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“Hey, let me hold your guns for a while”: A qualitative study of messaging for firearm suicide prevention

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Abstract

A recommended component of suicide prevention is encouraging at-risk individuals to voluntarily and temporarily reduce access to firearms and other lethal methods. Yet delivering counseling on the topic can be difficult, given the political sensitivity of firearm discussions. To support such counseling, we sought to identify recommended framing and content of messages about reducing firearm access for suicide prevention. Through qualitative interviews with firearm owners and enthusiasts, we identified key points for use in framing (identity as a gun owner; trust; voluntary and temporary storage; and context and motivation) and specific content (preference for ‘firearm’ over ‘gun’, and legal issues like background checks for transfers). These findings build on prior work and should enhance efforts to develop and deliver effective, acceptable counseling and – ultimately – prevent firearm suicide.

1. INTRODUCTION

In 2016, the most recent year for which data are available, 44,965 Americans died by suicide, more than half (22,938) by firearm (CDC, 2017). The 2012 *U.S. National Strategy for Suicide Prevention*, a comprehensive blueprint for reducing U.S. suicide rates, calls for healthcare providers to counsel all patients at risk of suicide about reducing access to lethal means, including firearms (Surgeon General, 2012). This approach to suicide prevention is now considered an indispensable part of best practice (SPRC, 2015; Capoccia & Labre, 2015; Yip et al., 2012). Efforts to train clinicians (SPRC, 2009) and integrate lethal means counseling (LMC) into clinical practice have become increasingly common over the past decade (EDC, 2017; VA, 2018a).

Despite these efforts, few healthcare providers routinely discuss firearms with patients (Betz et al., 2013; Betz, Kautzman et al., 2018; Walters et al., 2012), even when providers believe that such discussions are important (Butkus & Weissman, 2014; Roszko, Ameli, Carter, Cunningham, & Ranney, 2016). This discrepancy may stem, in part, from uncertainty among clinicians regarding how best to address these issues with patients (Sege, Hatmaker-Flanigan, De Vos, Levin-Goodman, & Spivak, 2006; Slovak, Brewer, & Carlson, 2008; Walters et al., 2012). Clinicians' concerns may be well-founded: little is known about which specific messages and messengers on safe firearm storage are persuasive to people at risk of suicide and their families (Barber & Miller, 2014).

To date, only one small study has sought to systematically collect and assess input from firearm owners about acceptability of messaging regarding voluntary limitations on firearm access for patients at risk of suicide. In that study of 38 firearm owners, which focused on messaging in primary care settings, the authors identified a "culture gap" between clinicians and gun owning patients and found that to maximize effectiveness, clinicians should "frame these appeals using culturally appropriate language derived from a clear understanding of gun owners' worldviews" (Marino, Wolsko, Keys, & Pennavaria, 2016).

In this analysis, we used qualitative data to begin to bridge this "culture gap," by examining the feedback from firearm owners (and others affiliated with firearm use, sales, or training) on messaging about voluntary reductions in firearm access among acutely suicidal adults. The larger project (Betz et al., 2018) focused on developing a patient decision aid (PtDA) for adults at risk of suicide (along with their families or friends). The decision aid was not intended for use by parents of suicidal adolescents.

2. METHODS

2.1. Study Population and Design

Eligible participants for the larger project were adults (≥ 18 years) without active suicidal ideation who spoke English and belonged to one or more stakeholder groups, including individuals with lived experience (personal or family friend who died or attempted suicide), suicide prevention professionals, and firearm knowledge (derived by being a firearm owner and/or a member of a professional association related to firearms). For this analysis, we included only interviews from those who were firearm owners or otherwise identified as

affiliated with firearms (i.e., employee at a range, participation in firearm activities, or firearm rights advocate).

Participants were recruited through email invitations, posted flyers (including at gun shops and in emergency department staff areas), and online advertisements on Facebook and Twitter. One-on-one, semi-structured interviews were conducted via web conference or in person. The 30–45 minute interviews explored decision support needs related to firearm storage and gathered feedback on iterative versions of the PtDA (as part of the larger project). The interviewer asked about experiences with decision making concerning firearm storage in times of suicide risk, as well as about suggestions for the PtDA itself. Interviews were led by a professional research assistant (BS) with a background in qualitative research and sociology who had no pre-existing relationship with any participants. The larger study team included physicians and social workers with experience in mixed-methods research in firearm safety, suicidology, and decision-making.

Nonverbal cues and in-the-moment global understanding of responses were captured via field notes written during and immediately after interviews. Interviews were recorded, transcribed verbatim, and de-identified for analysis. After the interviews, participants completed a demographic questionnaire and received a \$25 gift card. Interviews were conducted from August, 2017, to January, 2018. All participants provided verbal informed consent and the study was approved by the Colorado Multiple Institutional Review Board.

2.2 Analysis

For this qualitative descriptive study (Sandelowski, 2000) we followed recommended Consolidated criteria for Reporting Qualitative Research (COREQ) guidelines for reporting qualitative research (Tong, Sainsbury, & Craig, 2007). Analysis was limited to the transcripts and notes from the 14 interviews (out of a total of 64 interviews; Betz et al., 2018) with participants who self-identified as owning firearms or being otherwise knowledgeable/affiliated with firearms.

For analysis, two investigators (RP and MEB) independently manually analyzed the material using a step-wise approach. The interview guide provided predetermined deductive codes, and new inductive codes emerged from participants' words and their contexts. First, the two investigators independently coded a sample of transcripts (n=3, 20%) to generate the final codebook. RP then coded the remaining transcripts. All codes were considered together for similarities and differences, and discrepancies were resolved through team consensus using an iterative process and regular team discussions. Comments were analyzed using Dedoose (v 7.1.3: SocioCultural Research Consultants, Los Angeles, CA). Analysis was completed in the summer of 2018.

3. RESULTS

Analysis included 14 interviews with 15 adults who identified as being firearm owners or otherwise affiliated with firearms (two adults were interviewed together at their request). Ten (67%) were men, and almost all were non-Hispanic whites, while four (27%) worked in rural areas and 3 (20%) were Veterans (Table 1). Many had experience with suicidal

thoughts, attempts or deaths in their family or friends (n=7, 47%) or themselves (n=3, 20%). Ten (67%) worked in suicide prevention, and three (20%) were healthcare providers. Together, these interviews yielded 286 pages of transcript data and 9 pages of notes. Through our two stages of coding, two dominant themes emerged: (1) general principles regarding acceptable framing of the issue of firearm suicide; and (2) specific content elements to include or exclude in messaging. (Table 2; Figure 1).

3.1 Theme 1: General Principles Regarding Framing

The “framing” theme related to recommendations for how to present the concept of reducing firearm access during times of suicide risk to optimize acceptability and increase the likelihood of safer storage during times of risk. Subthemes included concepts of identity, trust, voluntary and temporary storage, as well as context and motivation.

3.1.1 Identity—A dominant subtheme was recognizing – and appealing to – the identity of the gun owner, including the strong safety culture within the gun community: “*Guns owners don’t see guns as evil or something bad to own. They enjoy owning their firearms. They typically have seen many firearms safety messages and safe handling guidelines and safe storage guidelines. So it’s just a straight-up topic.*” Another summarized “*We’re adults too, we’re just adults that like guns.*”

Participants also highlighted the heterogeneity of the firearm-owning community when discussing how guns were part of their identity. When asked to think about all gun owners, a participant said: “*It’s hard because you can’t. They’re so diverse.*” Another participant spoke to a perceived ‘paranoia’ of a subset of firearm owners: “*... I just think this element within the gun owning community that infects other elements of the community. You know what I mean? That paranoia kinda runs throughout.*” Interviewees commented on how firearms are, for many people, more meaningful than other possessions: “*The ownership of a firearm, and I’m telling you something you already know, but it’s different than a watch.*” Another participant said: “*Firearms are just different. They mean something different. People think about them differently.*”

3.1.2 Trust—Closely related to the subtheme of identity was that of trust, including trust of the person advising safer firearm storage during an at-risk time. One participant described the importance of trust in temporary transfer, saying that owners are not lacking knowledge about safety, but rather need to have the “*willingness to trust and to be without [their guns].*” Another participant summarized: “*But somebody tell you [that] you need to lock your weapons up, keep your ammunition separate, making those kinds of suggestions, having some credibility might make the difference. It might make the difference between a guy taking that advice and not taking it.*”

Participants referenced the importance of trust in those involved in the decisions regarding safer storage in times of risk, emphasizing their understanding of gun culture. For example, one participant alluded to the importance to gun owners of making a decision about temporary storage “*in conjunction with someone who was concerned about you, and who recognized your rights to own a gun...somebody who recognized those shared values around firearm ownership.*” Another spoke in detail about cautious interpretation of messaging:

“Somebody who is really attuned to the tug of war between pro-gun and anti-gun sides in terms of legislation and the rhetoric that goes on. When you start piling on information about firearms and that they do or can do bad things, they become suspicious and weary. As soon as I see something like that, I am automatically looking for the connection with who is behind this. You know? And does it go over the line? So firearms owners are just very weary. Because there’s always the effort out there to take guns away from all people, not just people at risk. And there are trick words. If you see ‘common sense’ in front of most anything to do with firearm, I’ll guarantee you it comes from a gun control group or the medical profession. Right? Because they are the arbiters of common sense, right? So how could you disagree with it? So as soon as you see [‘common sense’], it’s like you know where that originated or who has been influence by it, to say it that way.”

Trust also related to the people or facilities likely to store firearms for those with suicide risk. Families or friends were identified as most-trusted, and some participants shared their willingness or experience storing guns for friends: “*If I knew a friend going through that I’d be like, “Hey, let me hold your guns for a while.”*” “This was especially true when participants spoke of Veterans: “*Veterans tend to, even if they don’t know each other, they might not be a close neighbor or even a close friend but they tend to trust another Veteran as opposed to a total stranger, a person that they didn’t have anything in common with.*” There was skepticism that those in the military or law enforcement would be willing to ask for help or storage at work, however: “*Additional [storage] options such as military armory or at work or for law enforcement security workers, that’s a real challenge. A police officer or a soldier wouldn’t – the last folks that are probably gonna be willingly – letting you know that they’re feeling suicidal would be the police department or the military.*”

When asked about storage with police, a participant who was in law enforcement said, “*I’m absolutely always willing to help them find other storage options and secure options. We recommend gun shops and shooting ranges. We always recommend a family or friend or neighbor and falling under the exact guidelines you have here, that those people then need to make sure they’re safely stored.*” Generally, though, most participants were skeptical that people with suicide risk would choose to store their guns with the police, even if it were offered, because of fear related to firearm confiscation and psychiatric hospitalization. As one said, “*Most police departments won’t hold people’s property for them and I’m definitely not going to go to the police department because I’m not sure I’m going to get it back and then they know about my guns.*”

3.1.3 Voluntary and Temporary Storage—Related to identity and trust was the subtheme encompassing the concepts of voluntary, temporary storage. One participant summarized this with a suggested message: “*It’s ‘Be strong enough to secure your weapon while you’re going through this.’*” Another alluded to the heterogeneity among individuals with suicide risk and the fact that some will have chronic elevated suicide risk. “*I think it should be emphasized that it is temporary and then if somebody continues to struggle, or they’re not in a position where they’re improving, then it might not be temporary. But I think it needs to be because suggesting that it’s gonna go to a commercial storage facility – a pawn shop gives you connotation that it might be sold.*” Generally, participants liked the idea

of case studies of how others with suicide risk had chosen to store firearms more safely, as they provided both concrete ideas and hope for improvement. One participant said, *“Especially when like you’re suicidal you’re feeling alone and distraught and all these things, reading a story about a real-life story about somebody else that went through this and this is how they got through it, just like the small camaraderie aspect, I don’t know if that’s the right word, but just feel less alone.”*

3.1.4 Context and Motivation—The final subtheme related to framing of lethal means safety counseling was context and motivation. This referred to putting firearms in the context of other lethal means, a recommendation arising from both recognition that suicide can occur through other methods and also as a strategy to overcome strong baseline opinions about storage. One participant said, *“I think firearm owners are gonna say ... ‘I already know how to store my firearm, and I choose to do it, whether I wanna do it or not.’ ... They know all this. When firearms are sold here, they’re required to provide a lock for the firearm. And firearm salespeople will tell you that the lock goes in the wastebasket by the door on the way out.”* A participant described an approach incorporating trusted individuals and contextualization of firearms as a way to optimize home safety: *“I recommend that they get the safety buddy, partner, what have you, and do a safety check of the house. I always make sure that the firearms are secure, and I put firearms in context with other means. So I’m not just talking about your guns.”*

3.2 Theme 2: Specific Content to Include or Exclude

The second emergent theme was suggestions about specific content for messaging about lethal means safety; concepts included terminology recommendations and how background check requirements might affect temporary transfers for safer storage.

3.2.1 Terminology—When asked about preferred terminology, participants consistently chose “firearm” over “gun.” Participants said the term “firearm” was *“less harsh”* and *“more appropriate...[because] it encompasses a broader range of firearms.”* Another suggested “weapon” as an option: *“And then like the step above that even further is weapon. You know we use the word weapon a lot. And I feel like it’s a softer word than gun.”*

Participants emphasized the importance of neutral language. In reviewing draft materials, one said: *“I’m pretty good at picking up innuendo and slants, but I don’t see that. I see it’s very neutral. And when it is that way, it gives the opposition or the naysayers less to go after. And that’s a good thing. That’s exactly what we want.”* A different participant agreed, emphasizing that *“[you] wanna ask the question in a way that they’re not able to talk about something other than what we’re talking about, which we’re talking about us securing the gun, and I don’t wanna talk about owning the gun. I don’t wanna talk about gun rights. I don’t wanna talk about nonsense. I wanna talk about you being safe.”*

Yet there was also feedback about including positive statements related to the principles of safe and responsible firearm ownership. One summarized: *“Gun owners don’t mind a statement of personal responsibility. That’s fine. And that way it also doesn’t – in many ways it doesn’t focus on the firearm, right? It focuses on the person. Because this is just the right thing to do when you are a gun owner. Gun owners will understand that. The emphasis*

is not always on that the firearm might hurt you. You know? It's that firearms owners do this as a matter of course." Finally, one participant mentioned the different terminology that might be appropriate for different settings, for example in the community versus with a clinician: *"...if it was a piece of information I was leaving at a gun shop, I would probably say, 'Working through this is hard, it takes a lot of strength' – That might not be the language I would use at a gun shop, but in a clinical setting, it makes sense."*

3.2.2 Background Checks and Temporary Transfers—Related to terminology considerations were recommendations about how to handle legal issues like requirements for background checks for firearm transfers. As one participant said, *"the background check thing is big;"* it can be a logistical and philosophical impediment to transferring firearms out of the home, and varied state laws further complicate the issue. Several participants strongly recommended omitting mention: *"So, there's certain language that you have to use and some you need to avoid. I don't think anywhere in this whole damn thing it should say a background check."* Others suggested bringing the topic up later or using alternative phrasing like *"ownership eligibility"* or *"possession eligibility."*

4. DISCUSSION

This qualitative study sought to enhance the messages delivered through counseling to reduce access to firearms for adults at risk for suicide. The dominant theme that emerged was the importance of framing the topic with awareness of the concepts of firearm owners' identity, trust, voluntary and temporary storage, and context and motivation. Participants also spoke to specific content recommendations, including terminology – like a preference for "firearm" over "gun". A better understanding of the preferences of firearm owners could help bridge the "culture gap" (Marino et al., 2016) often observed between clinicians—many of whom may not be familiar with firearms—and gun owning patients and may help patients reduce risk of harm.

A clear recommendation from participants was that messaging should acknowledge, respect, and leverage notions of identity and trust. This included recognizing both the heterogeneity of the firearm-owning community but also the common values often embraced by that community. For example, the tenets of safety, personal responsibility, and protection of others all gain additional relevance in the context of suicide risk, and campaigns might draw upon these approaches in enlisting family or friends to encourage and help an at-risk adult reduce firearm access. Indeed, campaigns for veterans and military personnel highlight some of these approaches, which may be particularly meaningful in communities built on service and teamwork. For example, Navy posters in the BeThere campaign read, "Properly storing your firearm can help prevent suicide..." (2018). Materials from the VA's "Start the conversation" campaign encourage these values in those surrounding the at-risk person: "As a concerned loved one, friend, or clinician, you have the power to initiate a conversation about safely handling and storing firearms..." (VA, 2018b). For civilians, Utah's "Is Your Safety On?" campaign similarly encourages individuals and families to reduce firearm access in times of suicide risk (2017).

A topic that generated disagreement among participants was whether and how to discuss information about background checks. In the United States, the background check system is a federal one, with a standardized form – but states determine when the form must be used. In states with universal background check (UBC) laws, a check is required for every firearm transfer, including those among family members as well as temporary transfers (McCourt, Vernick, Betz, Brandspigel, & Runyan, 2017). In states without UBC laws, these checks may not be required in any firearm transfer. Information about background check requirements might be important to disclose in lethal means counseling (McCourt & Vernick, 2018) to avoid inadvertently encouraging patients, or their friends or families (the trusted recipients of the temporary transfer), to break laws. It may also help to assure patients and recipients of temporary transfers of the legality of such a transfer. Generally, state laws requiring UBCs or permits to purchase might limit high-risk persons from acquiring firearms and thereby reduce population suicide rates (Crifasi, Meyers, Vernick, & Webster, 2015). Yet, for UBC or permit to purchase laws, states might consider including provisions to simplify temporary transfers made explicitly for prevention of suicide (Gilchrist, Stange, Flocke, McCord, & Bourguet, 2004). Further examination of how and when to include information about legal requirements for temporary transfers in messaging about firearm suicide prevention will also be important.

Our study focused on voluntary limits to firearm access for persons who are at high and imminent risk for suicide. A newer alternative that might be useful in cases where voluntary storage does not work is “Extreme Risk Protection Orders” (also known as Gun Violence Restraining Orders). An increasing number of states—13 as of late 2018—allow law enforcement officials or, in some cases, family members to request that a judge order short-term, involuntary restrictions on firearm purchase and possession in such cases. An evaluation of Connecticut’s statute (Swanson et al., 2017) and a forthcoming replication in Indiana (Swanson et al., in press) have yielded positive results, estimating that 1 suicide is prevented for every 10 orders issued.

A limitation of our study is that we interviewed participants regarding messaging for a development of a specific decision aid, so interviews did not explore some issues – for example, how perceptions of risk or identity affect everyday firearm storage behaviors – that may have relevance for messaging and deserve exploration in future work. Additionally, participants knew that the interviews were regarding an emergency department-based intervention, and this knowledge may have influenced their messaging recommendations. Suggestions may be different for other clinical settings (Marino et al., 2016) or for community or public awareness approaches. Similarly, recognizing the heterogeneity of firearm owners, views may vary among subgroups (including by geographic areas) and messaging might be tailored differently. For this study, we appeared to reach thematic saturation for these higher-level recommendations, but further work within different populations is warranted. In addition, our work focused on voluntary storage in the context of at-risk adults; framing and content of messages may be different for parents of at-risk adolescents and deserve further study. Finally, interviewees were individuals who were willing to participate in the study; there may be a participation bias such that those who declined participation may also be less open to lethal means safety counseling in a clinical context.

5. CONCLUSIONS

This qualitative study provides useful new information on the types of messaging strategies, approaches to delivery, language, and other considerations necessary to improve the acceptability and uptake of tools meant to support firearm lethal means counseling for suicide prevention within the context of acute health services. The recommendations from study participants highlighted core concepts of identity, trust and voluntary, temporary storage, highlighting the need for cooperation and collaboration between public health professionals and the firearms community. Future work testing messaging – and refining it for specific subgroups based on geographic or other cultural variables – will help advance efforts to reduce firearm access in times of suicide risk and thereby prevent deaths.

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REFERENCES

- Barber CW, & Miller MJ (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. *American Journal of Preventive Medicine*, 47(3, Supplement 2), S264–S272. doi: 10.1016/j.amepre.2014.05.028 [PubMed: 25145749]
- Betz ME, Miller M, Barber C, Miller I, Sullivan AF, Camargo CA Jr., on behalf of the ED-SAFE Investigators. (2013). Lethal means restriction for suicide prevention: beliefs and behaviors of emergency department providers. *Depression and Anxiety*, 30(10), 1013–1020. 10.1002/da.22075 [PubMed: 23495002]
- Betz ME, Knoepke CE, Siry B, Clement A, Azrael D, Ernestus S, & Matlock DD (2018). “Lock to Live”: Development of a firearm storage decision aid to enhance lethal means counseling and prevent suicide. *Injury Prevention*. Epub Oct 13. doi: 10.1136/injuryprev-2018-042944
- Betz ME, Kautzman M, Segal DL, Miller I, Camargo CA Jr., Boudreaux ED, & Arias SA (2018). Frequency of lethal means assessment among emergency department patients with a positive suicide risk screen. *Psychiatry Research*, 260, 30–35. 10.1016/j.psychres.2017.11.038 [PubMed: 29169036]
- Butkus R, & Weissman A (2014). Internists' attitudes toward prevention of firearm injury. *Ann Intern Med*, 160(12), 821–827. doi:10.7326/M13-1960 [PubMed: 24722784]
- Capoccia L, & Labre M (2015). Caring for adult patients with suicide risk: A consensus-based guide for emergency departments Retrieved from Waltham, MA: <http://www.sprc.org/edguide>
- CDC. (2017). Web-based Injury Statistics Query and Reporting System (WISQARS) Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>
- Crifasi CK, Meyers JS, Vernick JS, & Webster DW (2015). Effects of changes in permit-to-purchase handgun laws in Connecticut and Missouri on suicide rates. *Preventive Medicine*, 79, 43–49. 10.1016/j.ypmed.2015.07.013 [PubMed: 26212633]
- EDC (Education Development Center). 2017 Engage: Reducing Access to Lethal Means. ZeroSuicide Retrieved from: <https://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/ENGAGE%20LETHAL.pdf>
- Gilchrist VJ, Stange KC, Flocke SA, McCord G, & Bourguet CC (2004). A comparison of the National Ambulatory Medical Care Survey (NAMCS) measurement approach with direct observation of outpatient visits. *Medical Care*, 42(3), 276–280. [PubMed: 15076827]
- Marino E, Wolsko C, Keys SG, & Pennavaria L (2016). A culture gap in the United States: Implications for policy on limiting access to firearms for suicidal persons. *Journal of Public Health Policy*, 37 Suppl 1, 110–121. 10.1057/s41271-016-0007-2 [PubMed: 27638246]

- McCourt AD, & Vernick JS (2018). Law, ethics, and conversations between physicians and patients about firearms in the home. *AMA Journal of Ethics*, 20(1), 69–76. 10.1001/journalofethics.2018.20.1.hlwl1-1801 [PubMed: 29360029]
- McCourt AD, Vernick JS, Betz ME, Brandspigel S, & Runyan CW (2017). Temporary Transfer of Firearms From the Home to Prevent Suicide: Legal Obstacles and Recommendations. *JAMA Internal Medicine*, 177(1), 96–101. 10.1001/jamainternmed.2016.5704 [PubMed: 27842186]
- Roszko PJ, Ameli J, Carter PM, Cunningham RM, & Ranney ML (2016). Clinician attitudes, screening practices, and interventions to reduce firearm-related injury. *Epidemiologic Reviews*, 38(1), 87–110. 10.1093/epirev/mxv005 [PubMed: 26905894]
- Sandelowski M (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334–340. 10.1002/1098-240X(200008)23:4 [PubMed: 10940958]
- Sege RD, Hatmaker-Flanigan E, De Vos E, Levin-Goodman R, & Spivak H (2006). Anticipatory guidance and violence prevention: results from family and pediatrician focus groups. *Pediatrics*, 117(2), 455–463. 10.1542/peds.2005-0377 [PubMed: 16452366]
- Slovak K, Brewer TW, & Carlson K (2008). Client firearm assessment and safety counseling: the role of social workers. *Social Work*, 53(4), 358–366. [PubMed: 18853672]
- SPRC. (2009). CALM: Counseling on Access to Lethal Means. Suicide Prevention Resource Center Retrieved from <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>
- SPRC. (2015). Best Practices Registry. Suicide Prevention Resource Center Retrieved from <http://www.sprc.org/bpr>
- Surgeon General and the National Action Alliance for Suicide Prevention. (2012) National Strategy for Suicide Prevention: Goals and Objectives for Action Retrieved from http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf
- Swanson JW, Norko MA, Lin H, Alanis-Hirsch K, Frisman LK, Baranoski MV, ... Bonnie RJ (2017). Implementation and effectiveness of Connecticut’s risk-based gun removal law: Does it prevent suicides? *Law and Contemporary Problems*, 80, 179–208.
- Swanson JW, Easter MM, Alanis-Hirsch K, Belden MC, Norko MA, Robertson AG, ... Parker GF (In press) Indiana’s experience with a risk-based gun seizure law: criminal justice and suicide outcomes. *Journal of the American Academy of Psychiatry and the Law*
- Tong A, Sainsbury P, & Craig J (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. 10.1093/intqhc/mzm042 [PubMed: 17872937]
- United States Navy. (2018). Retrieved from http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/InformationalProgramProducts.aspx
- UTAH: Is Your Safety On? (2017). Retrieved from <https://www.sprc.org/news/utah-your-safety>
- VA. (2018a). Lethal Means Safety & Suicide Prevention. MIRECC, CoE, US Department of Veterans Affairs Retrieved from <https://www.mirecc.va.gov/lethalmeanssafety/>
- VA. (2018b). Talking to a Veteran About Firearm Safety Retrieved from <https://starttheconversation.veteranscrisisline.net/pdf/talking-to-a-veteran-about-firearm-safety/>
- Walters H, Kulkarni M, Forman J, Roeder K, Travis J, & Valenstein M (2012). Feasibility and acceptability of interventions to delay gun access in VA mental health settings. *General Hospital Psychiatry*, 34(6), 692–698. 10.1016/j.genhosppsych.2012.07.012 [PubMed: 22959420]
- Yip PS, Caine E, Yousuf S, Chang SS, Wu KC, & Chen YY (2012). Means restriction for suicide prevention. *Lancet*, 379(9834), 2393–2399. 10.1016/S0140-6736(12)60521-2 [PubMed: 22726520]

MESSAGING RECOMMENDATIONS

FOR REDUCING FIREARM ACCESS IN TIMES OF SUICIDE RISK

IDENTITY

Appeal to identity of the gun owner: recognize both the strong safety culture within the community and also diversity of views.



TRUST

Both messenger and message must be credible. Engage friends and families, and recognize that individuals may not want to involve law enforcement.



VOLUNTARY & TEMPORARY STORAGE

Emphasize agency and responsibility. For many people, times of risk are temporary.



CONTEXT & MOTIVATION

Put firearms in context of reducing access to other lethal means (like medications) to establish legitimacy and motivate action.



SPECIFIC CONTENT

TERMINOLOGY

Use neutral language. Consider "firearm" or "weapon" over "gun". Include positive statements about safe and responsible gun ownership.



BACKGROUND CHECKS

Sensitive topic but may need to mention if it affects local storage/transfer options



Figure 1. Summary of recommendations.

Table 1.

Characteristics of Interview Participants (n=15)

| Characteristic | n (%) |
|--|------------|
| Age (median, range) | 47 (25–70) |
| Male (n, %) | 10 (67%) |
| Race (1 allowed) | |
| White | 14 (93%) |
| African American | 1 (7%) |
| Hispanic | 2 (13%) |
| Veteran | 3 (20%) |
| Work in mostly rural area | 4 (27%) |
| Stakeholder group affiliation (1 allowed) | |
| Firearm owner or enthusiast | 13 (87%) |
| Work at/with firearm retailer, range, or organization | 3 (20%) |
| Law enforcement (current or former) | 4 (27%) |
| Work/affiliated with VA or other veteran service provider | 3 (20%) |
| Personal history of suicidal thoughts or attempt | 3 (20%) |
| Family member or friend of someone with suicidal thoughts, attempt, or death | 7 (47%) |
| Work in suicide prevention (including volunteering) | 10 (67%) |
| Healthcare provider | 3 (20%) |

Table 2.

Representative quotes, by themes and concepts

| General Principles Regarding Framing | |
|---|---|
| Identity | <p>“The gun is a heavy sense of identity just because it’s part of who you are and what you do, and to give it away or have somebody else take it is giving away part of who you are, and that’s the hard part.”</p> <p>“So if you’re a hunter the type of firearm and the caliber and whatnot will have to do with some of the choices you make. You know, whether you are single or married, whether you have children, those will all factor in the types of choices that you make with regard to your firearms.”</p> |
| Trust | <p>“It needs to be recognized that this population of people don’t want these things out of their possession, and if they do, it needs to be – it’s gonna be for temporary period of time, and it’s gonna be somebody they trust, and that’s it.”</p> <p>“Nobody’s gonna use the police department, no suicidal person’s gonna use the police department. Because you get the police involved, next thing you know you’re in handcuffs, you go to the psych ward.”</p> |
| Voluntary and temporary storage | <p>“But maybe if there was ... someplace where it explicitly says, like, once you are in a better place and once you, you know, feel more confident, more comfortable having a firearm accessible to you, then you can – that gun is yours. You’re not giving up any rights to your gun. It is your gun.”</p> <p>“Being a responsible gun owner is not much different than being a responsible drinker, right? You know, making sure that you have the means or method to get home is no different than making sure that the means or method of committing suicide is secure.”</p> |
| Context and motivation | <p>“You just have to remember that these – people don’t loan guns to people. People don’t share guns. People hang on to them. They keep them in private. They hide them. They’re unlikely to release them.”</p> <p>“Do the safety check of the house, make sure the firearms are secured in such a way that if in a moment of crisis you wouldn’t be able to access them. Make sure there’s no pills, that you don’t have a heavy dose of opioids sitting around, something like that. Just general things that may come to mind if you’re suicidal. Make sure that they’re not easily accessible, and just put them out that way.”</p> |
| Specific Content to Include or Exclude | |
| Terminology | <p>“I think “guns” is a more pedestrian term, and it’s just they’re firearms. It’s firearm safety. It’s firearm storage, but then you’re calling them guns everywhere.... They should be referred to as firearms...I think “guns” is a bit more – it’s a little bit more immature way to refer to it.”</p> <p>“[include] a general statement about responsible ownership and that responsible gun owners make a point of securely storing their firearms when not in use. So just like the 50,000-foot statement. This is what responsible gun owners do. And they do, they take pride in that. So they don’t want their guns to fall into the wrong hands. And there’s many ways to accomplish that secure storage.”</p> |
| Background checks | <p>“The people who are like what you just said, ‘No big deal. I’m gonna pass it.’ They’re not gonna have a problem giving their gun to someone. They’re not gonna be – if a family member says “I’ll take your gun” that person’s gonna be like “Yeah, okay. I need this. I need this right now.” But the hardcore “I have to have my gun”, this is gonna be their paranoia. The paranoia in the gun community regarding Big Brother and the government having everybody’s name and identity, you talk to these people and you just go “Oh, my God. Nobody cares that you have a gun.”</p> |

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