach to the assessment. Since the original development of the DAS, there have been two adapted assessments created: the Danger Assessment for Immigrant Woman (DA-I) (Messing et al., 2013) and the Danger Assessment Revised (DA-R) that assesses abusive female same-sex relationships (Glass et al., 2007). Even with the revised assessments, the DAS still has major gaps in assessing all people impacted by intimate partner violence. Clinicians must utilize their clinical skills to consider how the questions may harm a client and adapt the questions to be more inclusive. For example, they may replace he/him pronouns with they/them.

The third assessment that is commonly used is the Columbia Suicide Severity Scale (CSSRS), which is a measurement tool that was designed to quantify the severity of suicidal ideation and behavior (Posner et al., 2011). The CSSRS was the first instrument to include both suicidal ideation and risk factors, such as access to a firearm, in one assessment tool (Posner et al., 2011). The CSSRS contains five screening items and 17 items if the client answers yes to either of the first suicidal ideation questions. The measure is delivered in paper format and is free. The strengths of the measure are that it has been tested and demonstrates reliability and validity and is reported to have 99.4% specificity and 100% sensitivity in correctly identifying aborted suicide attempts and 100% sensitivity and specificity for both interrupted and actual attempts (Posner et al., 2011). The internal consistency of the intensity subscale had a Cronbach's alpha of 0.94 since the last visit and 0.95 for the past week. Along with statistical strengths, the CSSRS also is straightforward to administer, relatively short, and free. Some limitations are that the training for the CSSRS may only be available to some clinicians. This limitation and the nature of the assessment being administered by a clinician can lead to the risk of rater bias.

Risk assessment tools can help guide a clinician to ask the right questions regarding firearm violence and access to firearms, yet it is important to note their limitations. Clinicians also must rely on their clinical assessment techniques, therapeutic relationship, and cultural humility to holistically assess for firearm risk. It is also important to note that the United States' justice system is racially biased. Therefore, participants recruited for many risk assessment trials are people the systems have flagged as at risk (Berk et al., 2018/2021; Munoz et al., 2021). This is important to note because some studies have found that risk assessments reinforce the racial bias that Black men are more violent (Perrault et al., 2017).

Beyond Assessment Tools

Unfortunately, there may not be appropriate assessment tools for every client. In some cases, clinicians may want to use their professional judgment about whether they are concerned about firearm access for any given client. One simple assessment that can be used for most clients is the "5 L" questions developed by Pinholt et al. (2014) to establish how much risk the presence of a firearm confers:

- Is the firearm LOADED?
- Is the firearm LOCKED?
- Are LITTLE children present?
- Is the individual feeling LOW?
- Is the individual LEARNED?

Each of these items requires some explanation, and we also offer some modifications. The first two questions refer to how firearms are stored in a home; current "best practices" are that the firearms be kept unloaded, locked, and with ammunition stored separately (American Academy of Pediatrics, 2019). However, this is unacceptable to many firearm owners who may wish to have a firearm easily accessible for an emergency (see below for further discussion of this topic). The third item refers to the need to keep small children away from firearms to prevent accidental deaths. While this is an important consideration, we urge social workers to encourage clients to keep firearms locked away from older children, as well. Adolescence is a turbulent time, and neurodevelopmental processes can leave tweens and teenagers vulnerable to impulsive and poor decision-making in times of perceived crisis (Martin et al., 2001; Salhi et al., 2021). As one illustration, the vast majority of school shooters have obtained their firearms from their homes or a relative (National Threat Assessment Center, 2019). Thus, we feel it is important to keep firearms locked away from any children, even teenagers who are perceived as being knowledgeable about firearm safety. A corollary to this, not mentioned in the "5 Ls," is the need to consider the competence of all adults in the household. Older adults experiencing dementia, for example, may begin to pose risks with access to firearms as their disease progresses (Sklar, 2019). Similarly, individuals with significant developmental, emotional, or cognitive disabilities may also be at risk from firearms that are not properly secured.

The next question of the "5 L's" refers to the current psychosocial feeling "low" status of the firearm owner. It should be understood as pertaining to any individual in the home – if anyone in the household is experiencing depression or any exceptionally difficult period, having a readily accessible firearm poses significant risks (Westefeld et al., 2016). Evidence shows that suicidal ideation is often transitory; the majority of individuals who attempt and survive generally do not repeat attempts soon thereafter (although any attempt should be considered a significant reattempt factor) (Irigoyen et al., 2019; Owens et al., 2002). Due to their unique lethality, firearms pose extraordinary risks to anyone in crisis for this reason.

Finally, an important consideration is the extent to which an individual is "learned" or trained on firearm safety and use. This is especially true in states that have removed any safety training requirement for firearm ownership and/or concealed carrying (Texas State Law Library, 2026). Gently asking how much training or practice a firearm owner has had can give practitioners a sense of their knowledge about basic safe handling and storage practices.

Legal Issues

An especially thorny issue for social workers, given our field's attention to structural

injustices, is the need to consider the legal context of firearms in the lives of racially suppressed clients. In particular, social workers should be aware of firearm ownership prohibitions for clients who have experienced arrest and incarceration. This is pertinent for Black populations who, due to systemic racism, are more likely than their White counterparts to be arrested and experience harsher legal penalties for similar behaviors. Moreover, Black individuals are, on average, more likely to live in unsafe neighborhoods where they feel that firearms are essential to keep themselves and their families safe, even if they are prohibited from owning a firearm given their legal histories (Pierre, 2019; Sierra-Arévalo, 2016). In these cases, social workers should carefully weigh factors before deciding on the next steps (see below). These include the severity of concerns about firearms compared to legal involvement risks. Additionally, individuals who own their firearms illegally may not be as likely to follow safe storage and handling practices and may be less trained. Moreover, broaching this topic with clients who own firearms illegally has a greater risk of threatening the clinician/client relationship. Social workers should tread lightly in these cases, weighing their ethical considerations against their concerns.

What To Do With a Concerning Client Who Owns Firearms?

In many cases, a firearm in the home should not be a major concern for clinicians, especially if it is stored safely by responsible owners not experiencing a crisis. The clinician can still make note of the presence of a firearm in case the situation changes, but they should not make firearm-owning clients feel judged, which could hamper the therapeutic relationship. In other cases, the clinician may feel concerned about accessible firearms, and they have a variety of options for recommendations to a client depending on the severity of risks and level of cooperation with the client.

First, firearm owners should be encouraged to always practice safe storage. For clients who are unwilling to follow best practices mentioned above (keeping firearms unloaded, locked or in a safe, and with ammunition locked away separately), they can encourage *safer* storage practices, similar to strategies for harm reduction in other domains (Lee et al., 2022). The majority of firearms (over 58%) in the US are not safely stored, and a desire for quick access in an emergency is among the reasons listed by firearm owners as a reason (Anestis et al., 2023). However, owners may be willing to keep most firearms locked appropriately, with one firearm stored, loaded, and ready to use but in a safe space – perhaps in a biometric or combination safe that can be opened quickly in an emergency (Anestis et al., 2023). Many types of locks, lockboxes, and firearm safes can be purchased for firearm storage, and most handgun purchases include a free cable lock by federal law since 2005 (Bureau of Alcohol, Tobacco, Firearms and Explosives, 2016). A few other important considerations for storage merit mention: first that any firearm safe keys be stored in a safe place, especially because keys can be copied without the owners' knowledge or permission and, in some cases, can be ordered from the manufacturer using a code on the outside of the safe. Similarly, any combinations should not be posted in a visible place; for instance, putting firearm safe combinations on a sticky note on the outside of a safe would not be advisable. Finally, the safe or lockbox should be secured such that it cannot be stolen even when locked.

An additional recommendation to anyone who owns firearms is to teach themselves and their families safe handling practices. This includes the basics of 1) assuming all firearms are loaded; 2) always keeping a firearm pointed in the safest direction possible, keeping in mind what may be beyond immediate visibility; 3) keeping fingers away from the trigger until prepared to shoot, 4) knowing your target and not shooting if unclear what that is, 5) knowing how to operate each firearm safely, and 6) storing firearms safely and securely (State of California Department of Justice, n. d.). Although many firearm owners will know these rules well, there is evidence that many overestimate their skills and marksmanship (Stark & Sachau, 2016). Free or low-cost firearm handling courses are available online and in person across the country.

In cases where a clinician is concerned about a firearm in the home, they can also urge that the firearm be temporarily removed. In some states, firearms can be stored (again, using safe storage principles) in a relative or friend's home if they are deemed reliable. In other states where permits are required for the possession of certain firearms, this is not legal, and clinicians can urge clients to seek safe storage at a third-party site. Many states have now developed freely accessible maps that help locate entities, including firearm retailers and law enforcement agencies that allow citizens to store their firearms, usually for a fee (Kelly et al., 2020). Clinicians need to be aware of their state's laws when making these recommendations. If a map is not available in their locality, social workers can call local firearm stores or the non-emergency police line to get advice about safe and legal storage options. Social workers may wish to discuss in supervision or with colleagues nonthreatening and persuasive techniques to urge firearm removal from the households of risky individuals as well as how low-income clients can access safe storage in areas with no free storage options.

If a clinician has serious concerns about firearm access and the client is unwilling to consider removing firearms from their home, they may wish to contact local authorities. Options for this also vary by state – in some states taking possession of another's firearm, no matter how briefly, would be illegal – and can be complicated from both therapeutic and ethical perspectives. As always, social workers must follow ethical guidelines for clients who pose significant risks of harm to themselves or others, such as by calling local crisis services. However, firearms provide both additional risks and considerations. For example, in some states, there may be a specific mechanism by which social workers are required to report an individual who poses these risks *and* has access to firearms, such as in New York State under the SAFE Act (Office of NICS Hospital Admission Relief Process, n.d.). This is an area of practice that needs more critical attention in research and training.

In recent years, other states have enacted Extreme Risk Protection Order laws, or ERPOs, also called "red-flag laws," that allow for temporary removal of firearms and new purchase restrictions. This is a civil process that requires that a petition be filed and a ruling made by a judge. At the time of writing, twenty states have ERPO laws (Giffords Law Center to Prevent Gun Violence [Giffords], 2023a). A small number of states also allow for social workers to file a petition. If that is not an option, social workers should contact law enforcement and ask them to file for removal. A caveat is that the implicit and long-standing bias in the justice system, in general, raises equity concerns for the just application

of ERPOs (Swanson, 2020); accordingly, a barrier to initiating an ERPO identified in a large sample of clinicians is wariness of involving law enforcement (Gause et al., 2022). Where ERPOs are not available, clinicians should use their judgment about the need to contact law enforcement, given the level of concern. Unless there are direct and actionable threats, law enforcement may have few options for action. Social workers may wish to consider advocating for their states to either implement or improve these laws.

Relevant Policies for Social Workers

Federal policy on firearms was largely stalled until the 2022 Bipartisan Safer Communities Act (Department of Education, 2025), however, many states have passed frequent changes in firearm laws in recent years, with some states consistently loosening regulations and others experimenting with restrictions and specific policies to reduce firearm violence and crime. A thorough review of policies and how they affect violence rates is beyond the scope of this manuscript and can be found elsewhere (Webster & Wintemute, 2015; Zeoli et al., 2019). However, there are some policies that have specific impacts on social work practitioners and should be discussed here.

The first of these policies is the Extreme Risk Protection Orders (ERPOs), discussed above as a solution when an individual with access to firearms is seen as being at exceptionally high risk for violence towards self or others. This is seen as one of the most promising methods to reduce both suicides (Swanson et al., 2017) and, potentially, mass shootings (Wintemute et al., 2019). However, there is evidence that these policies are not being used as often as they should (Pear et al., 2021) and that they are being disproportionately applied to Black individuals, especially young Black men (Swanson, 2020). While this evidence merits attention to the need for education about the proper and equitable implementation of these laws, it is important to note that the Supreme Court decision in 2022, New York State Rifle & Pistol Association, Inc., v. Bruen (2022), may threaten ERPO laws and other recent legislative attempts to reduce firearm violence (Webster & Gostin, 2022). This decision, commonly known as "Bruen," was written by Justice Clarence Thomas and established the need for judges to find a "historical tradition" of any particular firearm restriction, threatening any laws that were developed in modern times (Alschuler, 2023). Given that ERPOs were only developed in the 1990s, this valuable mechanism to prevent deaths could end up being overturned depending on how Bruen is interpreted in the next few years by the courts.

Another set of laws designed to protect vulnerable individuals involve specific firearm access restrictions for those convicted of domestic violence. As discussed above, violence towards an intimate partner is a strong risk factor for future violence towards the partner or others (Zeoli et al., 2016). Domestic violence orders of protection automatically add a flag to the background check system to prevent new firearm purchases, however, the implementation of this is imperfect and confiscation of any firearms in the individual's possession is a separate issue that has not always been addressed (Frattaroli et al., 2021; Goodyear et al., 2020). Recent advocacy has tightened some of these restrictions, such as by closing the "boyfriend loophole" in the 2022 Bipartisan Safer Communities Act – previously, only convicted married individuals were barred from owning a firearm.

However, these laws are under similar threat from the Bruen decision, and a federal judge struck down domestic violence restrictions as unconstitutional using the historical test established in Bruen (Beam, 2023). At the time of writing, this case remains under appeal.

The third set of policies that are important for social workers to understand pertain to preventing individuals with significant mental health impairments from accessing firearms. These include background checks when purchasing firearms, voluntary temporary surrender of firearms, and involuntary hospitalizations and mental health holds for those at the highest levels of risk. The Brady Act established a requirement for licensed firearm dealers to request a background check utilizing the FBI's National Instant Criminal Background Check System (NICS) to prohibit the sale of firearms to individuals who are disqualified from possessing them, including those with criminal activity but also those who have been adjudicated to have significant mental health issues or who have been committed to mental institutions (Giffords, 2023b). However, at the federal level, submittal of information regarding a person's mental health capacity is strictly voluntary to the NCIS, and, as such, background checks may not provide the level of protection required to prevent a person with suicide ideation from purchasing a weapon (Giffords, 2023b). State laws have attempted to bridge this gap with their own reporting requirements; however, these are variable in nature (Giffords, 2023b). Given this variability, it is likely that many individuals whose access to firearms should be restricted are able nonetheless to purchase firearms.

Another strategy that can be employed, therefore, is to encourage at-risk clients to voluntarily temporarily surrender their weapons to other individuals, such as a family member or friend, a gun retailer, or law enforcement. Such a strategy falls short of mandating relinquishment as in the case of an ERPO and may provide temporary relative safety. However, there are concerns that the persons to whom the weapon is voluntarily relinquished could potentially incur liability for returning said weapon to the at-risk person (Fleeger & Madeira, 2020). Policies have been proposed to address this, including amending background check laws to provide for exclusions around temporary transfers related to suicidality, including the requirement of a letter from a mental health professional before re-transferring the weapon back, and release from liability documentation (Fleeger & Madeira, 2020). Finally, involuntary mental health holds have been used to functionally separate those with an acute risk of suicide or other violence from their firearms and receive needed mental health treatment, however, their reduction in risk status is not guaranteed via this process and may necessitate the application of an ERPO or voluntary relinquishment to foster safety upon the individual's release from involuntary hospitalization (Pallin & Barnhorst, 2021). Social workers need to keep abreast of all of these various possibilities in providing care for at-risk clients.

Education and Training Needs and Guidelines for Social Workers

The Council of Social Work Education (CSWE, 2022) guidelines for Educational Policy and Accreditation Standards (EPAS) is an important consideration for any discussion about educating social work practitioners. Many of the 2022 EPAS competencies could be connected to social workers' responsibility to address the epidemic

of firearm violence. For example, Competency 2 concerns the need to "Advance Human Rights and Social, Racial, Economic, and Environmental Justice," which is clearly relevant when considering the disproportionate effects of firearm violence on some US communities. At the micro level, Competency 7 addresses social workers' ability to provide culturally responsive assessment, which could include the need for firearm access assessment in communities where firearm ownership is common. Developing a full set of curricular recommendations that connect to these new EPAS competencies is needed. To the best of our knowledge, no guidance for firearm safety exists in any published content developed by the CSWE.

Recently, Prevent Gun Violence was added to the Grand Challenges in Social Work slate of initiatives, hosted by the American Academy of Social Work & Social Welfare (AASWSW). The framing position paper (Logan-Greene & Guterman, 2023) acknowledges the historical lack of training for social work practitioners, and a recent study demonstrates scant attention to the firearm violence across MSW curricula (Logan-Greene et al., 2026). Thus, the opportunities are vast for the development of modules and trainings that address the gaps in preparation for social workers across BSW, MSW, DSW, and post-graduation educational programs. Many educational methods, ranging from classic techniques such as case studies and role-playing to modern technologies like simulation or virtual reality programs should be developed and tested to assist social work students in achieving competency on firearm interventions. One example of such curriculum planning was reported in collaboration with the Police Executive Research Forum (Hawley-Bernardez et al., 2024). A strength of this framework is its interdisciplinary approach to firearm violence, involving social workers, police officers, and other community resources. We hope that these and other methods will be developed, tested, and reported in more detail in the coming years.

Leveraging Social Workers to Address Firearm Violence

To summarize, we suggest that evaluating access to firearms should be included in all initial assessments across practice contexts, and that routine counseling should be included in safety planning for any individual or family members who demonstrate risk factors. Ideally, a validated assessment tool should be used, but those are not available for all populations in all contexts (Collins et al., 2026). The 5L's guidelines, along with our recommended modifications, could be utilized for practice contexts in which other tools are not developed or reliable. If individuals report firearm access in the context of concerning factors, social workers should consider the steps outlined above. Additionally, a recent decision tree for practitioners was proposed based on interviews with Washington State social workers (Conrick et al., 2025); this model should be tested in practice.

This manuscript is intended to spur action from social workers across practice contexts. However, the need for preparation for these conversations should not be skipped. Each practitioner should self-assess their own cultural competency for this topic and educate themselves as needed in order to avoid alienating a client or seeming ignorant on the topic of firearms and firearm safety. In particular, practitioners must be knowledgeable about the next steps they will take if a client reports unsecured firearms in the context of significant

risks. As has been said about other issues, don't ask a question if you don't have a response for the answer. Unfortunately, at present, there are no tools available that allow social workers to self-assess their readiness and cultural competency. This is another area of research needed.

Clearly, the current political and judicial environment makes policy-level interventions more challenging, however, our discipline's skills in larger advocacy and organizing have a place in this landscape. Although individual social workers may have a variety of feelings about policy initiatives that could restrict or even overturn the Second Amendment, this is not our call in this manuscript, nor would it be a realistic recommendation. Rather, we encourage social workers to develop their knowledge and advocacy around the issues that directly affect their practice contexts, such as ERPOs, domestic violence restrictions, the nexus of mental health and firearm access laws, and the need to restrict access for vulnerable individuals and/or those in crisis. Social workers have extensive training on social and racial justice, thus, our expertise about how these laws can affect vulnerable populations is desperately needed.

Given the confusion and stalemate about meaningful federal policies, firearm violence prevention seems to be shifted to individuals and professionals in each community at this crucial time in history. Thus, we urge social workers to assume their place in this protection, being watchful of risk factors for violence and acting when they are concerned. Our status as an international outlier for firearm violence and firearm ownership means that there are few international models to inform practice. So long as firearms remain as prevalent and accessible as they are in the US, and as long as policies restricting access for the riskiest persons remain in jeopardy, individual actions seem to be the best method to reduce the occurrence of repeated tragedies.

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