

A Dissertation  
entitled  
Firearm Violence in the African American Community: African American Legislators'  
Perceptions of Firearm Violence Prevention Legislation

by  
Erica D. Payton

Submitted to the Graduate Faculty as partial fulfillment of the requirements for the  
Doctor of Philosophy Degree in Health Education

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**Introduction:** African Americans are disproportionately impacted by firearm injuries and death. For example, it is the leading cause of death for young African American males. Much of the firearm violence policy literature has focused on firearm violence prevention policies and programs for the general population. These studies have focused on the banning and prohibition of firearms, especially among the mentally ill or those who have otherwise been deemed unfit to carry a firearm. Fewer studies have focused on racial/ethnic minority populations that are adversely and disproportionately impacted by firearm violence. In addition to the creation of culturally-tailored firearm violence prevention programs, legislation that is passed to specifically address firearm violence disparities may also be an effective strategy to reduce this racial/ethnic disparity.

**Purpose:** Organizations such as the Congressional Black Caucus and the National Black Caucus of State Legislators have historically advocated for policies and legislation that promote the health and overall well-being of African Americans. Thus the purpose of this study was to collect baseline data on African American legislators' perceptions regarding firearm violence in the African American community. **Methods:** A cross-sectional study

of African American legislators (n=612) was conducted to investigate the research questions. Of the 612 questionnaires mailed, 12 were not deliverable, and 170 were returned. A response rate of 28% was sufficient based on a power analysis. Utilizing a 3 wave mailing process, African American legislators were invited to participate in the study. In addition to the survey, participants received a personalized signed cover letter and a self-addressed return envelope with paid postage. **Results:** The majority (88%) of African American legislators perceived firearm violence to be very serious among African Americans. Few (10%) African American legislators perceived that addressing legislative issues would be an effective strategy in reducing firearm violence among African Americans. The majority (72%) of African American legislators perceived the most effective strategy to reducing firearm violence in the African American community should focus on addressing societal issues (e.g. crime and poverty). After adjusting for the number of perceived barriers, the number of perceived benefits was a significant predictor of African American legislators perceived effectiveness of firearm violence prevention legislation for 8 of the 24 potential firearm violence prevention legislative bills. **Conclusions:** African American legislators are respected opinion leaders in most African American communities. As leaders with legislative influence, African American legislators could be key advocates of firearm violence prevention policies aimed at reducing firearm violence disparities. Educating African American legislators on the benefits of firearm violence prevention legislation is one strategy towards increasing their likelihood to advocate for firearm violence prevention legislation at the state and federal level.

**Key Words:** African Americans, firearm violence, gun violence, legislation

Dedicated to my daughter, Mikayla Elise Bond, to my family and close friends and to all the victims of firearm violence.

## Acknowledgements

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## List of Abbreviations

CBC.....	Congressional Black Caucus
CDC .....	Centers for Disease Control and Prevention
CLASP .....	Policy Solutions that Work for Low-Income People
CSN.....	Children’s Safety Network
NBCSL.....	National Black Caucus of State Legislators
NICS .....	National Instant Criminal Background Check System
NRA .....	National Rifle Association
VPC.....	Violence Policy Center
YPLL.....	Years of Potential Life Lost

## **Chapter One**

### **Introduction**

#### **Statement of Problem**

A firearm injury is due to a firearm being discharged accidentally or intentionally (Children Safety Network, 2013). Of all the consequences of firearm injuries, homicide and suicides make up the majority of firearm related events (Children Safety Network, 2013). In addition to having the greatest number of firearm owners, the United States has the highest rate of firearm morbidity and mortality compared to all other industrialized countries. In 2010, the total age adjusted homicide by firearm death rates for all races was 3.62 per 100, 000 (CDC, 2013a). That same year, African Americans had the highest homicide by firearm rate (13.76) compared to Hispanics (3.40 per 100,000) and Whites (1.41 per 100,000) (CDC, 2013a).

Subsequently, the proportion of Years of Potential Life Lost (YPLL) due to firearm homicide is also most severe among African Americans (11.6%) compared to Hispanics (7.8%) and Whites (2%) (CDC, 2013b). For ages 1-44, homicide is one of the top 5 causes of death of African Americans and it is the leading cause of death for African American youths ages 15-34 (Hoyert & Xu, 2011). In comparison, the leading causes of death for White youths are motor vehicle accidents followed by firearm suicide and homicide (Hoyert & Xu, 2011). It is projected that by 2025, more than 68,600 African American males will die from firearm violence (CLASP, 2013).

Studies suggest that poverty, residential segregation, income inequality, unemployment rates, illegal drug and gang activity, social disadvantages, family structure and structural conditions of the community (i.e. litter and urban decay) are all risk factors

for community firearm violence (Hannon, 2005; Jones-Webb & Wall, 2008; Levine, Goldzweig, Kilbourne, & Juarez, 2012; Lo, Howell, & Cheng, 2013; Xie, 2010).

Racial/ethnic minorities, including African Americans are more likely to experience many of these community level risk factors (Xie, 2010). Many of the current approaches to firearm violence prevention address individual risk factors including the prohibition of firearms among those who have been declared unfit to own a firearm (i.e. felons), policies that promote the safe storage of firearms and the advancement of technology to make firearms safer to own.

Other firearm policies encourage accurate surveillance of firearm incidents and the development of active shooter and emergency preparedness plans for schools and businesses (Levine, Goldzweig, Kilbourne & Juarez, 2012). Programs and policies to decrease community level risk factors for firearm violence include increasing the number of community programs that increase opportunities for youth mentoring, enhanced parental skills, community/police collaboration and job placement (Child Safety Network, 2013). State and federal legislation has also been recommended as a strategy to reduce firearm deaths and injuries. The Congressional Black Caucus as well as the National Black Caucus of State Legislators have historically advocated for policies and legislation that promotes the health and overall well-being of African Americans. Thus, the purpose of this study was to collect baseline data regarding African American legislators' perceptions regarding firearm violence in the African American community.

## **Purpose of Study**

Prior to conducting a cross-sectional study regarding legislators' perceptions of firearm violence among African Americans, a literature review of the same topic was completed.

The purpose of this literature review was to:

- Provide an overview of trends in firearm violence among African Americans by gender, age and geographical location.
- Provide a review of risk factors and protective factors for firearm violence among African Americans and current approaches to firearm violence prevention among African Americans.
- Suggest potential new areas of research regarding firearm violence in the African American community.

The purpose of the cross-sectional study of African American legislators was to:

- Collect baseline data regarding African American legislators' perceptions of firearm violence in the African American community.
- Determine African American legislators' perceptions regarding the effectiveness of firearm violence prevention legislation.
- Determine factors predictive of African American legislators who are supportive of various firearm violence prevention legislation.

## **Research Questions and Hypotheses**

Research Question 1: What do African American legislators perceive to be the most important causes of firearm violence in the African American community?

Hypothesis 1.1: None of the listed potential causes of firearm violence will be supported by the majority of African American legislators as a major cause of firearm violence in the African American community.

Research Question 2: What legislation do African American legislators perceive to be effective in reducing firearm violence in the African American community?

Hypothesis 2.1: None of the listed potential legislation to reduce firearm violence in the African American community will be perceived as effective by the majority of African American legislators.

Research Question 3: How serious do African American legislators perceive firearm violence to be in the African American community?

Hypothesis 3.1: The majority of African American legislators will not perceive firearm violence to be a very serious problem in the African American community.

Research Question 4: What firearm violence prevention legislation would be voted for by African American legislators?

Hypothesis 4.1: The majority of African American legislators would not vote for any of the identified firearm violence prevention legislation.

Research Question 5: What do African American legislators perceive to be the most important focus to reduce firearm violence in the African American community?

Hypothesis 5.1: The majority of African American legislators will perceive legislative issues to be the most important focus to reduce firearm violence in the African American community

Research Question 6: What do African American legislators perceive to be the benefits to supporting firearm violence legislation?



Hypothesis 6.1: The majority of African American legislators perceive there to be no benefits to supporting firearm violence legislation.

Research Question 7: What do African American legislators perceive to be the barriers to supporting firearm violence prevention legislation?

Hypothesis 7.1: The majority of African American legislators perceive there to be no barriers to supporting firearm violence prevention legislation.

Research Question 8: Do African American legislators' perceptions of the focus to reduce firearm violence in the African American community differ by the following selected background/demographic characteristics?

- Sex
- Firearm ownership
- Political party affiliation
- Firearm violence victimization
- Perception of firearm violence severity in the African American community

Hypothesis 8.1: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by their sex.

Hypothesis 8.2: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by whether or not the legislators personally own a firearm.

Hypothesis 8.3: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by their political party affiliation.

Hypothesis 8.4: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by their previous firearm victimization.

Hypothesis 8.5: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by their perceived severity of firearm violence in the African American community.

Research question 9: What are the significant predictors of African American legislators' perceived effectiveness of firearm violence prevention legislation?

Hypothesis 9.1: There are no statistically significant predictors of African American legislators' perceived effectiveness of firearm violence prevention legislation.

### **Definitions of Terms**

Background check refers to a required check of all individuals purchasing firearms to determine if they can legally have one.

Black/African American is defined as a person having origins in any of the Black racial groups of Africa (Rastogi, Johnson, Hoeffel, & Drewery, 2011).

Bureau of Alcohol, Tobacco and Firearms is a law enforcement agency in the United States Department of Justice that is responsible for the regulation of some aspects of the firearm market, which includes investigating the illegal use and trafficking of firearms, monitoring firearm production and licensing dealers, and controlling the importation of firearms (U.S. Department of Justice, 2013).

Conceal carry permit can be obtained by firearm owners that permits them, under certain conditions based on state laws, to carry a concealed firearm in public.

Congressional Black Caucus was established in 1971 to represent the legislative concerns for people of color and vulnerable communities in Congress (Congressional Black Caucus, 2013).

Constituent is a person who is represented by a designated government official or office holder; a voter (Johnson, 2005).

Firearm injury can be defined as an injury due to a firearm being discharged whether by accident or intentionally (Children's Safety Network, 2013).

Firearm trafficking is the process in which individuals legally purchase large quantities of firearms to sell in other states with stricter firearm laws and policies

Gun control is a generic term to describe the different methods used to regulate firearms (i.e. be sold, purchased, and utilized).

Gun court is a legal proceeding most often designed for youths and young adults who have committed gun offenses that have not resulted in serious physical injury. The main focus of gun courts includes providing education to defendants about gun safety and provides the infrastructure for direct and immediate responses to defendants who violate court orders (NDCI, 2013).

Handgun is a gun that is designed to be fired by one hand, can be concealed on the person, and has a barrel less than 16 inches (Kessler & Kimbrough, 2002).

Health advocacy is a strategy used to promote health and well-being through a blend of political and contemporary health work (Carlisle, 2000).

Homicide can be defined as the deliberate and unlawful killing of one person by another; murder (Oxford Dictionaries, 2013).

Intentional injury is an injury that occurs due to the intentional use of physical force or power, with the purpose to cause death or injury (Krug, Dahlberg, Mercy, Zwi & Lozano., 2002).

Legal intervention is a category that describes deaths due to law enforcement actions, regardless of their legality (Sikora & Mulvihill, 2002).

Legislation is defined as “the exercise of the power and function of making rules (as laws) that have the force of authority by virtue of their promulgation by an official organ of a state or other organization.”(Merriam-Webster, 2014).

National Black Caucus of State Legislators is a national organization of state legislators whose mission is “to develop, conduct and promote educational, research and training programs designed to enhance the effectiveness of its members, as they consider legislation and issues of public policy which impact, either directly or indirectly upon the general welfare of African American constituents within their respective jurisdictions.” (NBCSL, 2013).

National Instant Criminal Background Check System (NICS) was mandated by the Brady Handgun Violence Prevention Act and is used by Federal Firearms Licensees (FFIs) to instantly determine whether a person is eligible to buy firearms or explosives (FBI, 2013)

National Rifle Association (NRA) is an American nonprofit organization that promotes the purchase and use of firearms.

National Right-to-Carry Reciprocity Act of 2013 “ Amends the federal criminal code to authorize a person who is carrying a valid, government-issued identification document to carry a concealed firearm in one state, and who is not prohibited from

possessing, transporting, shipping, or receiving a firearm under federal law, to possess or carry a concealed handgun in another state in accordance with the restrictions of that state” (Congress.gov, 2013).

Policy is “a course or principle of action adopted or proposed by a government, party, business, or individual” (Oxford Dictionaries, 2013).

Straw purchase takes place when someone who can legally purchase a firearm purchases a firearm for someone who is legally prohibited from possessing firearms (Law Center to Prevent Gun Violence, 2012).

Suicide is death caused by self-directed injurious behaviors with the intent to die (CDC, 2013c).

Unintentional injury is an injury that occurs without the intent of harm (CDC, 2013d; The Future of Children, 2014).

### **Delimitations**

A search of the literature included articles that were either state or national studies published from 1990- 2014. The quantitative study was delimited to a national sample of African American legislators during 2013- 2014. Hence, the sample selected may not reflect the views of all United States legislators. The results of this study may have limited external validity and may not be generalizable to all legislators.

### **Limitations**

Several limitations to this study should be highlighted. First, data collection for this study included self-reported data through mailed surveys which increases the opportunity for social desirability bias in some of the responses. The study had a response rate of 28%, hence the non-response bias could be a threat to external validity of the

findings. Additionally, the questionnaire only pertains to items related to firearm violence among African Americans and firearm violence prevention legislation. The monothematic nature of the questionnaire may have led some African American legislators to respond in a socially desirable manner, which would potentially pose a threat to the internal validity of the findings. The closed format of the questionnaire may not provide all possible responses that could influence the dependent variables, which may have increased the threat of internal validity of the findings. Finally, due to the cross-sectional design of this study cause and effect relationship cannot be established.

## **Chapter 2**

### **Firearm Violence in the African American Community: Comprehensive Review of Prevalence Rates, Risk Factors and Prevention Strategies**

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## **1. Introduction**

Violence encompasses a variety of behaviors (i.e. physical fights, injury with weapons and bullying). Firearm violence however is the most lethal form of violence. Headlines in the media continue to discuss the deadly consequences of firearm injuries and death. Among the most publicized events are mass shootings at secondary schools, universities and other public places. Recent televised court hearings like the Trayvon Martin case have led some to even question the effectiveness of current laws and firearm policies. Other national reports further illustrate the impact of firearm mortality. For instance, the Children's Defense Fund reported that since 1979 the total number of adolescents that have died from firearm injuries is almost three times greater than the number of U.S soldiers that died in the Vietnam War and over 23 times the number of U.S. soldiers that died in Iraq and in Afghanistan [1]. This report and others illustrate that firearm deaths continue unabated in the United States [1-4].

Firearm injuries can be defined as an injury due to a firearm being discharged whether by accident or intentionally [2]. Firearm injuries can be fatal or nonfatal, and include homicides, assaults, suicides, suicide attempts and accidental shootings. Of all the consequences of firearm injuries, homicides and suicides make up the majority of incidents related to firearms [2,5,6,7]. In 2011, firearm fatalities in the United States numbered 32, 163 with 19,766 suicides (61%), 11,101 homicides (35%), and 851 deaths from accidental discharge of firearms (3%) [8]. Additionally, over 73,000 people are treated in hospital emergency departments each year for non-fatal firearm wounds [9]. All of this firearm trauma results in an economic impact estimated to be about \$174 billion in 2010 [10]. Several factors are associated with firearm injuries. Some of these



factors include the sheer number of individuals who own firearms (availability of firearms), the introduction of new weapon models, domestic violence, gang and drug activity, and depression in adolescents and elderly men [6,12,13].

In 2010 the total age-adjusted homicide by firearm death rate for all races was 3.62 per 100,000 [11]. Age is one risk factor in firearm injuries. Individuals ages 10 to 24 are most likely to die from a firearm injury [2]. When compared to other high-income countries, firearm homicide rates for youths ages 15-24 in the U.S. are 35.7 times higher than other high income countries; firearm suicides are 8 times higher for children 5-14 years old and their death rates from unintentional firearm injuries are 10 times higher [2]. Comparisons by race/ethnicity reveal disparities in firearm deaths. In 2010 African Americans had the highest homicide by firearm death rate (13.76 per 100,000) followed by Hispanics (3.40 per 100,000) and Whites (1.41 per 100,000) [11].

These statistics along with the recent and historical events of mass shootings reinforces the need to address firearm injury and violence in the United States. Much of the recent debates regarding firearms have focused on firearm violence by the mentally ill, the need to limit access to firearms and the need to have background checks for everyone who chooses to purchase a firearm. Although the discussion of firearms continues to be a noteworthy topic in the news, the public health issue of firearm violence in the African American community is one topic that has not been the focus of the national media. Previous studies have examined the overall prevalence and risk factors associated with firearm violence in the United States. Despite the significance of racial/ethnic disparities, few studies have explored the prevalence of firearm injuries among those most impacted, African Americans.

## *1.2. Goals and Objectives*

The goal of this review is to provide an overview of firearm mortality rates and trends among African Americans. Additionally, the review has the following objectives: provide a summary of firearm violence risk factors and discuss current firearm prevention strategies that may be influential in reducing disparities in firearm mortality.

## **2. Methods: Secondary data**

### *2.1. U.S. Census*

Demographic information for African Americans was extracted from the United States Census 2010 Census Briefs. The 2010 Census adhered to federal standards to collect data on race and ethnicity [14]. For the purpose of the 2010 Census, “Black or African American” was defined as a person having origins in any of the Black racial groups of Africa.

### *2.2. National Vital Statistics Reports*

A National Vital Statistics Report was used to report the leading causes of death in 2010 [8]. This report presented the leading causes of death by age, sex, race, and ethnicity. Reported data were extracted from all 2010 death certificates in the United States and the District of Columbia.

### *2.3. Web-based Injury Statistics Query and Reporting System (WISQARS)*

Secondary data from the Center for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (WISQARS) were used to evaluate trends in firearm mortality by gender/race/ethnicity from 2007 to 2010. WISQARS is an online database that provides data on fatal and nonfatal injury, violent death and the cost of injury. This national database allows researchers to investigate the intent of injuries (i.e.

unintentional injury vs. violence-related) and the causes of injuries (i.e. firearm, fall, motor vehicle crash, poisoning, etc.). For the purpose of this review the four year gender/race/ethnicity specific trends of homicide and suicide by firearm in the United States were examined.

## **1. Methods: Comprehensive review of the literature**

### *3.1. Online databases*

A review of the literature regarding firearm violence among African Americans was also conducted. Several online databases: PubMed, Medline, CINAHL and PsycINFO were used to search for published articles between 1990-2014. Inclusion criteria consisted of national and state studies published from 1990 – 2014. Articles that discussed community violence and homicide were also included in the literature search. International studies and articles that reported on national trends data prior to 2007 were excluded from the literature search. A total of 45 articles were included that were firearm violence, interpersonal and violence studies specific to African Americans. The following search terms were applied to the search: African Americans, blacks, minorities, gun violence, firearm violence, firearm mortality, firearm morbidity, firearm injuries, firearm accidents, firearm suicide, firearm policies and homicide.

### *3.3. National Reports*

Several non-profit organizations within the United States have a mission or goal to reduce and prevent firearm injuries and deaths. In addition to providing firearm violence prevention recommendations, many of these organizations provide yearly incidence and prevalence reports of firearm injuries and deaths for various segments of the population including children and adolescents, and racial/ethnic minorities. Key

national reports were included from the following organizations: the Violence Policy Center, the Children's Defense Fund, the Children's Safety Network and CLASP.

## **2. Results**

### *4.1. Secondary data*

#### *4.1.1. Demographics of African Americans*

According to the 2010 Census 38.9 million or 13 percent of the total U.S. population identified themselves as African American. Individuals that identified themselves as African American in a combination of one or more other races totaled 3.1 million or 1 percent of the total U.S population [14]. The aforementioned combined population would be, 42 million or 14 percent of the total U.S. population in 2010 who identified themselves as African American or African American in combination with one or more races. Over half (55%) of African Americans live in the southern United States, 18% live in the Midwest, 17% in the Northeast and 10% in the West [14]. States with the largest African American population include: New York, Florida, Texas, Georgia, California, North Carolina, Illinois, Maryland, Virginia and Ohio [14].

According to the 2007- 2011 U.S. Census data, the poverty rate among African Americans is approximately double the poverty rate among White Americans (25.8% and 11.6 respectively) [15]. Disparities in the unemployment rate between African Americans and White Americans have remained consistent for the past six decades [16]. The African American unemployment rate is twice that of White Americans [16]. Moreover, the four year adjusted cohort graduation rate for the 2011-2012 school year was 71% among African Americans compared to 78% among White Americans [17]. There are also racial/ethnic disparities in mental health and substance abuse. According to the 2010

National Survey on Drug Use and Health, African Americans had the lowest rate percentage of any mental illness compared to all other racial/ethnic groups [18]. African Americans, however, reported higher past month illicit drug use (African Americans 9.5% compared to 7.9% national average), and higher need for treatment for an illicit drug use problem (African Americans 4.4% vs 2.9% national average) [18].

#### *4.1.2. Leading Causes of Death for African Americans. African Americans and Firearm Violence*

Although African Americans are only 14% of the total population, African Americans are disproportionately impacted by firearm morbidity and mortality. African Americans regardless of gender and age have the highest rates of firearm mortality compared to all other race/ethnicities (Tables 1 and 2) [8,11]. The National Vital Statistics reported homicide to be the 8<sup>th</sup> leading cause of death for African Americans both males and females of all ages [8]. The greatest risk of firearm mortality occurs in young African American males. Between 2000 and 2010, 53, 850 African American males died by firearms in America [3]. It is projected that by 2025, more than 68,600 African American males will die from firearm violence [3].

#### *4.1.3. Homicide Victims by Age, Sex and Race*

The 2007- 2010 combined Years of Potential Life Lost (YPLL) before the age of 65 due to firearm related homicide was most severe among African Americans (African Americans 11.6%; Hispanics 7.8%; and Whites 2%) [19]. Youth homicide is one of the top 5 causes of death for African Americans and it is the leading cause of death for African American youth ages 15 – 34 [8]. In comparison, the leading cause of death for White youth is motor vehicle accidents followed by gun suicides and then firearm

homicides. Over the past 30 years, firearm mortality has decreased by 44% among White adolescents but has increased by 30 % among African Americans of the same age. [1].

#### *4.1.4. Homicide Victims by Weapon*

In most cases of homicide, firearms are usually the weapon of choice [6, 20]. In 2010 it was reported that for homicides in which the weapon used could be identified, 83% of African American victims were killed by firearms [21]. Of the homicide cases in which the circumstances could be identified the majority (71%) of African American homicides were not related to the commission of any other felony. Over half (54%) of African American homicides were associated with arguments between the victim and the offender and 15% were related to gang activity [21].

#### *4.1.6 Mapping of Firearm Homicides*

A key finding in a study conducted by Price, Thompson and Dake [13] found that states with higher household gun ownerships and higher percentage of African American residents were associated with higher firearm mortality rates [13]. States with the highest levels of African American homicide rates are located in several Midwest and eastern states and California. The states, ranked in order, with the highest rate of African American homicides includes: Missouri, Pennsylvania, Michigan, Nebraska, Oklahoma, Indiana, Maine, Louisiana, Ohio and California [21]. The homicide rates for these states ranged from double to nearly 19 times higher than the national average homicide rate. Within these states, cities with the highest levels of poverty had the highest rate of homicides [21].

#### *4.1.7 Suicide Victims by Age, Sex and Race*

Firearms are often used during suicide attempts. Although, the use of pills for overdose is more common, suicides by firearms are more lethal. In 2011, 52% of all

suicides in the United States were committed with firearms [2]. One Canadian study conducted by Chapdelaine, Samson, Kimberly & Viau [22] found that 92% of gun attempts resulted in death compared to 78% of attempts using carbon dioxide or hanging, 67% of drowning attempts and 23% of intentional drug overdose [22]. In 2010, the overall age-adjusted suicide by firearm was highest among Whites and lowest among African Americans (Figure 1) [11]. A comparison of firearm mortality by race and intent found that in 2010, 83% of all firearm mortality among Whites was a result of suicide (Figure 1) [11]. In comparison, 83% of all firearm mortality among African Americans was attributed to homicide [11]. Despite lower rates of suicides among African Americans compared to White Americans, several studies have reported that the suicide rate among young African American males have increased and then decreased throughout the years [23-25].

#### *4.2 Comprehensive Literature Review*

##### *4.2.1 African American Perceptions of Firearm Violence*

Several studies have been conducted that explore youth and adults perceptions of firearm violence. One study conducted by Price, Kandaka, Casler, Everett and Smith [26] analyzed African American adults perceptions' of guns and violence. Using a mall intercept type of sampling method, 500 African American, inner-city adults were asked to complete a 54 item questionnaire about firearm violence. The survey included questions in three areas: gun related experiences, perceptions of gun control/safety and perceptions of the consequences of guns. Based on the responses, two major findings were reported: African Americans had a fear of being victims of firearm violence and they perceived that educational programs that discuss gun safety may increase awareness and reduce firearm injuries and mortality in this racial/ethnic group [26].

Regarding youth, Martin, Sadowski, Cotten and McCarraher [27] studied African American student's perceptions of gun carrying by school mates. After logistic regression analyzes, Martin and associates [27] found that students who believed that other students brought guns to school were more likely to experience fear, avoid attending school and were more likely to bring a firearm to school themselves. A collaboration between educators and school health professionals to work together to address safety within their schools was recommended [27] In addition to improving school safety, firearm safety education for students has also been recommended [28].

Another study of mostly African American high school youth living in urban communities, utilized photo voice as a method to assess the participants perceptions of violence in their communities [29]. They employed the SHOWeD method: What do you see here? What is really happening? How does this relate to our lives? Why does this problem/strength exist? What can we do about it? Participants thought that the most common signs of violence were: trash, graffiti and housing projects. Perceived causes of violence included: money, drugs, disagreements, territory/neighborhood issues, gangs, love (infidelity, pregnancy). A common theme regarding solutions to violence was apathy. Participants shared statements that conveyed feelings of normalcy or hopelessness (i.e. "Violence gonna happen no matter what.") [29].

National reports and opinion polls have debunked myths that firearm violence is just an "urban problem" or an issue mostly associated with criminal activity [1,3,21,30]. One recent opinion poll conducted by the Henry J. Kaiser Family Foundation reported differences in firearm violence exposure and fear of victimization by race/ethnicity. Compared to all other race/ethnicities African Americans were most likely to know



someone who was affected by firearm violence (42% Blacks, 21% Hispanics and 15% Whites) [4]. Racial/ethnic minority groups were also most likely to worry about being a victim of gun violence (75% Hispanics, Blacks 62% and Whites 30%) [4].

#### *4.2.2. Individual Risk Factors of Firearm Violence*

##### **Risk Factors for Firearm Violence**

Many of the studies that explored risk factors for firearm violence discussed firearm violence coupled with violence in general. Therefore articles discussed within this review include both firearm violence and community violence studies. Studies suggest that poverty, residential segregation, income inequality, unemployment rates, education level, social disadvantages, family structure, and structural conditions of the community (i.e. litter, urban decay) are all risk factors for community firearm violence [31-37]. These factors can be further characterized as individual, community-environmental and social-cultural level factors (Table 3).

##### **Individual Level Factors that Contribute to Firearm Violence**

Factors at the individual level (i.e. history of violent victimization, history of early aggressive behavior, high emotional distress, peer social influences, substance misuse/abuse, and lack of social capital) all increase the risk of youth violence [38,39]. Other factors associated with African American youth violence have included drug use, gun carrying behaviors, access to firearms, and low levels of perceived safety [40-42]. Mental health and behavioral issues are two overarching factors that contribute to firearm violence. Several studies have explored the relationship between stress, exposure to violence either as the victim or perpetrator, depression, drug use, problem solving strategies, coping techniques and other psychosocial behaviors [41,42].

Early exposure to violence, behavioral and mental health issues as a youth, without intervention, increases the likelihood that an individual will experience the same issues as an adult [40]. Therefore, many of the research articles pertaining to firearm violence and violence in general focus on adolescents. Victimization (direct and indirect) and exposure to violence have been associated with youth violence [42]. One study of African American youth, found that African American youth that employed avoidant- or emotion-focused behaviors were more associated with behavioral problems that could lead to violence [42].

There have been several studies that have explored gun carrying among young African Americans [43-45]. A study by Lane, Cunningham and Ellen [43] found that African American males and females were more likely to carry a gun if they had a higher level of delinquency and a fear of victimization [43]. Risk factors for episodic versus persistent gun carrying among African American youth have also been analyzed. A study of urban African Americans conducted by Steinman and Zimmerman [45] found that episodic gun carrying was three times more common (15%) than persistent carrying (5%) [45]. Risk factors such as social influences (i.e. parents carried guns and the number of friends that carry guns) as well as drug involvement (i.e. alcohol and marijuana use) were associated with persistent gun carrying [43].

Myers, McGrady, Marrow and Mueller [44] also found that social influences within a peer group greatly increased the likelihood of gun carrying behaviors. A study of African American adolescents from an urban, primarily African American community with high rates of poverty and unemployment (61% and 41%, respectively) found that African American adolescents who identified their peers as gun carriers were almost 18

times more likely to carry a gun compared to non-gun carriers [44]. Similarly, African American adolescents who identified an older associate (family member, neighbor etc.) as a gun carrier were almost 9 times more likely to carry a gun than those who did not identify an older associate as a gun carrier [44]. Findings from this study illustrate how the social and cultural environment can influence individual behaviors.

Youth delinquency has been described as a risk factor for firearm violence; however some research has also described youth delinquency as a response to violence. For example, a study conducted by McGee [42], found that coping and behavioral problems differed by gender. African American females were more likely to respond to violence by experiencing internal mental and behavioral issues such as anxiety and depression. African American males however were more likely to experience external behaviors such as delinquency [42]. Chronic exposure to violence has also been linked to mental health issues such as post-traumatic stress disorder among African Americans [46,47]. This mental health problem has been historically underdiagnosed among African Americans [48]. Those who suffer from this illness are more likely to engage in unhealthy behaviors such as alcohol and illicit drug use, which are additional risk factors for firearm violence [49,50].

#### *4.2.3. Community and Environmental Risk Factors of Firearm Violence.*

A substantial amount of the literature on firearm violence in the African American community focused on community and environmental factors that contribute to firearm violence. An article by Jones-Webb and Wall [32] discussed how characteristics of neighborhoods that are racially isolated contribute to firearm violence. These researchers tested the theory of social disorganization, a theory that suggests that African Americans

and Hispanics are not predisposed to violent crime because of their race, rather social conditions where they live leads to higher rates of homicide [32]. The researchers collected primary and secondary data of residential characteristics using census blocks with high levels of African American and Hispanic residents. The results suggest that the concentration of single-parent families and lower levels of educational attainment are more prominent in impoverished communities and these community level characteristics create an environment that is associated with higher levels of firearm violence [32].

Among the highest levels of firearm violence are communities with concentrated, extreme poverty. Concentrated poverty is defined as having a poverty rate of at least 30% [3]. Extreme disadvantage can be described as high levels of poverty, socioeconomic inequality and community instability [51]. A study conducted by Hannon [31] found an association between extreme poverty and higher levels of firearm mortality. The homicide victimization data for the study was derived from the records of the New York City Coroner's Office and were geocoded to census tracts based on the street address of the homicide victim. After analyzing cross-sectional census tract data for New York City, the disadvantage-homicide relationship was particularly strong in poor areas that were predominately African American neighborhoods [31].

African Americans are more likely than the general population to experience many of the community level risk factors and helps provide some explanation for the disparities in firearm mortality [33,37]. For example, African Americans are more likely to live in extreme disadvantage compared to Whites. Additionally, African American communities with high levels of poverty are less likely to have opportunities for employment [51]. Other factors that are more pronounced in residentially segregated

African American communities include female-headed households and single-parent families [46]. Female-headed households and single-parent families are also more likely to have less household income and are more likely to maintain lower levels of parental supervision [46]. Hence, family risk factors (i.e. low parental involvement, parental substance abuse or criminality, poor family functioning, etc.), and community factors (i.e. lack of economic opportunities, high level of transiency, socially disorganized communities/neighborhoods, etc.) are in turn associated with higher levels of crime and firearm violence especially among young African Americans.

Krivo and Peterson [52] measured concentrated disadvantage by creating an index that combined poverty, female-head families and male joblessness indicators. This analysis of homicide rates by race/ethnicity found that African Americans had the highest rates of concentrated disadvantage and the highest homicide rates [52]. A key finding however suggests that addressing economic inequities can reduce disparities in homicide rates. After conducting a series of statistical analyses Krivo and Peterson [52] found that if African American and White communities both experienced the same low level of disadvantage the differences in homicide rates would have become less disparate [52].

Social disorganization, a theory that posits that economic and social disadvantages (including family structure, residential segregation and isolation and unemployment), lead to weakened collective efficacy and reduces a community's ability to address and resolve community issues [53]. Communities that experience social disorganization are more likely to experience higher levels of crime including: robberies, illegal drug and gang activity and firearm violence [53]. Testing this theory Strom and MacDonald [51] and Bellair and McNulty [54] reported similar results regarding

racial/ethnic differences in violence and homicide among adolescents and found that community-environmental inequities are major contributors to racial differences in youth violence [51,54].

Neighborhood disorganization, a concept similar to social disorganization is also linked to youth violence. A study conducted by Brevard, Maxwell, Hood, and Belgrave [55] found that urban African American youth had higher perceptions of neighborhood disorganization compared to rural African Americans. The study also found that high levels of neighborhood disorganization also negatively impacted psychosocial well-being. Another key finding was that among urban African American adolescents, neighborhood disorganization was also associated with intergenerational connections. This suggests that neighborhood disorganization can influence the culture of the community, and promote the socialization of violence [55].

Access to health care is another community level risk factor. Using logistics and multinomial logistic regression analyses, Nielson, Martinez and Rosenfeld [5] discovered racial/ethnic disparities in firearm injury. Their findings suggest that during violent offenses African Americans, Hispanics and Whites do not differ in their likelihood of using a firearm. However, White offenders were less likely to kill their victims. One possible explanation for this difference suggested in the article was that White offenders victim's may have better access to medical care than African American and Hispanic's victims [5]. The study however, was not able to conclude that there are differences in offender's intent to kill by race/ethnicity. This is one area of research that needs to be explored further.

#### *4.2.4. Social-Cultural Risk Factors of Firearm Violence*

Violent acts among African American are more likely to involve weapons compared to Whites [56,57]. Some studies suggest that “the code of the streets” a subculture in many improvised African American communities, promotes violence and aggression as a means of survival [56]. This culture promotes the behavior of gun carrying and other aggressive behaviors. The code of the streets theory also implies that communities with few traditional male role models and dysfunctional families may encourage adolescents to seek out family substitute structures outside of the home [58,59]. Without positive role models, family extensions within disadvantaged communities are often associated with deviant individuals or gangs [58,59]. Association with community gangs increases the risk for participating in illegal activities like selling illicit drugs, engaging in robberies and illegal gun trafficking [58,59]. These are all activities that promote violence and aggression. The code of the street theory and social disorganization theory both suggest that community and environmental risk factors reinforce the need to engage in violent and aggressive behaviors to address individual problems [58,59]. This often leads to a perpetual cycle of firearm violence. For example, to address unemployment and poverty one may resort to robbing others within their community. This person may carry a firearm to commit the crime and could potentially become a perpetrator of homicide as a result of a robbery “gone-wrong”.

African American communities that are racially isolated, often face extreme poverty, are made up of disorganized neighborhoods, are likely to have a weak relationship with law enforcement, and are more likely to distrust the police [60]. Distrust of law enforcement and community disenfranchisement often leads to

individuals addressing community problems on their own, sometimes resulting in an individual or individuals seeking retribution through violent means. This pattern of behavior among individuals is a major contributing factor to chronic exposure to community violence and firearm violence recidivism [49,61].

A negative perception of self is another risk factor for firearm violence that has been studied by several researchers [62,63]. A study of young African American males found that participants who had high levels of internalized racism were more likely to engage in delinquent and violent behaviors than those who had lower levels of internalized racism [62]. Bryant [62] described internalized racism as the acceptance of negative African American stereotypes [62]. This leads to “an experience of self-degradation and self-alienation, which incorporates shame of African identity and culture” [62, pp. 642]. In a study of 224 African American young males ages 14-19 years, their internalized racism (independent variable) and their willingness to engage in violence (dependent variable) were assessed. An analysis of the overall- propensity-for-violence model found that internalized racism was a significant predictor of violence, having the largest effect size among all other variables which included: having delinquent friends, impulsive behavior and drug use. Conversely, age and racial salience were found to be protective factors against violence [62].

Unemployment among African American males is another factor associated with negative self- perceptions. An analysis of 337 homicide reports in Newark, NJ found that the victims’ employment status was the most significant factor in intra-racial homicide among African Americans [63]. Compared to other types of homicides, intra-racial homicide among African Americans was 2.5 times more likely to involve victims who



were unemployed [63]. Similarly, compared to other types of homicide, the suspect in intra-racial homicide among African Americans was equally more likely (2.5 times) to be unemployed during the time of the homicide incident [63]. Hall and Pizarro [63] suggested that persistently high rates of unemployment among African American males promotes perceptions of inferiority, the inability to provide for his family, limited societal worth and self-hate [63]. Such negative self-perceptions could be one contributing factor in African American male violence and aggression towards other African American males [63]. Social and psychological factors were also examined by Durant, Cadenhead, Pendergrast, Slavens and Linder [64] in a study of adolescent African Americans. A key finding of the study found that in addition to community level factors like exposure to violence, social and psychological factors including feelings of hopelessness and depression is was associated with higher self-reported use of violence among the adolescent African Americans included in the study [64].

Institutionalized racism as a risk factor for firearm violence among African Americans has also been explored. One study of African American male perceptions of police reported high levels of perceived police harassment and racial discrimination [60]. The study consisted of 40 in depth interviews of young African American men. The majority (83%) of the participants reported having experienced harassment by police [60]. Additionally, 70% of participants in this study reported direct or indirect experiences of aggressive policing strategies (i.e. being stopped without valid suspicion and physical abuse) [60].

In 2010, only one percent of firearm deaths were attributed to legal intervention for the total population [11]. The firearm death rate by legal intervention is the lowest

compared to all other types of firearm deaths regardless of race and gender. However, the 2007-2010 death rate by legal intervention for African American males ages 20-25 was almost 6 times higher compared to White males of the same age [11]. Structural discrimination may increase the risk of firearm deaths due to legal intervention for African Americans. A study conducted by Plant, Ashby and Kunstman [65] reported cognitive biases among police officers in training. Police officers during virtual simulations of high threat incidents were more likely to shoot African American male targets compared to all other race/gender groups [65]. Improving community – law enforcement relationships in predominately African American communities and providing cultural sensitivity training to police officers are recommended steps to addressing this social-cultural risk factor.

#### *4.2.5. Protective Factors against Firearm Violence*

Despite the many risk factors for firearm violence, firearm studies have also noted protective factors that reduce the potential for firearm violence. In large, factors related to strong social networks and coping-problem solving skills have been shown to decrease firearm violent offenses. A finding from one study suggested that African American youth with problem-focused coping skills were associated with positive behaviors and were less likely to perpetrate firearm violence as a means of problem solving [42]. Whereas coping skills have been found to be protective factors, parental involvement and school connectedness have been found to be preventive factors. Henrich, Brookmeyer and Shahar [66], describe parent and school connectedness as factors that reduce the risk of exposure to and committing weapon violence through the promotion of positive adolescent adjustment [66]. Consequently, parents that are involved with their children

are more likely to monitor their children, thereby reducing their exposure to violence, which may lead to decreased chances of firearm violence involvement. In addition to parent connectedness, students who feel safe at school and trust that their teachers care about them are also less likely to engage in firearm violence [66].

McMahon [47] also suggest that parent and friend support serves as a protective factor for African American adolescents who experience chronic exposure to environmental and community stressors [47]. Increasing collective efficacy among residents in neighborhoods with high levels of social disorganization and violence has also been reported as an effective coping strategy for community violence. A study conducted by Kilewer [53] found that residents in low-income communities with high levels of collective efficacy were more likely to report using less aggressive strategies to address conflict compared to low-income communities with lower levels of collective efficacy [53].

#### *4.2.6. Firearm Violence Prevention Policies and Legislation.*

Current approaches to firearm violence include a combination of public health policies, firearm laws, firearm safety education, and school and community firearm violence interventions. There are at least 300 state and federal firearm laws [67]. Major categories of firearm laws include policies related to the manufacturing, regulating and selling of firearms, possession and prohibition of firearms, background check policies and policies that affect firearm dealers. There have been few studies that have assessed the effectiveness of firearm policies and results of these studies have been inconsistent [68-71].

A review of the literature, however failed to find any studies that examined firearm policies and legislation effectiveness in reducing racial/ethnic disparities in firearm morbidity and mortality.

#### *4.2.7 Firearm Violence Prevention Programs*

Several firearm prevention programs have been implemented. Many of these interventions have focused on community and youth violence. Other studies focused on addressing firearm violence at the individual level. Hammond and Yung [72] analyzed the impact of a violence prevention intervention for at risk African American youth that focused on the enhancement of social skills. Although a pilot test, preliminary findings suggest increasing social skills may be one approach to reducing youth violence disparities among African Americans and other racial/ethnic groups [72].

Another example of a firearm violence prevention strategy at the individual level includes addressing gun carrying among African Americans. An article published by Spano [73] described gun carrying as a pre-event stage to firearm injury and suggested gun carrying as a logical starting point for primary prevention of firearm violence prevention [73]. Acknowledging the relationship between community and individual risk factors that disproportionately impact young African Americans, Spano [73] made several recommendations for research to assist in the development of a primary prevention intervention targeted for this population. These recommendations included the utilization of longitudinal data to review the cause and effect relationship between community exposure to violence and gun carrying and establishing the temporal sequencing between gun carrying among African American youth and the distal characteristics of violence in the community [73].

Firearm violence prevention education has also been a strategy employed to reduce firearm death and injury, particularly among youth. In addition to schools providing prevention education, primary care physicians could also have a role in addressing firearm violence. A study conducted by May and Martin [74] found that guns and safe sex were the top major concerns for African American male patients [74]. Fifty-three African American men, patients of a public clinic, ages 15-34 years of age received counseling from a physician on six preventive health care topics including alcohol use, smoking, drug use, safe sex, firearms and seat belts. In a post interview, guns and safe sex were remembered the most compared to all other topics discussed. Additionally, the participants thought that it was important for physicians to discuss gun issues with their patients. The majority of the participants also believed that avoiding the wrong crowd, trouble and gangs would reduce their risk of being involved in a firearm incident [74].

Another educational approach studied by Allen and Solomon [75] is education through dramatic arts or live theater, also known as educational entertainment or edutainment. In this study of 60 African American youth, 20 participants received the edutainment intervention, 19 participated in a group discussion about violence and 21 participants received no intervention [75]. The edutainment intervention was a play titled “Journey of a Gun”, which started out with a straw purchase of a gun and followed the journey of the gun through various youth characters in a community [75]. It highlighted the often violent role guns can play in a neighborhood and the difficult decisions youth have to make regarding their involvement in firearm violence. After pre and post testing, those that received the edutainment intervention reported higher coping strategies and violence avoidance self-efficacy levels and significantly reduced anxiety levels than the

other interventions over time [75]. There was no additional follow up of participants. Future studies can expand upon this study by including a follow up of participants to further evaluate this intervention.

Interventions focused on the effect of exposure to community violence among adolescents have also been explored. A study of primarily racial/ethnic minority youth (68% Hispanics, 28% African Americans and 4% White) found that participants who received trauma-and grief focused group psychotherapy reported a significant decrease in posttraumatic stress and had improvements in their grade point averages (GPA) [76]. One key implication of this study is the need for screenings of adolescents for posttraumatic stress, especially among those who live in communities with high levels of risk factors for firearm violence [76].

When developing a primary prevention program for young African Americans it should be culturally sound. Whaley [77] discussed the value of a culturally sensitive approach to interpersonal violence among urban African Americans and also made recommendations for the format and topics for inclusion. Recommendations included a 3 session educational group format among peers. The goals of the intervention included providing prevention education that focused on the impact of interpersonal violence among African Americans while dispelling myths and stereotypes about African American homicides and teaching appropriate coping skills to reduce the occurrence of interpersonal violent incidents [77]. The inclusion of Dr. Martin Luther King , Malcolm X and other African American leaders approaches to violence through the use of film and literature were also discussed as a key element to providing a culturally sensitive interpersonal violence prevention program [77]. Future studies that focus on firearm

prevention at the individual level and include culturally relevant components may prove to be more effective in addressing firearm violence disparities, however, these programs will need to be researched and evaluated further before any firm conclusions can be derived.

In addition to individual level prevention programs, several recommendations have been made to address firearm violence at the community level. Levine and associates [34] suggested key elements to a comprehensive public health program to address firearms and firearm violence. The authors suggested that creating a public health program that addressed societal issues, reduced predictive factors (unemployment rates, poverty, etc.) and increased protective factors (availability of service organizations, neighborhood groups, family connectedness, etc.) was critical in addressing firearm violence [34]. Enforcing policies that may address the prevalence of firearms in the United States was also suggested.

There are several interventions that have been studied that incorporate many of these principles. Among the interventions that have been identified as “promising approaches” to reducing community firearm violence includes the Baltimore Youth Ammunition Initiative, Project Ceasefire (also known as Cure Violence), Operation Ceasefire and Project Safe [78-81]. All of the firearm violence prevention programs were implemented in primarily urban areas, with high levels of community-environmental risk factors for firearm violence. Recent evaluations hold promise that these comprehensive community-based interventions may be effective in reducing firearm violence. However barriers to creating policies to support such initiatives, prevents the implementation and sustainability of such efforts [82]. Health advocacy is a key strategy to addressing health

inequalities [83]. Hence, to address these barriers advocacy work must take place at the community, state and national level to continue to sustain and research the effectiveness of these firearm violence prevention interventions.

### **3. DISCUSSION/CONCLUSION**

#### *5.1. Implications of Findings*

A review of secondary data sources found that African Americans experience the highest rates of firearm mortality [11]. The majority of firearm deaths are attributed to homicides [11]. Suicide rates are lower among African Americans compared to White Americans however the rate of suicide among young African American males have increased and then decreased throughout the years [23-25]. Future firearm studies should examine the factors associated with suicide among young African American males. Additionally, several conclusions can be drawn based on a literature review of firearm violence among African Americans. First, firearm violence literature is often discussed as a component to research articles that focus on general violence (i.e. community violence, violent behavior or aggression).

Secondly, the majority of racial/ethnic disparities literature in violence and firearm violence examined risk factors at the proximal and distal levels. These factors were further categorized as individual risk factors, community-environmental risk factors and social-cultural risk factors. Several studies included in this review discussed how these multi-level risk factors contribute to higher rates of firearm violence among African Americans. The majority of these studies did not explain how these risk factors (at multiple levels) influence one another. McGee's [42] discussion of youth delinquency (an individual level risk factor) as a response to chronic exposure to violence (a community-



environmental risk factor) is one example of how risk factors at one level can influence behaviors that are risk factors at another level [42]. Additional studies that examine these types of relationships could be beneficial in developing comprehensive firearm violence prevention programs and policies.

Although there have been several published articles on African American youth and young adults perceptions of firearm violence, fewer studies have explored African American leaders' perceptions on this public health issue. Involving culturally relevant leaders could be one strategy to developing culturally appropriate firearm violence prevention programs. In addition to developing culturally appropriate firearm violence prevention studies, additional research should be conducted to determine the effectiveness of such efforts. Similarly, research that examines the effectiveness of firearm policies and laws in reducing racial/ethnic disparities in firearm violence is needed.

## **CONCLUSION**

Compared to other industrialized countries, the United States has one of the highest rates of firearm mortality. Additionally, comparing firearm mortality by race/ethnicity indicates a wide racial disparity in firearm deaths for African Americans. This paper provided an overview of firearm violence among African Americans by detailing firearm violence trends data, examining predictive, protective and preventive factors for firearm violence, perceptions of firearm violence among African Americans and current approaches to address this public health dilemma. Future studies of African Americans perceptions of firearm violence will add to the literature and may provide a

broader understanding of the level of awareness and concern of firearm violence among various groups of African Americans.

The limited amount of firearm violence research on African Americans provides an opportunity for health disparities researchers to focus more of their research efforts on this topic. The effectiveness of current firearm policies and programs to reduce disparities in firearm violence is one potential area in which to focus. Firearm violence among African Americans is just the tip of the iceberg; there are multiple underlying factors that lead to such alarmingly disproportionate rates of firearm death and disability. Hence, a paradigm shift in current approaches to this public health dilemma is needed. Utilizing a multidisciplinary approach may lead to greater outcomes in reducing racial/ethnic firearm violence disparities. Developing policies and interventions that address firearm violence risk factors that disproportionately impact African Americans are also key elements that should be considered.

## *5.2. Limitations*

The limitations of this review should be considered. First, the literature review was conducted by a single reviewer. Additionally, articles were reviewed from 1990 – 2014. Therefore, any articles that discussed firearm violence among African Americans prior to 1990 were not included in this review. Lastly, several key terms were used during the literature search however, other key terms not included may have amassed additional articles. Thus there is a potential that some relevant articles may not have been included within this review. To the extent that articles were missed, this could have limited our understanding of some the issues surrounding firearm violence in the African American community.

## References

1. Children Defense Fund. (2013). Protect Children Not Guns.  
<http://www.childrensdefense.org/child-research-data-publications/data/protect-children-not-guns-2013.html>. Accessed August 15, 2013.
2. Children's Safety Network. (2013).  
<http://www.childrenssafetynetwork.org/firearm-resource-guide-2013>. Accessed January 13, 2013.
3. CLASP. (2013). Taking Aim at Gun violence.  
<http://www.clasp.org/resources-and-publications/files/Taking-Aim-at-Gun-Violence.pdf>. Accessed January 10, 2013.
4. Kaiser Family Foundation. (2013). Kaiser Health Tracking Poll: February 2013  
<http://kff.org/disparities-policy/poll-finding/kaiser-health-tracking-poll-february-2013/>. Accessed December 8, 2013.
5. Nielsen, A. L., Martinez, R., & Rosenfeld, R. (2005). Firearm use, injury, and lethality in assaultive violence: an examination of ethnic differences. *Homicide Studies*, 9(2), 83-108.
6. Duggan, M. (2006). More guns, more crime. *International Library of Critical Writings in Economics*, 195(3), 1086-1114.
7. Brennan, R. & Moore, S.C. (2009). Weapons and violence: a review of theory and research. *Aggressive and Violent Behavior*, 14(3) 215-225.
8. Hoyert, D., & Xu, J. (2011). *National Vital Statistics Report*.  
[http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf). Accessed January 10, 2013.

9. Center for Disease Control and Prevention. (2013a). Injury Prevention & Control: Data & Statistics (WISQARS). Nonfatal Injury Reports 2001-2010.  
<http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>. Accessed January 10, 2013.
10. Center for Disease Control and Prevention. (2013b). Injury Prevention & Control. Data & Statistics (WISQARS) Fatal Injury Reports, 2001 – 2010.  
[http://webappa.cdc.gov/sasweb/ncipc/mortrate10\\_us.html](http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html). Accessed January 10, 2013.
11. Miller, T.R. (2010). The Cost of Firearm Violence.  
<http://www.childrenssafetynetwork.org/cost-gun-violence>. Accessed January 10, 2013.
12. CLASP. (2013). Taking Aim at Gun violence.  
<http://www.clasp.org/resources-and-publications/files/Taking-Aim-at-Gun-Violence.pdf>. Accessed January 10, 2013.
13. Price, J.H., Thompson, A.J., & Dake, J.A. (2004). Factors associated with state variations in homicide, suicide, and unintentional firearm deaths. *Journal of Community Health*, 29(4), 271-283.
14. Rastogi, S., Johnson, T.D., Hoeffel, E.M., & Drewery, M.P. (2011). *The Black population:2010*.  
<http://www.census.gov/library/publications/2011/demo/c2010br-06.html>. Accessed May, 5, 2013.
15. Macartney, S., Bishaw, A., & Fontenot, K. (2013). Poverty rates for selected detailed race and Hispanic groups by state and place:2007-2011.

- <http://www.census.gov/content/dam/Census/library/publications/2013/acs/acsbr11-17.pdf>. Accessed May, 5, 2013.
16. Desilver, D. (2013). Black unemployment rate is consistently twice that of whites. <http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-double-that-of-whites/>. Accessed December 15, 2013.
17. National Center for Education Statistics (2013). Public high school four-year on time graduation rates and event dropout rates: school years 2010-11 and 2011-2012. <http://nces.ed.gov/pubs2014/2014391.pdf>. Accessed June 6, 2014.
18. Substance Abuse and Mental Health Services Administration. (2013). Behavioral Health and Black/African Americans. <http://www.samhsa.gov/obhe/african-american.aspx>. Accessed June 6, 2014.
19. Center for Disease Control and Prevention. (2013c). Injury Prevention & Control: Data & Statistics (WISQARS). Years of Potential Life. [http://www.cdc.gov/injury/wisqars/years\\_potential.html](http://www.cdc.gov/injury/wisqars/years_potential.html). Accessed January 10, 2013.
20. Sheley, J. F., McGee, Z. T., & Wright, J. D. (1992). Gun-related violence in and around inner-city schools. *American Journal of Diseases of Children*, 146(6), 677-682.
21. Violence Policy Center. (2013). Black homicide victimization in the United States. <http://www.vpc.org/studies/blackhomicide14.pdf>. Accessed March, 18, 2014.

22. Chapdelaine, A., Samson, E., Kimberley, M.D., & Viau, L. (1991). Firearm-related injuries in Canada: issues for prevention. *Canadian Medical Association Journal*, 145(10), 1217-1223.
23. Price, J.H., Dake, J.A., Kucharewski, R. (2001). Asset as predictors of suicide attempts in African American inner-city youths. *American Journal of Health Behavior*, 25(4), 367-375.
24. Kurbin, C.E., & Wadsworth, T. (2009). Explaining suicide among Blacks and Whites: how socioeconomic factors and gun availability affect race-specific suicide rates. *Social Science Quarterly*, 90(5), 1203-1227.
25. Wadsworth, T., Kubrin, C.E., & Herting J.R. (2014). Investigating the rise (and fall) of young Black male suicide in the United States, 1982-2001. *Journal of African American Studies*, 18:72-91.
26. Price, J. H., Kandakai, T. L., Casler, S., Everett, S., & Smith, D. (1994). African-American adults' perceptions of guns and violence. *Journal of the National Medical Association*, 86(6), 426-432.
27. Martin, S. L., Sadowski, L. S., Cotten, N. U., & McCarraher, D. R. (1996). Response of African-American adolescents in North Carolina to gun carrying by school mates. *Journal of School Health*, 66(1), 23-26.
28. Telljohann, S. K., & Price, J. H. (1994). A preliminary investigation of inner city primary grade students' perceptions of guns. *Journal of Health Education*, 25(1), 41-46.

29. Chonody, J., Ferman, B., Amitrani, Welsh, J., & Martin, T. (2013). Violence through the eyes of youth: a photovoice explorations. *Journal of Community Psychology, 41*(1), 84-101.
30. Svenson, J. E., Spurlock, C., & Nypaver, M. (1996). Pediatric firearm-related fatalities. Not just an urban problem. *Archives of Pediatrics & Adolescent Medicine, 150*(6), 583-587.
31. Hannon, L. E. (2005). Extremely poor neighborhoods and homicide. *Social Science Quarterly, 86*, 1418-1434.
32. Jones-Webb, R., & Wall, M. (2008). Neighborhood racial/ethnic concentration, social disadvantage, and homicide risk: an ecological analysis of 10 U.S. cities. *Journal of Urban Health, 85*(5), 662-676.
33. LaVeist, T. African American health issues. In LaVeist, T, ed. *Minority Populations and Health: An Introduction to Health Disparities in the United States*. 1<sup>st</sup> ed. San Francisco, CA: Jossey-Bass, 2005: 216-218
34. Levine, R. S., Goldzweig, I., Kilbourne, B., & Juarez, P. (2012). Firearms, youth homicide, and public health. *Journal of Health Care for the Poor and Underserved, 23*(1), 7-19.
35. Lo, C. C., Howell, R. J., & Cheng, T. C. (2013). Explaining Black–White differences in homicide victimization. *Aggression and Violent Behavior, 18*(1), 125-134.
36. Wei, E., Hipwell, A., Pardini, D., Beyers, J. M., & Loeber, R. (2005). Block observations of neighborhood physical disorder are associated with neighborhood

- crime, firearm injuries and deaths, and teen births. *Journal of Epidemiology and Community Health*, 59(10), 904-908.
37. Xie, Min. (2010). The effects of multiple dimensions of residential segregation on Black and Hispanic homicide victimization. *Journal of Quantitative Criminology*, 26(2), 237-268.
  38. Hemenway, D., Kennedy, B.P., Kawachi, I., & Putnam, R. D. (2001). Firearm prevalence and social capital. *Annals of Epidemiology*, 11(7), 484-490.
  39. Resnick, M. D, Ireland, M., & Borowsky, I. (2004). Youth violence perpetration: what protects? what predicts? findings from the national longitudinal study of adolescent health. *Journal of Adolescent Health*, 35(5), 424.e1-424.e10.
  40. Feigelman, S., Howard, D. E., Li, X., & Cross, S. I. (2000). Psychosocial and environmental correlates of violence perpetration among African-American urban youth. *Journal of Adolescent Health*, 27(3), 202-209.
  41. Reese, L. E., Vera, E. M., Thompson, K., & Reyes, R. (2001). A qualitative investigation of perceptions of violence risk factors in low-income African American children. *Journal of Clinical Child & Adolescent Psychology*, 30(2), 161-171.
  42. McGee, Z. T. (2003). Community violence and adolescent development an examination of risk and protective factors among African American youth. *Journal of Contemporary Criminal Justice*, 19(3), 293-314.
  43. Lane, M. A., Cunningham, S. D., & Ellen, J. M. (2004). The intention of adolescents to carry a knife or a gun: a study of low-income African-American adolescents. *Journal of Adolescent Health*, 34(1), 72-78.



44. Myers, G. P., McGrady, G. A., Marrow, C., & Mueller, C. W. (1997). Weapon carrying among black adolescents: a social network perspective. *American Journal of Public Health, 87*(6), 1038-1040.
45. Steinman, K. J., & Zimmerman, M. A. (2003). Episodic and persistent gun-carrying among urban African-American adolescents. *Journal of Adolescent Health, 32*(5), 356-364.
46. Oliver, W. (2000). The public health and social consequences of Black male violence. *Journal of African American Men, 5*(2), 71-92.
47. McMahon, S. D., Coker, C., & Parnes, A. L. (2013). Environmental stressors, social support, and internalizing symptoms among African American youth. *Journal of Community Psychology, 41*(5), 615-630.
48. Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine, 41*(1), 71-83.
49. Rich, J. A., & Grey, C. M. (2005). Pathways to recurrent trauma among young Black Men: traumatic stress, substance use, and the “code of the street”. *American Journal of Public Health, 95*(5), 816-824.
50. McLaughlin, Colleen R., Daniel, J., Reiner, Scott M., Waite, D. E., Reams, P. N., Joost, T. F., . . . Gervin, A. S. (2000). Factors associated with assault-related firearm injuries in male adolescents. *Journal of Adolescent Health, 27*(3), 195-201.

51. Strom, K. J., & MacDonald, J. M. (2007). The influence of social and economic disadvantage on racial patterns in youth homicide over time. *Homicide Studies*, 11(1), 50-69.
52. Krivo, L. J., & Peterson, R. D. (2000). The structural contest of homicide: accounting for racial differences in process. *American Sociological Review*, 65(4), 547-559.
53. Kilewer, W. (2013). The role of neighborhood collective efficacy and fear of crime in socialization of coping with violence in low-income communities. *Journal of Community Psychology*, 41(8), 920-930.
54. Bellair, E., & McNulty, T. (2005). Beyond the bell curve: community disadvantage and the explanation of Black-White differences in adolescent violence. *Criminology*, 43(4), 1135-1168.
55. Brevard, J., Maxwell, M., Hood, K., & Belgrave, F. (2013). Feeling safe: intergenerational connections and neighborhood disorganization among urban and rural African American youth. *Journal of Community Psychology*, 41(8), 992-1004.
56. Felson, R. B., & Painter-Davis, N. (2012). Another cost of being a young black male: race, weaponry, and lethal outcomes in assaults. *Social Science Research*, 41(5), 1241-1253.
57. Allen, Andrea N., & Lo, Celia C. (2012). Drugs, guns, and disadvantaged youths: co-occurring behavior and the code of the street. *Crime & Delinquency*, 58(6), 932-953.

58. Parker, K. F., Maggard, S. R., & Maggard, S. R. (2009). Making a difference: the impact of traditional male role models on drug sale activity and violence involving Black urban youth. *Journal of Drug Issues*, 39(3), 715-739.
59. Parker, K. F., & Reckdenwald, A. (2008). Concentrated disadvantage, traditional male role models, and African-American juvenile violence. *Criminology*, 46(3), 711-735.
60. Brunson, R. K. (2007). "Police don't like Black people: African American young men's accumulated police experiences. *Criminology & Public Policy*, 6(1), 71-101.
61. Richardson, J.B., Brown, J., & Van Brakle, M. (2013). Pathways to early violent death: the voices of serious violent youth offenders. *American Journal of Public Health*, 103(7), e5-e16.
62. Bryant, W.W. (2011). Internalized racism's association with African American male youth's propensity for violence. *Journal of Black Studies*, 42(4), 690-707.
63. Hall, R.E., & Pizarro, Jesenia, M. (2010). Unemployment as conduit of black self-hate. *Journal of Black Studies*, 40(4), 653-665.
64. DuRant, R. H., Cadenhead, C., Pendergrast, R. A., Slavens, G., & Linder, C. W. (1994). Factors associated with the use of violence among urban Black adolescents. *American Journal of Public Health*, 84(4), 612-617.
65. Plant, E., Ashby, G.J., & Kunstman, J.W. (2011). Selective responses to threat the roles of race and gender in decisions to shoot. *Personality and Social Psychology Bulletin*, 37(9), 1274-1281.

66. Henrich, C. C., Brookmeyer, K. A., & Shahar, G. (2005). Weapon violence in adolescence: parent and school connectedness as protective factors. *Journal of Adolescent Health, 37*(4), 306-312.
67. Ludwig, J. & Cook, P.J. (Eds.) (2003). *Evaluating Gun Policy: Effects on Crime and Violence* (pp. 345-411). Washington D.C.: The Brookings Institution.
68. Sherman, L. (2001). Reducing gun violence:: what works, what doesn't, what's promising. *Criminology and Criminal Justice, 1*(1), 11-25.
69. Wellford, C. F., Pepper, J. V., & Petrie, C. V. (2004). *Firearms and violence: a critical review*: National Academies Press.
70. Hahn, R. A, Bilukha, O., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., . . . Briss, P. A. (2005). Firearms laws and the reduction of violence: a systematic review. *American journal of preventive medicine, 28*(2), 40-71.
71. Makarios, M. D., & Pratt, T. C. (2012). The effectiveness of policies and programs that attempt to reduce firearm violence: a meta-analysis. *Crime & Delinquency; Delinquency, 58*(2), 222-244.
72. Hammond, W. R., & Yung, B. R. (1991). Preventing violence in at-risk African-American youth. *Journal of Health Care for the Poor and Underserved, 2*(3), 359-373.
73. Spano, R. (2012). First time gun carrying and the primary prevention of youth gun violence for African American youth living in extreme poverty. *Aggression & Violent Behavior, 17*(1), 83-88.

74. May, J. P., & Martin, K. L. (1993). A role for the primary care physician in counseling young African-American men about homicide prevention. *Journal of General Internal Medicine*, 8(7), 380-382.
75. Allen, V.D., & Solomon, P. (2012). Educational-Entertainment as an intervention with Black adolescents exposed to community violence. *Journal of Prevention & Intervention in the Community*, 40(4), 313-324.
76. Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma- and grief-focused intervention for adolescents exposed to community violence: results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice*, 5(4), 291-303.
77. Whaley, A. L. (1992). A culturally sensitive approach to the prevention of interpersonal violence among urban black youth. *Journal of the National Medical Association*, 84(7), 585.
78. Braga, A., Hureau, D., & Papachristos, A. (2014). Deterring gang-involved gun violence: measuring the impact of boston's operation ceasefire on street gang behavior. *Journal of Quantitative Criminology*, 30(1), 113-139.
79. Lewin, N. L., Vernick, J. S., Beilenson, P. L., Mair, J. S., Lindamood, M.M., Teret, S.P., & Webster, D.W. (2005). The Baltimore youth ammunition initiative: a model application of local public health authority in preventing gun violence. *American Journal of Public Health*, 95(5), 762-765.
80. McGarrell, E, Hipple, N, & Corsaro, N. (2007). *Project safe neighborhoods: strategic interventions*. [https://www.bja.gov/publications/md\\_alabama.pdf](https://www.bja.gov/publications/md_alabama.pdf). Accessed June 6, 2014.

81. Picard-Fritsche, S. & Cerniglia, L. (2013). Testing a public health approach to gun violence: an evaluation of crown heights save our streets a replication of the cure violence model.  
[http://www.courtinnovation.org/sites/default/files/documents/SOS\\_Evaluation.pdf](http://www.courtinnovation.org/sites/default/files/documents/SOS_Evaluation.pdf). Accessed June 6, 2014.
82. Calonge, N. (2005). Community interventions to prevent violence: translation into public health practice. *American Journal of Preventive Medicine*, 28(2,Suppl1), 4-5.
83. Carlisle, S. (2000). Health promotion, advocacy and health inequalities: a conceptual framework. *Health Promotion International*, 15(4), 369-376.

Table 1 Firearm Mortality Rates of Males by Race/Ethnicity  
Age- Adjusted Rates per 100,000

Year		Black	Hispanic	White
2007	Age Group			
	15-19	55.19	23.18	8.92
	20-24	102.76	33.61	18.66
	25-29	91.63	24.69	18.40
	30-39	59.51	16.58	18.16
	40-49	24.76	11.51	19.81
	50-59	16.04	9.66	20.27
2008	Age Group			
	15-19	69.61	20.45	10.27
	20-24	118.74	29.47	19.62
	25-29	106.25	22.77	18.50
	30-39	63.38	14.89	18.98
	40-49	27.95	11.17	20.17
	50-59	17.48	9.10	21.83
2009	Age Group			
	15-19	55.24	19.82	10.33
	20-24	102.65	26.90	18.10
	25-29	91.63	20.23	17.43
	30-39	58.14	14.71	18.11
	40-49	27.21	10.20	20.39
	50-59	15.94	9.86	22.97
2010	Age Group			
	15-19	55.19	17.82	9.39
	20-24	102.76	24.02	19.11
	25-29	91.63	20.21	19.59
	30-39	59.51	12.94	18.90
	40-49	24.76	9.49	21.56
	50-59	16.04	9.63	23.56

Table 2 Firearm Mortality Rates of Females by Race/Ethnicity  
Age- Adjusted Rates per 100,000

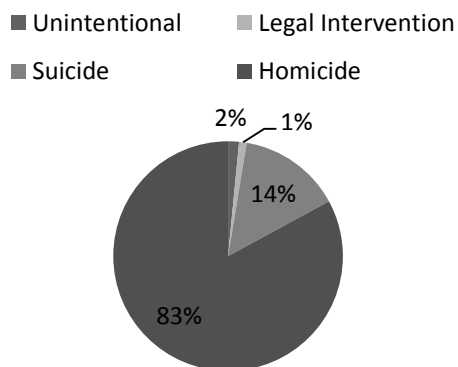
Year		Black	Hispanic	White
2007	Age Group			
	15-19	5.46	2.28	1.85
	20-24	9.21	3.02	3.14
	25-29	8.43	2.60	3.12
	30-39	6.42	2.02	4.01
	40-49	5.10	1.94	4.91
	50-59	2.34	1.38	3.76
2008	Age Group			
	15-19	5.46	2.52	1.46
	20-24	10.66	2.68	2.95
	25-29	7.77	2.38	3.50
	30-39	5.14	1.67	4.05
	40-49	3.56	2.04	5.18
	50-59	1.89	1.21	4.12
2009	Age Group			
	15-19	6.18	2.24	1.78
	20-24	9.07	2.91	2.69
	25-29	7.40	2.28	3.85
	30-39	6.47	1.85	4.16
	40-49	3.58	1.55	4.99
	50-59	2.35	1.48	4.67
2010	Age Group			
	15-19	5.60	1.97	1.70
	20-24	8.00	2.28	2.85
	25-29	8.87	2.31	3.63
	30-39	5.29	1.46	4.05
	40-49	3.28	1.89	4.96
	50-59	2.43	1.10	4.48



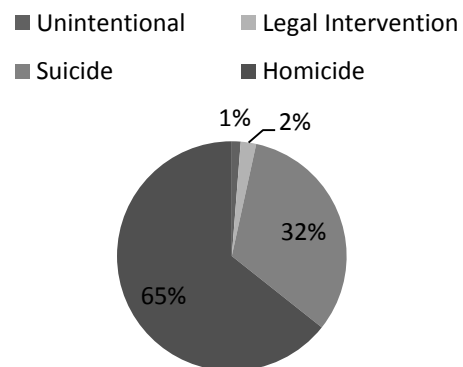
Table 3 – Firearm Violence Risk Factors Among African Americans

Individual	Community- Environmental	Social - Cultural
Age	Concentrated poverty	“Code of the street” subculture
Behavioral problems	Extreme disadvantage	Community disenfranchisement
Chronic exposure to violence	Gang activity	Distrust of law enforcement
Early onset offending	Illegal drug activity	Dysfunctional families
Firearm access	Inadequate access to health care	Female-headed households
Firearm carrying (persistent)	Income inequality	Lack of traditional male role models
Gender	Neighborhood disorganization	Institutionalized racism
High emotional distress	Residential segregation	
Mental health problems	Social disorganization	
Substance abuse (including alcohol)	Weak collective efficacy	
Youth delinquency		
Internalized racism		

### Firearm Mortality Among African Americans by Intent, 2010



### Firearm Mortality Among Hispanic Americans by Intent, 2010



### Firearm Mortality Among White Americans by Intent, 2010

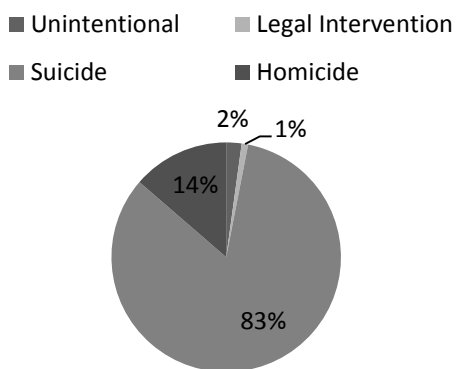


Figure 1 Firearm Mortality by Race and Intent, 2010

### **Chapter 3**

## **African American Legislators Perceptions of Firearm Violence Prevention**

### **Legislation**

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## INTRODUCTION

Firearm-related morbidity and mortality remain major public health issues in the United States. In 2010, suicides and homicides were among the top ten causes of death in the United States [1]. Firearms are typically the weapon of choice. The economic impact of firearm violence is also severe. In 2010, the estimated cost associated with firearm violence was \$174 billion [2]. A review of the scientific literature provides evidence that the availability and number of firearms within a home or community significantly increases the risks for firearm morbidity and mortality [3]. The majority of recent media coverage has provided a platform for debates regarding mass shootings, and the restriction of access of firearms among the mentally ill. However, many of the firearm deaths in the United States are not due to singular events of mass shootings. Additionally, addressing firearm access among the mentally ill only addresses a small proportion of deaths associated with firearms. Several factors are associated with firearm injuries. Some of these factors include the sheer number of individuals who own firearms, the introduction of new weapon models, domestic violence, gang and drug activity, and depression in adolescents and elderly men [3-5]. Addressing this public health issue requires a multi- component approach.

Statistics suggest that age and race/ethnicity also impact risks for firearm morbidity and mortality, yet this is an important dimension that has received less attention in the mass media. In 2010, African Americans had the highest homicide by firearm death rate (13.76 per 100,000) followed by Hispanics (3.40 per 100,000) and Whites (1.41 per 100,000) [6]. Similarly, from ages 1-44, homicide is one of the top 5

causes of death of African Americans and it is the leading cause of death among African American youth ages 15-34 [1].

An opinion poll conducted by the Henry J. Kaiser Family Foundation in 2012 found that compared to all other races/ethnicities, African Americans were most likely to know someone who was affected by firearm violence (42% African Americans, 21% Hispanics, and 15% Whites). Similarly, Hispanics and African Americans were most likely to worry about being a victim of firearm violence (75% Hispanics, 62% African Americans and 30% Whites) [7]. Some leaders within the African American community including health care professionals, and political frontrunners, have expressed their concern regarding firearm violence among African Americans. In an editorial by Cornwell, African Americans in positions of responsibility were urged to speak out about the crippling effects of firearm violence [8]. Similarly, a study by Schneider, Greenberg and Choi<sup>9</sup> reported that the majority (75%) of African American leaders ranked violence as a top five public health priority for African Americans [9].

The National Association for the Advancement of Colored People (NAACP) continues to advocate for policies, laws and programs that will reduce firearm violence among African Americans. On January 15, 2013 an action alert was written opposing proposals that may increase firearm violence or that disproportionality criminalize African American youth or youth of color and specifically requested an increase in resources at the federal level that would provide more comprehensive security measures and technology [10]. Their statement also discussed several legislative efforts that they either opposed or supported regarding the reduction of firearm violence [10]. There is

some evidence that African Americans leaders are aware of firearm violence disparities but there is little research on their beliefs regarding the causes and solutions to this issue.

Schneider and associates [9] studied a small sample of African American state legislators and found that African American legislators were more likely to believe that violence among African Americans should be addressed at the individual level. Consequently, African American legislators reported the federal government to be responsible for reducing violence among African Americans 5% of the time but indicated that the burden of reducing violence fell mostly on individuals (30%) and the family (28%) [9].

A review of the literature on risk factors for firearm violence among African Americans indicates that risk factors go beyond the individual level, and include structural disparities at the community-environmental and social-cultural levels. Individual-level interventions alone will have a limiting impact on the reduction of firearm violence in African American communities [11-16]. A lack of awareness regarding risk factors of firearm violence provides an opportunity within public health to work with African American legislators and other African American leaders to increase their awareness of the benefits of a comprehensive approach to firearm violence prevention.

There are potential fiscal, political, structural and perceptual barriers to supporting firearm violence prevention legislation [17-19]. Poor functioning and relationships between state and local government are examples of structural barriers and economic challenges represent the fiscal barriers to firearm violence prevention legislation. Perceptual barriers (i.e. perceived sense of importance of the problem in the community)

and political barriers (political opponents to firearm violence prevention legislation) also pose great challenges to mobilization of firearm violence prevention advocacy and support for such legislation [17-19]. Despite the challenges surrounding the support and adoption of firearm prevention policies, African American legislators have considerable political influence, are representatives of their constituents and could become major advocates for firearm violence prevention. Thus, the purpose of this study was to collect baseline data regarding African American legislators' perceptions of firearm violence prevention legislation as a method to reducing firearm violence among African Americans.

## **METHODS**

### ***Participants***

The population for this study consisted of the population of African American state legislators (n= 612). A list of African American legislators was obtained by searching each state's senate and house websites for African American legislators to create a database including the legislators' name, capital and district address, email address, and phone number. An a priori power analysis was conducted utilizing Raosoft, an online statistical application. This analysis suggested a sample size of 113 would be adequate to generalize the results to the total population. The suggested sample size was based on a 5% margin of error, a 95% confidence level, and a 90/10 response to whether or not African American legislators perceived firearm violence among African Americans to be very serious or not very serious. In an attempt to gather an adequate response rate, the entire population of African American legislators (n=612) were included in this study.

### ***Instrument***

A four-page, 108 item questionnaire was designed for this study. Face validity of the questionnaire was established through a comprehensive review of the literature on firearm violence, firearm violence in the African American community, firearm policies and African American legislators. Content validity of the questionnaire was established via an expert panel of 6 professionals in the field of injury and firearm violence, firearm prevention policies, African American studies, survey research, health education and public health. Constructs from the Health Belief Model: perceived severity, perceived benefits and perceived barriers to supporting firearm violence legislation were included in the questionnaire. These constructs were used because previous research has shown these constructs to be the most predictive components of the Health Belief Model [20].

Behavioral intentions, a construct from the Theory of Planned Behavior was also included in the questionnaire to address voting behaviors of firearm violence prevention legislation. Other questionnaire items included perceptions regarding the causes of firearm violence in the African American community, perceptions regarding effective firearm violence legislation and demographic and background questions. The response format for most items were check all that apply and 3 point or 4 point Likert-type scales. Stability reliability was assessed using a convenience sample of 10 African American legislators. The questionnaire and a cover letter requesting that the African American legislators complete the questionnaire were emailed to 10 African American legislators. One week later the African American legislators were emailed again and asked to complete the questionnaire for a second time. Test-retest stability reliabilities were perceived benefits ( $r= 0.87$ ), perceived barriers ( $r= 0.83$ ), intention to vote ( $r= 0.92$ ), and



perceived effectiveness ( $r = 0.85$ ). The reliability coefficients were perceived benefits ( $KR-20 = 0.70$ ), perceived barriers, ( $KR-20 = 0.53$ ), ( $KR-20 = .90$ ), and perceived effectiveness ( $\alpha = 0.93$ ).

### ***Procedure***

The University of Toledo Institutional Review Board (IRB) approved the study protocol prior to data collection. To reduce threats to external validity, best practices in survey research were utilized [21, 22]. These best practices included a 3 wave mailing process. Each wave included a personalized signed cover letter, survey instrument, and a self-addressed return envelope with paid postage. Two weeks later a second wave of mailings was sent to non-respondents. The third wave was sent 2 weeks after the second wave. In addition to implementing a 3 wave mailing process, an email and phone call were placed to non-respondents as a final attempt to encourage them to participate in the study.

### ***Data Analysis***

The Statistical Package for the Social Sciences (SPSS) 21.0 for Windows was used to conduct data analyses. The following research questions were explored with descriptive statistics: What do African American legislators perceive to be the most important causes of firearm violence in the African American community? What legislation do African American legislators perceive to be very effective in reducing firearm violence in the African American community? How serious do African American legislators perceive firearm violence to be in the African American community? What do African American legislators perceive to be the most effective strategy to reducing firearm violence in the African American community? What firearm

violence prevention legislation would be voted for by African American legislators?

What do African American legislators perceive to be the benefits of supporting firearm violence prevention legislation? and What do African American legislators perceive to be the barriers to supporting firearm violence prevention legislation?

Chi square analyses were conducted to compare the African American legislators' perceptions of the most effective strategy to reducing firearm violence in the African American community by selected background and demographic characteristics. The explanatory variables entered included: sex, firearm ownership, political party affiliation, firearm violence victimization, geographical representation, and perception of firearm violence severity in the African American community. The outcome variable is the perceived effective strategy to reducing firearm violence in the African American community.

Lastly, multiple logistic regression analyses were conducted to identify significant predictors of African American legislators' perceived effectiveness of firearm violence prevention legislation. To control for multiple test error rate, the Bonferroni correction method was applied to adjust the level of significance to .002, the equivalent of a  $p \leq .05$  when conducting one test of significance.

## **RESULTS**

### **Demographic and Background Characteristics**

Of the 612 questionnaires mailed, 12 were not deliverable, and 170 were returned for a 28% response rate. The majority of the respondents were males (53%), ages 60 and older (44%), had a masters degree (39%), did not own a firearm (62%), represented states in the southern region (60%), the largest proportion of their constituents were African

Americans (84%), registered as a Democrat (94%) and were not members of the National Rifle Association (NRA) (97%) (Table 1).

### **Etiology of Firearm Violence in the African American Community**

The African American legislators were asked to rate 21 potential causes of firearm violence in the African American community as either a major cause, minor cause or not a cause. An option of “other”, where they could write in additional causes not included on the questionnaire, was also provided. Thirteen of the 21 potential causes were perceived to be major causes of firearm violence in the African American community by 50 % or more of the African American legislators (Table 2).

### **Perceived Severity of Firearm Violence Among African Americans**

The majority (88%) of the African American legislators perceived firearm violence to be very serious among African Americans. Only 9% perceived it to be somewhat serious, 1% thought it was not very serious, and none of the African American legislators perceived firearm violence among African Americans as not serious at all.

### **Perceived Effectiveness and Voting Intentions of Firearm Violence Prevention**

#### **Legislation**

The African American legislators were asked to rate the level of effectiveness of 24 potential legislative bills in reducing firearm violence among African Americans. Additionally, the African American legislators were requested to indicate if they would vote for a bill on this topic if it were a “clean” bill. A “clean bill” refers to a bill that was amended and then reintroduced by the subcommittee or committee chair. Of the 24 potential legislative bills 21 were perceived by at least 50% or more of the African American legislators as potentially effective in reducing firearm violence among African

Americans (Table 3). Nineteen of the 24 potential legislative bills were identified by 50% or more of the African American legislators as bills for which they would vote (Table 3).

### **Perceived Effectiveness of Strategies to Addressing Firearm Violence in the African American Community**

The African American legislators were also asked what issues should be the focus of the most effective strategy to reducing firearm violence among African Americans.

The African American legislators selected from 3 types of issues: Individual (e.g. behavioral/mental health problems), societal (e.g. crime and poverty) or legislative (e.g. limiting access to firearms). Addressing societal issues was perceived by African American legislators to be the most effective type of strategy (72%) followed by individual issues (18%) and legislative issues (10%). African American legislators' perceptions' of the most effective strategy to reducing firearm violence in the African American community did not differ by background and demographic characteristics.

### **Perceived Benefits and Barriers to Supporting Firearm Violence Prevention Legislation**

A list of 10 potential benefits and 10 potential barriers to African American legislators supporting firearm violence prevention legislation were included in the questionnaire. An additional "other" item with space to leave an additional response for both potential benefits and potential barriers were also included. The top 3 benefits to supporting various firearm violence prevention legislation identified by the African American legislators' were: It would reduce the level of violence in the African American community (81%), It would result in African Americans feeling safer in their communities (66%) and It would reduce premature mortality in the African American community (59%) (Table 4).

The top 3 barriers to supporting various firearm violence prevention legislation identified by African American legislators were: It would be a waste of time because fellow legislators would not support such legislation (34%), I am not certain which legislation would be effective (25%) and I would likely be targeted for defeat by the National Rifle Association (NRA) (21%) (Table 5).

### **Predictors of African American Legislators' Perceived Effectiveness of Firearm Violence Prevention Legislation**

Multiple logistic regression analyses were conducted on each of the 24 potential firearm violence prevention legislative bills to examine what characteristics (i.e. the number of perceived benefits and the number of perceived barriers) predict African American legislators' perceptions of the effectiveness of firearm violence prevention legislation. After adjusting for the number of perceived barriers, the number of perceived benefits was a significant predictor of African American legislator's perceived effectiveness of firearm violence prevention legislation for 8 of the 24 potential firearm violence prevention legislative bills (Table 6). The odds ratios ranged from 1.68 to 2.50 at the significance level of  $p \leq .002$ . The Nagelkerke R Squares ranged from .16 to .38. After adjusting for the number of perceived benefits, none of the perceived barriers were found to be statistically significant for the potential firearm violence prevention legislative bills.

### **DISCUSSION**

The results of this cross-sectional study of African Americans legislators found that the vast majority (88%) of African Americans legislators perceive firearm violence to be very serious among African Americans, which suggest a high level of awareness of

firearm violence in African American communities among African American legislators. Addressing societal issues was perceived most often by African American legislators as the most effective strategy to reducing firearm violence in the African American community. This was also contrary to the findings by Schneider and associates [9] which reported African Americans legislators were more likely to believe that violence among African Americans were more likely to perceive that violence among African Americans should be addressed at the individual level. Addressing legislative issues was least likely to be perceived by African American legislators as the most effective strategy to reducing firearm violence in the African American community. This was an interesting finding, considering the legislative roles of the participants. Current firearm laws focus on the manufacturing, regulating and selling of firearms, possession and prohibition of firearms, background checks polices and policies that affect firearm dealers. Legislation for such laws may be perceived by African American legislators to primarily address firearm violence at the individual level (proximal level) and thus have a limited impact on societal issues. A broader perspective, however, on the role of firearm violence prevention legislation would include legislation that aimed to reduce risk factors of firearm violence at multiple levels (both distal and proximal levels).

Additionally, only 4 out of the 10 potential benefits were perceived by 50% of African American legislators as benefits to supporting firearm violence prevention legislation. African Americans experience higher levels of health care cost related to firearm morbidity and mortality than other racial/ethnic groups. Furthermore, stigma associated with firearm violence among African Americans may contribute to health care disparities. Firearm violence prevention legislation is one strategy to reducing firearm

violence. Yet, the African American legislators' were less likely to identify these items on the questionnaire as potential benefits to supporting firearm violence prevention legislation. It is important to convey to African American legislators how firearm violence prevention legislation can be beneficial in addressing these issues.

A leading barrier to supporting firearm violence prevention legislation identified by African American legislators was the uncertainty of which firearm violence prevention legislation would be effective. As found in the multiple logistic regression analysis results, increasing African American legislators' awareness of the potential benefits to firearm violence prevention legislation may also increase their perceptions of the effectiveness of some firearm violence prevention legislation. Thus, when advocating for firearm violence prevention legislation with African American legislators constituents should include information that emphasizes the potential benefits to firearm violence prevention legislation. Removing this impediment could lead to stronger support of firearm violence prevention by African American legislators.

Not gaining the support of fellow legislators to support firearm violence prevention legislation and fear of being targeted for defeat by the National Rifle Association (NRA) were two additional leading perceived barriers to supporting firearm violence prevention legislation by African Americans. Creating support through collaboration with like-minded legislators, grassroots and nonprofit organization is one strategy to addressing these barriers. Grassroots organizations that collectively advocate for firearm violence prevention legislation with legislators may motivate them to pursue firearm violence prevention as their legislative agenda. As a social movement, these efforts in time could change the legislative climate and lead to greater support of firearm

violence prevention legislation at the state and the federal level. Past advocacy and social movements that were met with success were mobilized in large by those who had personally been impacted by the problem, and had some level of financial and social resources [18]. Current firearm prevention and pro- gun control groups have limited representation of African Americans [18]. African American legislators would be one group of leaders that could diversify and strengthen current firearm violence prevention organizations. Pro-gun groups like the National Rifle Association are true political barriers to firearm violence prevention legislation. However, African American legislators who partner with other organizations that support firearm violence prevention legislation could potentially increase their collective economic and social capital. This is one strategy towards combating the political and fiscal barriers to firearm violence prevention legislation.

### **Limitations**

Several limitations to this study should be highlighted. First, data collection for this study included self-reported data through mailed surveys which increases the opportunity for social desirability bias. If this occurred it would be a threat to the internal validity of the findings. The study had a response rate of 28% hence the non-response bias could be a threat to the external validity. Additionally, the monothematic nature of the questionnaire may pose a threat to the internal validity of the findings. Lastly, the closed format of the questionnaire may not have provided all relevant responses that could influence the dependent variables, which may have been a threat to the internal validity of the findings.



## **CONCLUSION**

As firearm violence remains disproportionately higher among African Americans and continues to be a public health priority. The vast majority African American legislators in this study perceived firearm violence to be very serious among African Americans. Several barriers to supporting firearm violence prevention legislations were identified by the African American legislators. Several recommendations to address these barriers were highlighted. Access to additional research in this area may strengthen African American legislators' efficacy in supporting such legislation. Specific recommendations for future studies include: additional research of the effectiveness of firearm policies and interventions that address racial/ethnic disparities in firearm violence and research that examines cultural perspectives of firearm violence by assessing African American perceptions of the prevalence of firearm violence among African Americans, and the risk factors and approaches to addressing firearm violence in their community.

## References

1. Hoyert, D., & Xu, J. (2011). *National Vital Statistics Report*.  
[http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf). Accessed January 10, 2013.
2. Miller, TR. (2010). The Cost of Firearm Violence.  
<http://www.childrenssafetynetwork.org/cost-gun-violence>. Accessed January 10, 2013.
3. Price, J.H., Thompson, A.J., & Dake, J.A. (2004). Factors associated with state variations in homicide, suicide, and unintentional firearm deaths. *Journal of Community Health*, 29(4), 271-283.
4. Christoffel, K. K. (2007). Firearm injuries: epidemic then, endemic now. *American Journal of Public Health*, 97(4), 626-629.
5. Duggan, M. (2006). More guns, more crime. *International Library of Critical Writings in Economics*, 195(3), 1086-1114.
6. Center for Disease Control and Prevention. (2013a). Injury Prevention & Control. Data & Statistics (WISQARS) Fatal Injury Reports, 2001 – 2010.  
[http://webappa.cdc.gov/sasweb/ncipc/mortrate10\\_us.html](http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html). Accessed January 10, 2013.
7. Kaiser Family Foundation. (2013). Kaiser Health Tracking Poll: February 2013  
<http://kff.org/disparities-policy/poll-finding/kaiser-health-tracking-poll-february-2013/>. Access December 8, 2013.
8. Cornwell, E. E. (1994). Violence, guns, and race: health-care professionals must speak out. *Journal of the National Medical Association*, 86(5), 33-334.

9. Schneider, D., Greenberg, M. R., & Choi, D. (1992). Violence as a public health priority for Black Americans. *Journal of the National Medical Association*, 84(10), 843-848.
10. National Association for the Advancement of Colored People (2013). Stopping gun violence: urging strong support for sane and sensible gun violence prevention laws. <http://www.naacp.org/action-alerts/entry/stopping-gun-violence>. Accessed January 10, 2013.
11. DuRant, R. H., Cadenhead, C., Pendergrast, R. A., Slavens, G., & Linder, C. W. (1994). Factors associated with the use of violence among urban Black adolescents. *American Journal of Public Health*, 84(4), 612-617.
12. McGee, Z. T. (2003). Community violence and adolescent development an examination of risk and protective factors among African American youth. *Journal of Contemporary Criminal Justice*, 19(3), 293-314.
13. Hannon, L. E. (2005). Extremely poor neighborhoods and homicide. *Social Science Quarterly*, 86, 1418-1434.
14. Jones-Webb, R., & Wall, M. (2008). Neighborhood racial/ethnic concentration, social disadvantage, and homicide risk: an ecological analysis of 10 U.S. cities. *Journal of Urban Health*, 85(5), 662-676.
15. McGee, Z. T. (2003). Community violence and adolescent development an examination of risk and protective factors among African American youth. *Journal of Contemporary Criminal Justice*, 19(3), 293-314.

16. McMahon, S. D., Coker, C., & Parnes, A. L. (2013). Environmental stressors, social support, and internalizing symptoms among African American youth. *Journal of Community Psychology*, 41(5), 615-630.
17. Calonge, N. (2005). Community interventions to prevent violence: translation into public health practice. *American Journal of Preventive Medicine*, 28(2,Suppl1), 4-5.
18. Nathanson, C.A. (1999). Social movement as catalyst for policy change: the case of smoking and guns. *Journal of Health Politics, Policy and Law*, 24(3), 421-488.
19. Sugimoto-Matsuda, J.J. & Braun, K.L. (2014) The role of collaboration in facilitating policy change in youth violence prevention:a review of the literature. *Preventive Science*, 15: 194-204
20. Harrison, J.A., Mullen, P.D., & Green, L.W. (1992). A meta-analysis of studies of the health belief model with adults. *Health Education Research*, 7(1), 107-116.
21. King K.A., Pealer L.N., & Bernard, A.L. (2001). Increasing response rates to postal questionnaires:a review of inducement strategies. *American Journal of Health Education*. 32, 4-15
22. Edwards P. J., Roberts, I., Clark M.J., Di Guiseppi C., Wentz, R., Kwan, I., Cooper, R. Felix, L.M, & Pratap, S. (2009). Methods to increase response to postal and electronic questionnaires. *Cochrane Database of Systematic Reviews* (3).

Table 1 Demographic and Background Characteristics of African American Legislators

Item	N (%)
Sex:	
Male	90 (53)
Female	80 (47)
Age (Years):	
Less than 30	13 (8)
30-39	11 (7)
40-49	32 (19)
50-59	38 (22)
60+	74 (44)
Highest level of education:	
High School	10 (6)
Bachelors	52 (31)
Masters	67 (39)
Law Degree	23 (14)
Doctorate	14 (8)
Largest proportion of constituents	
African American	142 (84)
Hispanic	4 (2)
White	19 (11)
Do you own a firearm?	
Yes	60 (35)
No	105 (62)
If you own a firearm, what type(s) do you own:	
Handgun	51 (30)
Rifle	21 (12)
Shotgun	21 (12)
Other	5 (3)
Why do you own a firearm:	
Personal safety	47 (28)
Hunting/sport	22 (13)
Collecting firearms	6 (4)
Was a gift	13 (8)
Other	6 (4)

Have a valid permit to carry a concealed handgun:	
Yes	39 (23)
No	115 (68)
Are you a member of the National Rifle Association (NRA):	
Yes	4(2)
No	154 (91)
Are you a member of the National Congressional Black Caucus of State Legislators:	
Yes	125 (76)
No	39 (24)
Are you registered as a:	
Democrat	160 (94)
Republican	3 (2)
Libertarian	2 (1)
None	1 (0.6)
Other	0 (0)
Ever personally been a victim of firearm violence:	
Yes	19 (11)
No	91 (54)
No, but a close friend/family member has been	54 (32)
Geographic region do you represent:	
South	101 (60)
Midwest	41 (24)
Northeast	22 (13)
West	6 (4)

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N=170

Table 2 Perceived Etiology of Firearm Violence in the African American Community

<b>Item</b>	<b>Major Cause N (%)</b>	<b>Minor Cause N (%)</b>	<b>Not a Cause N (%)</b>
Exposure to violence in the community	145 (84)	20 (12)	2 (1)
Easy access to firearms	142 (84)	23 (14)	2 (1)
Illegal drug market activity	132 (78)	34 (20)	3 (2)
Gang activity	122 (72)	44 (26)	4 (2)
Illegal trafficking of firearms	121 (71)	34 (20)	8 (5)
Widespread poverty	120 (71)	36 (21)	11 (7)
Lack of job opportunities	117 (69)	43 (25)	7 (4)
Lack of sufficient adult mentors for youth	110 (65)	5 (30)	4 (2)
Poor parenting practices	106 (64)	54 (32)	7 (4)
Media violence	97 (57)	61 (36)	10 (6)
Substance abuse (including alcohol)	95 (56)	70 (41)	2 (1)
Disordered neighborhoods and lack of trust	88 (52)	69 (41)	11 (7)
Lack of access to mental health care	86 (51)	72 (42)	11 (7)
Being a victim of violence	82 (48)	80 (47)	8 (5)
Mental illness	80 (47)	73 (43)	14 (8)
Child/adolescent bullying	77 (45)	88 (51)	5 (3)
Poor quality of schools	74 (44)	67 (40)	24 (14)
Feeling unsafe	74 (44)	82 (48)	7 (4)
Racism and oppression	71 (42)	79 (47)	16 (9)
Lack of direct violence prevention education in schools	70 (41)	78 (46)	18 (11)
Child abuse in the home	54 (32)	102 (60)	14 (8)
Other	11 (6)	0 (0)	0 (0)

N=170

Table 3 Perceived Effectiveness and Voting Intentions of Legislation

Item	Effective N (%)	Would Vote For N (%)
Requiring background check system for all gun sales (including private ones) to make sure a purchaser is not legally prohibited from having a gun.	158 (93)	126 (74)
Requiring states to report a person to the background-check system who is prohibited from buying a gun either because of involuntary commitment to a hospital for psychiatric treatment or because of being declared mentally incompetent by a court of law.	158 (93)	123 (64)
Prosecuting people who buy guns for other people who are prohibited from having a gun (“straw purchase”).	153 (90)	120 (71)
Requiring people to obtain a license from a local law enforcement agency before buying a gun to verify their identity and ensure that they are not legally prohibited from having a gun.	149 (88)	108 (64)
Increasing government funding for mental health services.	147 (87)	126 (74)
Allowing the Bureau of Alcohol, Tobacco, and Firearms to temporarily take away a gun dealer’s license if an audit reveals record-keeping violations.	146 (86)	114 (67)
Banning the sale of military-style, semiautomatic assault weapons.	143 (84)	115 (68)
Banning the sale of large capacity (more than 10 bullets) ammunition clips or magazines.	143 (84)	115 (68)
Domestic violence.*	143 (84)	104 (61)
Banning the possession of military-style, semiautomatic assault weapons.	141 (83)	111 (65)
Increasing government funding for firearm violence prevention research and programs.	139 (82)	119 (70)
Banning the possession of large-capacity (more than 10 bullets) ammunition clips or magazines.	138 (81)	113 (67)



Allowing the information about which guns were used in crimes to be available to the police and the public so that those gun dealers can be prioritized for greater oversight.	135 (79)	104 (61)
Public display of a gun in a threatening manner (excluding self-defense).*	130 (77)	103 (61)
Prohibiting a person under the age of 21 from possessing a handgun.	129 (76)	99 (58)
Carrying a concealed gun without a permit.*	125 (74)	97 (57)
Prohibiting a person convicted of two or more crimes involving alcohol or drugs within a 3 year period from having a gun for 10 years.	123 (72)	119 (70)
Prohibiting a person convicted of a serious crime as a juvenile from having a gun for 10 years.	121 (71)	91 (54)
Limiting the number of handguns a person could buy in one year.	107 (63)	85 (50)
Requiring states to implement gun courts – specialized court system for gun offenders.	98 (58)	68 (40)
Assault and battery that does not result in serious injury or involve a lethal weapon.*	97 (57)	63 (37)
Allowing police officers to search for and remove guns from a person, without a warrant, if they believe the person is dangerous because of a mental illness, emotionally instability, or a tendency to be violent.	82 (48)	50 (29)
Drunk and disorderly conduct.*	81 (41)	51 (30)
Indecent exposure.*	52 (31)	34 (20)

N=170

\*Prohibiting people who have been convicted of each of these crimes from having a gun for 10 years:

Table 4 Perceived Benefits of Firearm Violence Prevention Legislation

<b>Item</b>	<b>N (%)</b>
It would reduce the level of violence in the African American community.	138 (81)
It would result in African Americans feeling safer in their communities.	112 (66)
It would reduce premature mortality in the African American community.	101 (59)
My constituents would be very supportive of my efforts on this topic.	98 (58)
It would reduce the level of health care costs in the African American community.	54 (32)
It would reduce health care disparities.	39 (23)
It would increase job opportunities in the African American community.	33 (19)
I would gain new political support from a variety of constituents.	26 (15)
I would gain new financial support from some of my constituents.	20 (12)
Other benefits.	11 (7)
N=170	

Table 5 Perceived Barriers to Firearm Violence Prevention Legislation

<b>Item</b>	<b>N (%)</b>
It would be a waste of time because fellow legislators would not support such legislation.	57 (34)
I am not certain which legislation would be effective.	42 (25)
I would likely be targeted for defeat by the National Rifle Association (NRA).	35 (21)
Other barriers	27 (16)
Too many priorities of greater importance.	16 (9)
I would likely lose support from my fellow legislators for other legislative issues.	15 (9)
It would result in some of my constituents feeling less safe.	14 (8)
Legislation on firearm violence prevention is a low priority for my constituents.	14 (8)
My constituents would not be supportive of legislation on firearm violence prevention.	11 (7)
It would likely cause me to lose financial support from some of my constituents.	5 (3)
N=170	

Table 6: Predictors of African American Legislators' Perceived Effectiveness of Firearm Violence Prevention Legislation

Firearm Violence Prevention Legislation	n*	Perceived Benefits OR (99.8% CI)**	Nagelkerke R Square
Requiring background check system for all gun sales (including private ones) to make sure a purchaser is not legally prohibited from having a gun.	158	2.50 (1.44 – 4.21)	.38
Banning the sale of military-style, semiautomatic assault weapons.	143	1.90 (1.40 – 2.50)	.24
Increasing government funding for mental health services.	147	1.80 (1.30 – 2.52)	.20
Banning the possession of military-style, semiautomatic assault weapons.	141	1.78 (1.40 – 2.35)	.22
Banning the possession of large-capacity (more than 10 bullets) ammunition clips or magazines.	138	1.74 (1.34 – 2.25)	.22
Prosecuting people who buy guns for other people who are prohibited from having a gun (“straw purchase”).	153	1.72 (1.21 – 2.44)	.16
Requiring people to obtain a license from a local law enforcement agency before buying a gun to verify their identity and ensure that they are not legally prohibited from having a gun.	149	1.71 (1.30 – 2.32)	.17
Banning the sale of large capacity (more than 10 bullets) ammunition clips or magazines	143	1.68 (1.30 – 2.19)	.18

\*n = the number of African American legislators who perceived firearm violence prevention legislation to be effective

\*\*p ≤ .002

## **Chapter 4**

### **Summary**

This chapter provides an overall summary that demonstrates the thread of continuity across both firearm violence manuscripts. The chapter is divided into the following sections: Summary, Discussion, Implications and Recommendations.

#### **Summary**

African Americans are disproportionately impacted by firearm violence. Homicide is the 8<sup>th</sup> leading cause of death for all African Americans regardless of age and it is the leading cause of death for young African Americans ages 15-24 (Hoyert & Xu, 2011). The majority of these homicides are committed by firearms. Despite the high rates of firearm violence among African Americans, few studies have focused on the implementation and evaluation of firearm policies and programs that address racial/ethnic disparities in firearm morbidity and mortality. Additionally, few studies have explored African Americans perceptions of firearm violence in their communities.

In 1992, Schneider, Greenberg and Choi found that African American public health and political leaders ranked violence as one of the top five public health priorities for African Americans (Schneider, Greenberg & Choi, 1992). However, the study did not explore African American public health and political leaders' perceptions of the causes and solutions to specifically address firearm violence. In June 2013, the Institute of Medicine introduced priorities for research to reduce the threat of firearm-related violence in the United States. One of the key areas included research on the characteristics of firearm violence with an emphasis on those at the greatest risk of injury (Intitute of Medicine, 2013). This dissertation introduces two manuscripts that attempt to

address recent priorities in firearm violence research. The first article is a comprehensive literature review titled “Firearm Violence in the African American Community: A Review of Prevalence Rates, Risk Factors and Prevention Strategies”. The second manuscript is a cross sectional study of African American legislators titled “African American Legislators Perceptions of Firearm Violence Prevention Legislation.” The literature review was completed to answer the following research questions:

- What are the race/ethnicity specific trends of firearm violence in the United States?
- What are the risk factors associated with increased firearm violence in the African American community?
- What are the protective factors associated with reducing firearm violence in the African American community?
- What are the current approaches to firearm violence prevention that could help reduce racial/ethnic firearm disparities in the United States?

The purpose of the cross sectional study of African American legislators was to collect baseline data regarding African American legislators perceptions of firearm violence in the African American community. The study was designed to answer the following research questions:

- What do African American legislators perceive to be the most important causes of firearm violence in the African American community?
- What legislation do African American legislators perceive to be effective in reducing firearm violence in the African American community?

- How serious do African American legislators perceive firearm violence to be in the African American community?
- What firearm violence prevention legislation would be voted for by African American legislators?
- What do African American legislators perceive to be the most important focus to reduce firearm violence in the African American community?
- What do African American legislators perceive to be the benefits to supporting firearm violence legislation?
- What do African American legislators perceive to be the barriers to supporting firearm violence legislation?
- Do African American legislators' perceptions of the focus to reduce firearm violence in the African American community differ by selected background/demographic characteristics?
- What are the significant predictors of African American legislators' perceived effectiveness of firearm violence prevention legislation?

A four page, 108 item questionnaire was developed. The questionnaire items were based on a comprehensive review of the firearm violence literature and feedback from expert reviewers (n=6). The following constructs were included in the instrument: firearm violence victimization, the severity of firearm violence among African Americans, the causes of firearm violence among African Americans, perceived effectiveness of firearm violence prevention legislation, whether African American legislators would vote for various firearm violence prevention legislation, perceived effectiveness of strategies to reduce firearm violence among African Americans, perceived benefits and barriers to

supporting various types of firearm violence prevention legislation, and demographic and background items.

### **Accepted Hypothesis**

Hypothesis 8.1: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by sex.

Hypothesis 8.2: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by whether or not they legislator personally owns a firearm.

Hypothesis 8.4: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by previous firearm victimization.

Hypothesis 8.5: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by perceived severity of firearm violence in the African American community.

### **Rejected Hypothesis**

Hypothesis 1.1: None of the listed potential causes of firearm violence will be supported by the majority of African American legislators as a major cause of firearm violence in the African American community.

Hypothesis 2.1: None of the listed potential legislation to reduce firearm violence in the African American community will be perceived as effective by the majority of African American legislators.



Hypothesis 3.1: The majority of African American legislators will not perceive firearm violence to be a very serious problem in the African American community.

Hypothesis 4.1: The majority of African American legislators would not vote for any of the identified firearm violence prevention legislation.

Hypothesis 5.1: The majority of African American legislators will perceive legislative issues to be the most important focus to reduce firearm violence in the African American community.

Hypothesis 6.1: The majority of African American legislators perceive there to be no benefits to supporting firearm violence legislation.

Hypothesis 7.1: The majority of African American legislators perceive there to be no barriers to supporting firearm violence prevention legislation.

Hypothesis 9.1: There are no statistically significant predictors of African American legislators' perceived effectiveness of firearm violence prevention legislation.

### **Hypotheses Not Tested**

The following hypotheses are currently unanswered due to inadequate sample sizes in some of the categories resulting in an inability to conduct valid statistical tests.

Hypothesis 8.3: There is no statistically significant difference in African American legislator's perceptions of the focus to reduce firearm violence in the African American community by political party affiliation.

### **Discussion**

Several conclusions can be drawn based on a comprehensive review of the literature on firearm violence among African Americans. First, firearm violence literature is often discussed as a component of research articles that focus on general violence (i.e.

community violence, violent behavior or aggression). Additionally, firearm violence articles that attempt to evaluate the effectiveness of firearm policies and laws are limited. This is in part due to the lack of uniformity in the collection and surveillance of firearm related injuries and deaths. To date, one of the most comprehensive firearm surveillance programs available is the Centers for Disease Control and Prevention WISQARS program. This data, however, is limited for certain states and the most current statistics are provided up to the year 2010.

Similar to research on firearm policy and law, there is limited knowledge on the effectiveness of current firearm violence interventions. More research, particularly research that examines the effectiveness of these interventions in reducing racial/ethnic disparities in firearm violence is needed. Much of the racial/ethnic disparities literature in violence and firearm violence examines community/environmental and social-cultural risk factors. These two groups of factors would include poverty (extreme and concentrated), community infrastructure (residential segregation and neighborhood disorganization) and cultural factors including family structure, individualized racism and institutionalized racism. Few studies have examined health professionals' and political leaders' perceptions regarding how to address these risk factors (Cornwell, 1994; Schneider, 1992). There is also limited research that examines African American leaders' perceptions on how to address firearm violence among African Americans. Involving culturally relevant opinion leaders in the development and implementation of firearm violence prevention would be vital to reaching solutions that are cultural appropriate.

## **Implications**

Results from the cross-sectional study of African American legislators found that the vast majority (88%) of African American legislators perceive firearm violence to be very serious among African Americans. Of the 24 potential legislative bills, 10 were perceived by at least 50% or more of the African American legislators as potentially very effective in reducing firearm violence among African Americans. The top 3 benefits of firearm violence prevention legislation identified by the African American legislators' were: It would reduce the level of violence in the African American community (81%); it would result in African Americans feeling safer in their communities (66%); and it would reduce premature mortality in the African American community (59%). The top 3 barriers to firearm violence prevention legislation identified by African American legislators were: It would be a waste of time because fellow legislators would not support such legislation (34%); I am not certain which legislation would be effective (25%); and I would likely be targeted for defeat by the National Rifle Association (NRA) (21%).

Addressing societal issues was perceived by African American legislators to be the most effective strategy to reducing firearm violence in the African American community (72%), followed by individual issues (18%), and legislative issues (10%). This was an interesting finding, considering the legislative roles of the participants. Current firearm laws focus on the manufacturing, regulating and selling of firearms, possession and prohibition of firearms, background checks policies and policies that affect firearm dealers. Legislation for such laws may be perceived by African American legislators to primarily address firearm violence at the individual level (proximal level) and thus have a limited impact on societal issues. A broader perspective, however, on the

role of firearm violence prevention legislation would include legislation that aimed to reduce risk factors of firearm violence at multiple levels (both distal and proximal levels). Many of the risk factors for firearm violence among African Americans extend beyond the individual level and encompass a plethora of community, environmental, social and cultural issues that pose a risk to one's health. It would be irresponsible for health and political leaders to leave it up to those with limited financial and social capital to solve this public health issue on their own.

Based on the results of this study, there is an opportunity to increase African American legislators' awareness of how effective firearm violence prevention legislation may reduce firearm morbidity and mortality rates in African American communities. In addition to increasing awareness of effective firearm violence prevention legislation among African American legislators, it is equally important that constituents of African American legislators perceive it as a problem and advocate for firearm violence prevention initiatives. It is the goal of political campaigns to address the issues of their constituents (Calonge, 2005). If African American legislators are unaware that firearm violence is a concern of their constituent's they may be less likely to pursue a political agenda that is often perceived to face many political barriers. Similarly, if African American legislators do not believe they can pass legislation that would address this issue, failing to support such legislation would be a likely consequence. Thus, increasing African American legislators' awareness of recommended policies to reduce firearm violence among African Americans may motivate them to advocate for firearm violence prevention legislation.

## **Recommendations**

The following recommendations are provided based on the results of the literature review and the cross-sectional study of African American legislators and are listed at the individual, community-environmental and socio-cultural levels:

### **Individual Level**

- Much of the research on risk factors at the individual level address risk factors among adolescents. It is recommended that firearm violence primary prevention interventions provided in school and community settings be evaluated on their effectiveness in promoting protective factors (i.e. positive problem solving and coping skills) against firearm violence perpetration.
- Chronic exposure to violence is often associated with mental health issues such as depression and post-traumatic stress syndrome. Screening for PTSD and other mental health illnesses associated with chronic exposure to firearm violence is recommended so that those identified can be referred to health care services
- Firearm incidents among African Americans may be more lethal due to the lack of medical services; therefore increased access to quality health care services may reduce firearm deaths.

### **Community-Environmental Level**

- Current research on the effectiveness of firearm policies at the state and federal levels is limited. Additional research in this area including the effectiveness of firearm policies and interventions that address common risk factors and that reduce racial/ethnic disparities in firearm violence would provide political leaders

with evidence for effective firearm policies and may increase their self-efficacy in supporting effective firearm violence legislation.

- To conduct the needed firearm research it is recommended that federal and state funds be allocated towards the implementation and maintenance of a national comprehensive surveillance program on firearm morbidity and mortality.
- Strengthening partnerships among community members, law enforcement and those from the public health, criminal justice and social work arenas may be advantageous to the implementation of comprehensive community-based firearm violence prevention programs.

#### **Social-Cultural Level**

- To better understand cultural perspectives of firearm violence additional studies that examine African American perceptions of the causes and solutions to firearm violence are recommended.
- The implementation and evaluation of firearm violence prevention programs that are culturally tailored are also recommended. Currently, few programs of this nature have been evaluated.
- Finally, increased collective efficacy in communities is also associated with reduction of neighborhood disorganization, a risk factor for firearm violence. Incorporating strategies in community-based programs that promote health advocacy and improve communal relationships may also prove beneficial.

#### **Conclusion**

Firearm violence in the United States and the debate on how to address this public health issue is a major concern for public health and political leaders. Recent media

coverage of major firearm incidents including mass shootings at schools and public places has increased the public's awareness of firearm violence. Court trials like the Trayvon Martin case have also led many to question the effectiveness of some firearm policies and laws. In the United States regardless of race/ethnicity, gender or age, firearm violence is among the leading causes of death. African Americans, however, are at the greatest risk for firearm mortality. Disproportionately higher rates of firearm violence among African Americans may imply that current firearm policies and prevention programs do not adequately address risk factors for firearm violence that are more pronounced in African American communities.

Health advocacy is a strategy infused into many initiatives to address health inequalities. Working with African American leaders to advocate for firearm policies and programs that specifically address firearm violence among African Americans is one technique to reducing this racial/ethnic health disparity. Future studies that examine the perceptions of other African American leaders will add to the overall literature on firearm violence and may also lead to opportunities to develop effective firearm violence interventions that are culturally tailored to African Americans. African American leaders that should be included in future firearm studies include: physicians, physician's assistants, nurses, clergymen, mayors and school principals.

## References

- Allen, V.D., & Solomon, P. (2012). Educational-Entertainment as an intervention with Black adolescents exposed to community violence. *Journal of Prevention & Intervention in the Community*, 40(4), 313-324.
- Allen, A., & Lo, C. (2012). Drugs, guns, and disadvantaged youths: co-occurring behavior and the code of the street. *Crime & Delinquency*, 58(6), 932-953.
- Barry, C.L., McGinty, E.E., Vernick, J.S., & Webster, D.W. (2013). After Newtown -- public opinion on gun policy and mental illness. *New England Journal of Medicine*, 368(12), 1077-1081.
- Bellair, E., & McNulty, T. (2005). Beyond the bell curve: community disadvantage and the explanation of Black-White differences in adolescent violence. *Criminology*, 43(4), 1135-1168.
- Braga, A., Hureau, D., & Papachristos, A. (2014). Deterring gang-involved gun violence: measuring the impact of boston's operation ceasefire on street gang behavior. *Journal of Quantitative Criminology*, 30(1), 113-139.
- Brennan, R. & Moore, S.C. (2009). Weapons and violence:a review of theory and research. *Aggression and Violent Behavior*, 14(3), 215-225.
- Brevard, J., Maxwell, M., Hood, K., & Belgrave, F. (2013). Feeling safe: intergenerational connections and neighborhood disorganization among urban and rural African American youth. *Journal of Community Psychology*, 41(8), 992-1004.
- Brunson, R. K. (2007). "Police don't like Black people: African American young men's accumulated police experiences. *Criminology & Public Policy*, 6(1), 71-101.



- Bryant, W.W. (2011). Internalized racism's association with African American male youth's propensity for violence. *Journal of Black Studies*, 42(4), 690-707.
- Calonge, N. (2005). Community interventions to prevent violence: translation into public health practice. *American Journal of Preventive Medicine*, 28(2,Suppl1), 4-5.
- Carlisle, S. (2000). Health promotion, advocacy and health inequalities: a conceptual framework. *Health Promotion International*, 15(4), 369-376.
- Congressional Black Caucus. (2013). America's Congressional Black Caucus Retrieved January 10, 2013, from <http://cbc.fudge.house.gov/about/>.
- Center for Disease Control and Prevention. (2013a). Injury Prevention & Control. Data & Statistics (WISQARS) Fatal Injury Reports, 2001 – 2010. Retrieved January 10, 2013, from [http://webappa.cdc.gov/sasweb/ncipc/mortrate10\\_us.html](http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html)
- Center for Disease Control and Prevention. (2013b). Injury Prevention & Control: Data & Statistics (WISQARS). Years of Potential Life. Retrieved January 10, 2013, from [http://www.cdc.gov/injury/wisqars/years\\_potential.html](http://www.cdc.gov/injury/wisqars/years_potential.html)
- Center for Disease Control and Prevention. (2013c). Injury Prevention & Control: Definitions: self-directed violence. Retrieved January 10, 2013, from <http://www.cdc.gov/violenceprevention/suicide/definitions.html>
- Center for Disease Control and Prevention. (2013d). Injury Center: Definitions for WISQARS Nonfatal. Retrieved January 10, 2013, from <http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm>

- Chapdelaine, A., Samson, E., Kimberley, M.D., & Viau, L. (1991). Firearm-related injuries in Canada: issues for prevention. *Canadian Medical Association Journal*, 145(10), 1217-1223.
- Children Defense Fund. (2013). Protect Children Not Guns Retrieved August 15, 2013, from <http://www.childrensdefense.org/child-research-data-publications/data/protect-children-not-guns-2013.html>.
- Children's Safety Network. (2013). *Focus on firearm safety:resource guide 2013*. Retrieved from [http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/Firearm\\_ResourceGuide2013\\_0.pdf](http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/Firearm_ResourceGuide2013_0.pdf).
- Chonody, J., Ferman, B., Amitrani, Welsh, J., & Martin, T. (2013). Violence through the eyes of youth: a photovoice explorations. *Journal of Community Psychology*, 41(1), 84-101.
- Christoffel, K. K. (2007). Firearm injuries: epidemic then, endemic now. *American Journal of Public Health*, 97(4), 626-629.
- CLASP. (2013). Taking Aim at Gun violence. Retrieved January 10, 2013, from <http://www.clasp.org/resources-and-publications/files/Taking-Aim-at-Gun-Violence.pdf>.
- Congress.gov. (2013). H.R. 2959 – National Right-to-Carry Reciprocity Act of 2013. Retrieved June 6, 2014, from <http://beta.congress.gov/bill/113th-congress/house-bill/2959>.
- Cornwell, E. E. (1994). Violence, guns, and race: health-care professionals must speak out. *Journal of the National Medical Association*, 86(5), 33-334.

- Desilver, D. (2013). Black unemployment rate is consistently twice that of whites. Retrieved December 15, 2013, from <http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-double-that-of-whites/>.
- Duggan, M. (2006). More guns, more crime. *International Library of Critical Writings in Economics*, 195(3), 1086-1114.
- DuRant, R. H., Cadenhead, C., Pendergrast, R. A., Slavens, G., & Linder, C. W. (1994). Factors associated with the use of violence among urban Black adolescents. *American Journal of Public Health*, 84(4), 612-617.
- Edwards P. J., Roberts, I., Clark M.J., Di Guiseppi C., Wentz, R., Kwan, I., Cooper, R. Felix, L.M, & Pratap, S. (2009). Methods to increase response to postal and electronic questionnaires. *Cochrane Database of Systematic Reviews* (3).
- Federal Bureau of Investigation. (2013). National Instant Criminal Background Check System. Retrieved June 6, 2014 from, <http://www.fbi.gov/about-us/cjis/nics>.
- Feigelman, S., Howard, D. E., Li, X. & Cross, S. I. (2000). Psychosocial and environmental correlates of violence perpetration among African-American urban youth. *Journal of Adolescent Health*, 27(3), 202-209.
- Felson, R. B., & Painter-Davis, N. (2012). Another cost of being a young black male: race, weaponry, and lethal outcomes in assaults. *Social Science Research*, 41(5), 1241-1253.
- Hahn, R. A, Bilukha, O., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., . . . Briss, P. A. (2005). Firearms laws and the reduction of violence: a systematic review. *American journal of preventive medicine*, 28(2), 40-71.

- Hall, R.E., & Pizarro, Jesenia, M. (2010). Unemployment as conduit of black self-hate. *Journal of Black Studies*, 40(4), 653-665.
- Hammond, W. R., & Yung, B. R. (1991). Preventing violence in at-risk African-American youth. *Journal of Health Care for the Poor and Underserved*, 2(3), 359-373.
- Hannon, L. E. (2005). Extremely poor neighborhoods and homicide. *Social Science Quarterly*, 86, 1418-1434.
- Harrison, J.A., Mullen, P.D., & Green, L.W. (1992). A meta-analysis of studies of the health belief model with adults. *Health Education Research*, 7(1), 107-116.
- Hemenway, D., Kennedy, B.P., Kawachi, I., & Putnam, R. D. (2001). Firearm prevalence and social capital. *Annals of Epidemiology*, 11(7), 484-490.
- Henrich, C. C., Brookmeyer, K. A., & Shahar, G. (2005). Weapon violence in adolescence: parent and school connectedness as protective factors. *Journal of Adolescent Health*, 37(4), 306-312.
- Hoyert, D., & Xu, J. (2011). *National Vital Statistics Report*. Retrieved from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).
- Institute of Medicine. (2013). *Priorities for research to reduce the threat of firearm-related violence:report brief*. Retrieved November 19, 2013, from [http://www.iom.edu/~media/Files/Report%20Files/2013/Firearm-Violence/FirearmViolence\\_RB.pdf](http://www.iom.edu/~media/Files/Report%20Files/2013/Firearm-Violence/FirearmViolence_RB.pdf).
- Johnson, P.M. (2005). A Glossary of Political Economy Terms Retrieved January 10, 2013, from <http://www.auburn.edu/~johnspm/gloss/constituent>.

- Jones-Webb, R., & Wall, M. (2008). Neighborhood racial/ethnic concentration, social disadvantage, and homicide risk: an ecological analysis of 10 U.S. cities. *Journal of Urban Health*, 85(5), 662-676.
- Kaiser Family Foundation. (2013). Kaiser Health Tracking Poll: February 2013 Retrieved December 8, 2013, from <http://kff.org/disparities-policy/poll-finding/kaiser-health-tracking-poll-february-2013/>.
- Kessler, J., & Kimbrough, L. (2002). Stolen firearms: arming the enemy: Americans for gun safety foundation. Retrieved January 10, 2013, from <http://www.agsfoundation.com/>.
- Kilewer, W. (2013). The role of neighborhood collective efficacy and fear of crime in socialization of coping with violence in low-income communities. *Journal of Community Psychology*, 41(8), 920-930.
- King K.A., Pealer L.N., & Bernard, A.L. (2001). Increasing response rates to postal questionnaires:a review of inducement strategies. *American Journal of Health Education*. 32, 4-15.
- Kleck G. & Patterson, E.B. (1993). The impact of gun control rates and gun ownership levels on violence. *Journal of Quantitative Criminology*, 9, 249-282.
- Klein, G. C. (2008). For the new commander in chief: a violence prevention strategy. *Journal of Police Crisis Negotiations*, 9(1), 55-60.
- Krivo, L. J., & Peterson, R. D. (2000). The structural contest of homicide: accounting for racial differences in process. *American Sociological Review*, 65(4), 547-559.

- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B. & Lozano, R. (2002). *World report on violence and health*. Retrieved January 10, 2013, from <http://whqlibdoc.who.int/hq/2002/9241545615.pdf>.
- Kurbin, C.E., & Wadsworth, T. (2009). Explaining suicide among Blacks and Whites: how socioeconomic factors and gun availability affect race-specific suicide rates. *Social Science Quarterly*, 90(5), 1203-1227.
- Kwon, I.G., Scott, B., Sanfraski, S.R., & Bae, M. (1997). The effectiveness of gun control laws: a multivariate statistical analysis. *American Journal of Economics and Sociology*, 56, 45-50.
- Lane, M. A., Cunningham, S. D., & Ellen, J. M. (2004). The intention of adolescents to carry a knife or a gun: a study of low-income African-American adolescents. *Journal of Adolescent Health*, 34(1), 72-78.
- LaVeist, T. (2005). African American health issues. In LaVeist, T, ed. *Minority Populations and Health: An Introduction to Health Disparities in the United States*. 1<sup>st</sup> ed. pp. 216-218. San Francisco, CA: Jossey-Bass.
- Law Center to Prevent Gun Violence. (2012). Straw purchases policy summary Retrieved January 10, 2013, from <http://smartgunlaws.org/straw-purchases-policy-summary/>.
- Levine, R. S., Goldzweig, I., Kilbourne, B., & Juarez, P. (2012). Firearms, youth homicide, and public health. *Journal of Health Care for the Poor and Underserved*, 23(1), 7-19.
- Lewin, N. L., Vernick, J. S., Beilenson, P. L., Mair, J. S., Lindamood, M.M., Teret, S.P., & Webster, D.W. (2005). The Baltimore youth ammunition initiative: a model

- application of local public health authority in preventing gun violence. *American Journal of Public Health*, 95(5), 762-765.
- Lo, C. C., Howell, R. J., & Cheng, T. C. (2013). Explaining Black–White differences in homicide victimization. *Aggression and Violent Behavior*, 18(1), 125-134.
- Ludwing, J. & Cook, P.J. (Eds.) (2003). *Evaluationg Gun Policy: Effects on Crime and Violence* (pp.345-411). Washington D.C.: The Brookings Institution.
- Macartney, S., Bishaw, A., & Fontenot, K. (2013). Poverty rates for selected detailed race and Hispanic groups by state and place:2007-2011. Retreived May 5, 2013, from <http://www.census.gov/content/dam/Census/library/publications/2013/acs/acsbr11-17.pdf>.
- Makarios, M. D., & Pratt, T. C. (2012). The effectiveness of policies and programs that attempt to reduce firearm violence: a meta-analysis. *Crime & Delinquency*, 58(2), 222-244.
- Martin, S. L., Sadowski, L. S., Cotten, N. U., & McCarraher, D. R. (1996). Response of African-American adolescents in North Carolina to gun carrying by school mates. *Journal of School Health*, 66(1), 23-26.
- May, J. P., & Martin, K. L. (1993). A role for the primary care physician in counseling young African-American men about homicide prevention. *Journal of General Internal Medicine*, 8(7), 380-382.
- McGarrell, E, Hipple, N, & Corsaro, N. (2007). Project safe neighborhoods: strategic interventions. Retrieved June 6, 2014, from [https://www.bja.gov/publications/md\\_alabama.pdf](https://www.bja.gov/publications/md_alabama.pdf).

- McGee, Z. T. (2003). Community violence and adolescent development an examination of risk and protective factors among African American youth. *Journal of Contemporary Criminal Justice*, 19(3), 293-314.
- McLaughlin, Colleen R., Daniel, J., Reiner, Scott M., Waite, D. E., Reams, P. N., Joost, T. F., . . . Gervin, A. S. (2000). Factors associated with assault-related firearm injuries in male adolescents. *Journal of Adolescent Health*, 27(3), 195-201.
- McMahon, S. D., Coker, C., & Parnes, A. L. (2013). Environmental stressors, social support, and internalizing symptoms among African American youth. *Journal of Community Psychology*, 41(5), 615-630.
- Merriam-Webster. (2014). Legislation. Retrieved January 14, 2014, from <http://www.merriam-webster.com/dictionary/legislature>.
- Miller, TR. (2010). The Cost of Firearm Violence. Retrieved January 10, 2013 from <http://www.childrenssafetynetwork.org/cost-gun-violence>.
- Myers, G. P., McGrady, G. A., Marrow, C., & Mueller, C. W. (1997). Weapon carrying among black adolescents: a social network perspective. *American Journal of Public Health*, 87(6), 1038-1040.
- Nathanson, C.A. (1999). Social movement as catalyst for policy change: the case of smoking and guns. *Journal of Health Politics, Policy and Law*, 24(3), 421-488.
- National Association for the Advancement of Colored People (2013). Stopping gun violence: urging strong support for sane and sensible gun violence prevention laws. Retrieved January 10, 2013, from <http://www.naacp.org/action-alerts/entry/stopping-gun-violence>.



- National Black Caucus of State Legislators. (2013). National Black Caucus of State Legislators: About Us Retrieved January 10, 2013, from <http://www.nbcsl.org/about-us/from-the-president.html>.
- National Center for Education Statistics. (2013). Public high school four-year on time graduation rates and event dropout rates: school years 2010-11 and 2011-2012. Retrieved June 6, 2014, from <http://nces.ed.gov/pubs2014/2014391.pdf>.
- National Drug Court Resource Center. (2013). National Drug Court Resource Center: What is gun court? Retrieved January 10, 2013, from <http://www.ndcrc.org/content/what-gun-court>.
- Nielsen, A. L., Martinez, R, & Rosenfeld, R. (2005). Firearm use, injury, and lethality in assaultive violence: an examination of ethnic differences. *Homicide Studies*, 9(2), 83-108.
- Oliver, W. (2000). The public health and social consequences of Black male violence. *Journal of African American Men*, 5(2), 71-92.
- Oxford Dictionaries. (2013). Definition of homicide. Retrieved January 10, 2013, from <http://www.oxforddictionaries.com/definition/english/homicide?q=homicide+>.
- Parker, K. F., Maggard, S. R., & Maggard, S. R. (2009). Making a difference: the impact of traditional male role models on drug sale activity and violence involving Black urban youth. *Journal of Drug Issues*, 39(3), 715-739.
- Parker, K. F., & Reckdenwald, A. (2008). Concentrated disadvantage, traditional male role models, and African-American juvenile violence. *Criminology*, 46(3), 711-735.

- Picard-Fritsche, S. & Cerniglia, L. (2013). Testing a public health approach to gun violence: an evaluation of crown heights save our streets a replication of the cure violence model.: Retrieved June 6, 2014, from [http://www.courtinnovation.org/sites/default/files/documents/SOS\\_Evaluation.pdf](http://www.courtinnovation.org/sites/default/files/documents/SOS_Evaluation.pdf).
- Plant, E., Ashby, G.J., & Kunstman, J.W. (2011). Selective responses to threat the roles of race and gender in decisions to shoot. *Personality and Social Psychology Bulletin*, 37(9), 1274-1281.
- Price, J. H., Kandakai, T. L., Casler, S., Everett, S., & Smith, D. (1994). African-American adults' perceptions of guns and violence. *Journal of the National Medical Association*, 86(6), 426-432.
- Price, J.H., Dake, J.A., Kucharewski, R. (2001). Assets as predictors of suicide attempts in African American inner-city youths. *American Journal of Health Behavior*, 25(4), 367-375.
- Price, J.H., Thompson, A.J., & Dake, J.A. (2004). Factors associated with state variations in homicide, suicide, and unintentional firearm deaths. *Journal of Community Health*, 29(4), 271-283.
- Rastogi, S., Johnson, T.D., Hoeffel, E.M., & Drewery, M.P. (2011). *The Black population:2010*. Retrieved May 5, 2013, from <http://www.census.gov/library/publications/2011/demo/c2010br-06.html>.
- Reese, L. E., Vera, E. M., Thompson, K., & Reyes, R. (2001). A qualitative investigation of perceptions of violence risk factors in low-income African American children. *Journal of Clinical Child & Adolescent Psychology*, 30(2), 161-171.

- Resnick, M. D, Ireland, M., & Borowsky, I. (2004). Youth violence perpetration: what protects? what predicts? findings from the national longitudinal study of adolescent health. *Journal of Adolescent Health, 35*(5), 424e1-424e10.
- Rich, J. A., & Grey, C. M. (2005). Pathways to recurrent trauma among young Black Men: traumatic stress, substance use, and the “code of the street”. *American Journal of Public Health, 95*(5), 816-824.
- Richardson, J.B., Brown, J., & Van Brakle, M. (2013). Pathways to early violent death: the voices of serious violent youth offenders. *American Journal of Public Health, 103*(7), e5-e16.
- Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine, 41*(1), 71-83.
- Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma- and grief-focused intervention for adolescents exposed to community violence: results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice, 5*(4), 291-303.
- Schneider, D., Greenberg, M. R., & Choi, D. (1992). Violence as a public health priority for Black Americans. *Journal of the National Medical Association, 84*(10), 843-848.
- Sheley, J. F., McGee, Z. T., & Wright, J. D. (1992). Gun-related violence in and around inner-city schools. *American Journal of Diseases of Children, 146*(6), 677-682.

- Sherman, L. (2001). Reducing gun violence: what works, what doesn't, what's promising. *Criminology and Criminal Justice*, 1(1), 11-25.
- Sikora, A.G., & Mulvihill, M. (2002). Trends in mortality due to legal intervention in the United States 1979 through 1997. *American Journal of Public Health*, 92(5), 841-843.
- Spano, R. (2012). First time gun carrying and the primary prevention of youth gun violence for African American youth living in extreme poverty. *Aggression & Violent Behavior*, 17(1), 83-88.
- Steinman, K. J., & Zimmerman, M. A. (2003). Episodic and persistent gun-carrying among urban African-American adolescents. *Journal of Adolescent Health*, 32(5), 356-364.
- Strom, K. J., & MacDonald, J. M. (2007). The influence of social and economic disadvantage on racial patterns in youth homicide over time. *Homicide Studies*, 11(1), 50-69.
- Substance Abuse and Mental Health Services Administration. (2013). Behavioral Health and Black/African Americans. Retrieved June 6, 2014, from <http://www.samhsa.gov/obhe/african-american.aspx>
- Sugimoto-Matsuda, J.J. & Braun, K.L. (2014) The role of collaboration in facilitating policy change in youth violence prevention:a review of the literature. *Preventive Science*, 15: 194-204
- Svenson, J. E., Spurlock, C., & Nypaver, M. (1996). Pediatric firearm-related fatalities. Not just an urban problem. *Archives of Pediatrics & Adolescent Medicine*, 150(6), 583-587.

- Telljohann, S. K., & Price, J. H. (1994). A preliminary investigation of inner city primary grade students' perceptions of guns. *Journal of Health Education*, 25(1), 41-46.
- The Future of Children. (2014). Defining unintentional injuries Retrieved January 10, 2013, from <http://futureofchildren.org/publications/journals/article/index.xml?journalid=60&articleid=381&sectionid=2572>.
- Thompson, A, Price, J.H., Dake, J.A., & Tatchell, T. (2006). Police chiefs' perceptions of the regulation of firearms. *American Journal of Preventive Medicine*, 30, 305-312.
- United States Department of Justice. (2013). Bureau of alcohol, tobacco, firearms and explosives . Retrieved January 10, 2013, from <https://www.atf.gov/content/About>.
- Violence Policy Center. (2013). Black homicide victimization in the United States, Retrieved March 18, 2014, from <http://www.vpc.org/studies/blackhomicide14.pdf>.
- Wadsworth, T., Kubrin, C.E., & Herting J.R. (2014). Investigating the rise (and fall) of young Black male suicide in the United States, 1982-2001. *Journal of African American Studies*, 18:72-91.
- Wei, E., Hipwell, A., Pardini, D., Beyers, J. M., & Loeber, R. (2005). Block observations of neighborhood physical disorder are associated with neighborhood crime, firearm injuries and deaths, and teen births. *Journal of Epidemiology and Community Health*, 59(10), 904-908.
- Wellford, C. F., Pepper, J. V., & Petrie, C. V. (2004). *Firearms and violence: a critical review*: National Academies Press.

- Whaley, A. L. (1992). A culturally sensitive approach to the prevention of interpersonal violence among urban black youth. *Journal of the National Medical Association*, 84(7), 585.
- Wintemute, G. J. (2013). Responding to the crisis of firearm violence in the United States: comment on “firearm legislation and firearm-related fatalities in the United States”. *Journal of the American Medical Association Internal Medicine*, 173(9), 740-740.
- Xie, M. (2010). The effects of multiple dimensions of residential segregation on Black and Hispanic homicide victimization. *Journal of Quantitative Criminology*, 26(2), 237-268.

## **Appendix A**

### **Firearm Policies**

#### Policy related to manufacture of firearms

- Ban the manufacture of all firearms
- Ban manufacture of certain firearms
- Ban all handguns
- Ban Saturday night specials
- Ban assault weapons
- Ban automatic weapons
- Ban long firearms
- Ban other types of firearms
- Ban high capacity ammunition clips

#### Regulate the manufacture of firearms

- Personalized firearms
- Childproofing
- Safety features-magazine and chamber indicators (i.e. Loaded chamber indicator, Grip safety, Magazine safety, drop safety)
- Other safety criteria for manufacture or importation
- Regulate the quantity of guns manufactured
- Impose strict liability on manufacturers for firearms injuries
- Tax manufacturers for firearms produced

#### Policy related to sale of firearms

- Ban the sale of all firearms

- Ban the sale of certain firearms
- Ban the sale of military-style, semiautomatic assault weapons (10 or more; 20 or more)
- Ban the sale of large capacity ammunition clips or magazines (10 or more; 20 or more)
- Ban the sale of firearms to certain people-age, mental health status
- Ban the sale of firearms to those with criminal history-by felony, misdemeanor, or arrest record
- Ban the sale by citizenship
- Ban the sale by high risk behavior, such as substance abuse addiction, domestic violence
- Limit the number of firearms that can be sold during a certain time period
- Impose waiting periods
- Require background check on all firearms
- Waiting periods for dealers
- Waiting periods for non-dealers
- Stricter requirements for licensed sellers-Inspection and compliance monitoring
- Prosecution of people who buy guns for other people who are prohibited from having a gun (“straw purchase”)
- Prosecution for direct sales to prohibited persons
- Higher license fees on all sellers (including private sales)
- Imposing strict liability on sellers
- Require sales to include after-market safety devices



### Policy Related to possession of firearms

- Ban possession of all firearms
- Ban possession of certain firearms
- Banning the possession of military-style, semiautomatic assault weapons (10 or more; 20 or more)
- Banning the possession of large capacity ammunition clips or magazines (10 or more; 20 or more)
- Ban possession by certain people ( See Prohibited- Person policies)
- Register possession of all firearms
- Register certain firearms
- Increase registration fees
- Restrict possession by location-public places, high risk places, in schools
- Requiring proper storage-childproof
- Requiring safety courses to firearm owners
- Licensing carrying of firearms, type, location by carrying mode (concealed exposed)
- Enhance detection of illegal possession

### Prohibited-person policies

- Prohibiting a person convicted of two or more crimes involving alcohol or drugs within a 3 year period from having a gun for 10 years
- Prohibiting a person convicted of violating a domestic-violence restraining order from having a gun for 10 years

- Prohibiting a person convicted of a serious crime as a juvenile from having a gun for 10 years
- Prohibiting a person under the age of 21 from having a handgun
- Prohibiting a person under on the terror watch list from having a gun
- Requiring people to obtain a license from a local law enforcement agency before buying a gun to verify their identity and ensure that they are not legally prohibited from having a gun
- Prohibiting people who have been convicted of each of these crimes from having a gun for 10 years:
  - Public display of a gun in a threatening manner excluding self-defense
  - Domestic violence
  - Assault and battery that does not result in serious injury or involve a lethal weapon
  - Drunk and disorderly conduct
  - Carrying a concealed gun without a permit
  - Indecent exposure
- Probation – enhancing supervision for gun offenders
- Limit the number of handguns a person could buy in one year – Plan to add this item to the questionnaire

#### Background-check policies

- Require a background check system for all gun sales to make sure a purchaser is not legally prohibited from having a gun

- Increase federal funding to states to improve reporting of people prohibited by law from having a gun to the background –check system
- Allow law enforcement up to 5 business days, if needed to complete a background check for gun buyers
- Require health care providers to report people who threaten to harm themselves or others to the background-check system to prevent them from having a gun for 6 months
- Require states to report a person to the background-check system who is prohibited from buying a gun either because of involuntary commitment to a hospital for psychiatric treatment or because of being declared mentally incompetent by a court of law
- Require the military to report a person who has been rejected from service because of mental illness or drug or alcohol abuse to the background-check system to prevent them from having a gun

#### Policies affecting gun dealers

- Allow the Bureau of Alcohol, Tobacco, and Firearms to temporarily take away a gun dealer's license if an audit reveals record-keeping violations and the dealer cannot account for 20 or more guns
- Allow cities to sue licensed gun dealers when there is strong evidence that the gun dealer's careless sales practices allowed criminals to obtain guns
- Allow the information about which guns used in crimes to be available to the police and the public so that those gun dealers can be prioritized for greater oversight

- Require a mandatory minimum sentence of 2 years in prison for a person convicted of knowingly selling a gun to someone who cannot legally have a gun

#### Other gun policies

- Require people to obtain a license from a local law-enforcement agency before buying a gun to verify their identity and ensure that they are not legally prohibited from having a gun
- Provide government funding for research to develop and test “smart guns” designed to fire only when held by the owner of the gun or other authorized user
- Require by law, that a person lock up the guns in home when not in use to prevent handling by children or teenagers without adult supervision
- Allow police officers to search for and remove guns from a person, without a warrant, if they believe the person is dangerous because of a mental illness, emotionally instability, or a tendency to be violent
- Allow people who have lost the right to have a gun because of mental illness to have the right restored if they are determined not to be dangerous

#### Funding

- Increase funding for better surveillance, research, evaluation of firearm violence
- Increase funding for mental health services
- Increase funding for firearm prevention research

#### Other prevention strategies that are not necessarily laws are policies

- Provide counseling to patients about the potential dangers of firearms and proper storage of these weapons
- Implement gun buy- back programs to reduce the number of guns on the streets

- Policing – Saturation of “hot spots” with patrol officers
- Implement gun courts – specialized court system for gun offenders
- Implement community interventions such as Cure Violence and Project Safe

Sources: Barry, McGinty, Vernick & Webster, 2013; Children’s Safety Network, 2013; Kleck & Patterson, 1993; Kwon, Scott, Sanfraski & Bate, 1997; Makarios, Matthew, Pratt, 2012; Thompson, 2004; Wintemute, 2013

## Appendix B

### Survey

#### Perceptions of Firearm Violence Prevention Legislation

Directions: This survey is about firearm violence in the African American community. Please put a checkmark next to your response to each of the following questions. Your responses will be **confidential**, only group data will be reported. **Do not put your name on this questionnaire.**

1. Are you a Legislator? ☐ Yes ☐ No, I am a staff member. (Please check one answer)

**Note:** If you are a legislator, please continue on to question 2. If you are a staff member, please continue on to question 2 to answer the remainder of the survey on behalf of the legislator.

2. Have you ever personally been a victim of firearm violence?  
☐ Yes ☐ No ☐ No, but a close friend/family member has been
3. In your opinion, how serious is firearm violence among African Americans?  
☐ Very serious ☐ Somewhat serious ☐ Not very serious ☐ Not serious at all
4. What do you perceive to be the **causes** of firearm violence in the African American community?  
(Please check the appropriate box for each cause.)

Causes	Major Cause	Minor Cause	Not a Cause
Illegal trafficking of firearms			
Lack of sufficient adult mentors for youth			
Poor quality of schools			
Exposure to violence in the community			
Lack of job opportunities			
Widespread poverty			
Poor parenting practices (i.e. less supervision, too punitive too permissive, etc.)			
Easy access to firearms			
Media violence (music artists, movies, video games, etc.)			
Gang activity			
Substance abuse (including alcohol)			
Being a victim of violence			
Mental illness			
Lack of access to mental health care			
Lack of direct violence prevention education in schools			
Disordered neighborhoods and lack of trust			
Child abuse in the home			
Child/adolescent bullying			
Illegal drug market activity			
Racism and oppression			
Feeling unsafe			
Other (Please identify)			

5. Directions: Please indicate your personal opinion regarding how effective the following legislation would be in reducing firearm violence in the African American community by circling, VE, SE, NE or NS. Key is below:

VE = Very Effective

SE = Somewhat Effective

NE = Not Effective

NS = Not sure

Also indicate if you would vote for a bill on this topic if it were a “clean” bill.

Policy	Effectiveness				Not Sure	Would you vote for?	
	VE	SE	NE	NS		Yes	No
a. Banning the sale of military-style, semiautomatic assault weapons.	VE	SE	NE	NS		Yes	No
b. Banning the sale of large capacity (more than 10 bullets) ammunition clips or magazines.	VE	SE	NE	NS		Yes	No
c. Banning the possession of military-style, semiautomatic assault weapons.	VE	SE	NE	NS		Yes	No
d. Banning the possession of large-capacity (more than 10 bullets) ammunition clips or magazines.	VE	SE	NE	NS		Yes	No
e. Increasing government funding for mental health services.	VE	SE	NE	NS		Yes	No
f. Increasing government funding for firearm violence prevention research and programs.	VE	SE	NE	NS		Yes	No
g. Prohibiting a person convicted of two or more crimes involving alcohol or drugs within a 3 year period from having a gun for 10 years.	VE	SE	NE	NS		Yes	No
h. Prohibiting a person convicted of a serious crime as a juvenile from having a gun for 10 years.	VE	SE	NE	NS		Yes	No
i. Prohibiting a person under the age of 21 from possessing a handgun.	VE	SE	NE	NS		Yes	No
j. Prosecuting people who buy guns for other people who are prohibited from having a gun (“straw purchase”).	VE	SE	NE	NS		Yes	No
k. Requiring background check system for all gun sales (including private ones) to make sure a purchaser is not legally prohibited from having a gun.	VE	SE	NE	NS		Yes	No
l. Allowing the Bureau of Alcohol, Tobacco, and Firearms to temporarily take away a gun dealer’s license if an audit reveals record-keeping violations.	VE	SE	NE	NS		Yes	No
m. Requiring people to obtain a license from a local law enforcement agency before buying a gun to verify their identity and ensure that they are not legally prohibited from having a gun.	VE	SE	NE	NS		Yes	No
n. Requiring states to report a person to the background-check system who is prohibited from buying a gun either because of involuntary commitment to a hospital for psychiatric treatment or because of being declared mentally incompetent by a court of law.	VE	SE	NE	NS		Yes	No
o. Allowing the information about which guns were used in crimes to be available to the police and the public so that those gun dealers can be prioritized for greater oversight.	VE	SE	NE	NS		Yes	No
p. Allowing police officers to search for and remove guns from a person, without a warrant, if they believe the person is dangerous because of a mental illness, emotionally instability, or a tendency to be violent.	VE	SE	NE	NS		Yes	No

Policy	Effectiveness				Not Sure	Would you vote for?	
q. Requiring states to implement gun courts – specialized court system for gun offenders.	VE	SE	NE	NS		Yes	No
r. Limiting the number of handguns a person could buy in one year.	VE	SE	NE	NS		Yes	No
s. Prohibiting people who have been convicted of each of these crimes from having a gun for 10 years:							
Public display of a gun in a threatening manner (excluding self-defense)	VE	SE	NE	NS		Yes	No
Domestic violence	VE	SE	NE	NS		Yes	No
Assault and battery that does not result in serious injury or involve a lethal weapon	VE	SE	NE	NS		Yes	No
Drunk and disorderly conduct	VE	SE	NE	NS		Yes	No
Carrying a concealed gun without a permit	VE	SE	NE	NS		Yes	No
Indecent exposure	VE	SE	NE	NS		Yes	No

6. The **most effective** strategy to reducing firearm violence in the African American community should focus on:  
(Please check one only)

☐ Individual issues (e.g. Behavioral/mental health problems)
 ☐ Societal issues (e.g. Crime and poverty)
 ☐ Legislative strategies (e.g. Limiting access to firearms)

7. What do you think are the **benefits** to supporting the majority of various types of firearm violence prevention legislation?  
(Please check all that apply.)

☐ There are no benefits to supporting firearm violence prevention legislation.

☐ My constituents would be very supportive of my efforts on this topic

☐ I would gain new political support from a variety of constituents.

☐ It would result in African Americans feeling safer in their communities.

☐ It would reduce the level of violence in the African American community.

☐ It would reduce health care disparities.

☐ It would reduce the level of health care costs in the African American community.

☐ It would reduce premature mortality in the African American community.

☐ I would gain new financial support from some of my constituents.

☐ It would increase job opportunities in the African American community.

☐ Other benefits (Please identify) \_\_\_\_\_



8. What do you think are the **barriers** to supporting various types of firearm violence prevention legislation?  
(Please check all that apply.)

<input type="checkbox"/>	There are no barriers to supporting firearm violence prevention legislation.
<input type="checkbox"/>	Too many priorities of greater importance.
<input type="checkbox"/>	I am not certain which legislation would be effective.
<input type="checkbox"/>	Legislation on firearm violence prevention is a low priority for my constituents.
<input type="checkbox"/>	It would likely cause me to lose financial support from some of my constituents.
<input type="checkbox"/>	I would likely be targeted for defeat by the National Rifle Association (NRA).
<input type="checkbox"/>	I would likely lose support from my fellow legislators for other legislative issues.
<input type="checkbox"/>	It would result in some of my constituents feeling less safe.
<input type="checkbox"/>	It would be a waste of time because fellow legislators would not support such legislation.
<input type="checkbox"/>	My constituents would not be supportive of legislation on firearm violence prevention.
<input type="checkbox"/>	Other barriers (Please identify) _____

<p align="center"><b>Demographic Information:</b> Please place an <b>X</b> next to the option that best represents the legislator's personal characteristics.</p>	
1. What is your sex?	<input type="checkbox"/> Female <input type="checkbox"/> Male
2. What is your race/ethnicity? ( Please check all that apply)	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
3. What is your age?	<input type="checkbox"/> less than 30 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+
4. What is your highest level of education?	<input type="checkbox"/> High School <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Law Degree <input type="checkbox"/> Doctorate
5. Please identify which racial/ethnic group represents the largest proportion of your constituents:	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
6. Do you own a firearm?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what type(s) do you own? (Check all that apply)	
<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other (Please specify): _____	
7. Why do you own the firearm(s) indicated in #6 above? ( Check all that apply)	<input type="checkbox"/> I do not own a firearm <input type="checkbox"/> Personal Safety <input type="checkbox"/> Hunting/sport <input type="checkbox"/> Collecting firearms <input type="checkbox"/> Was a gift <input type="checkbox"/> Other (Please specify) _____
8. Do you have a valid permit for carrying a concealed handgun?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Are you a member of the National Rifle Association (NRA)?	<input type="checkbox"/> yes <input type="checkbox"/> no
10. Are you member of the ... (Check only one):	<input type="checkbox"/> National Black Caucus of State Legislators <input type="checkbox"/> Congressional Black Caucus <input type="checkbox"/> Neither
11. Are you registered as a:	<input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> Democrat <input type="checkbox"/> Libertarian <input type="checkbox"/> None <input type="checkbox"/> Other
Please return this survey in the postage paid envelope provided. Thank you for your time.	

## Appendix C

### Panel of Experts

#### **Survey Research**

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#### **Firearm Policy and Law**

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## Appendix D

### Human Subjects Approval letter



The University of Toledo  
Department for Human Research Protections  
Social, Behavioral & Educational Institutional Review Board  
Office of Research, Rm. 2300, University Hall  
2801 West Bancroft Street, Mail Stop 944  
Toledo, Ohio 43606-3390  
Phone: 419-530-2844 Fax: 419-530-2841  
(FWA00010686)

**To:** Amy Thompson, Ph.D. and Erica Payton  
Department of Health and Recreation Professions

**From:** Barbara K. Chesney, Ph.D., Chair  
Mary Ellen Edwards, Ph.D., Vice Chair  
Walter Edinger, Ph.D., Chair Designee  
Lee Ann Pizzimenti, J.D., Chair Designee

**Signed:** B-K. Chesney **Date:** 11/07/13

**Subject:** IRB #108545  
Protocol Title: *African American Legislators Perceptions of Firearm Violence to the African American Community*

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On 11/07/13, the Protocol listed below was reviewed and approved by the Chair and Chair Designee of the University of Toledo (UT) **Social Behavioral & Educational** Institutional Review Board (IRB) via the expedited process. The Chair and Chair Designee noted that a waiver of written consent has been granted and that an information sheet will be provided for all participants. This action will be reported to the committee at its next scheduled meeting.

Items Reviewed:

- IRB Application Requesting Expedited Review
- Current IRB Approved Information Letter (version date 11/07/13)
- Current IRB Approved Survey(s) (version date 11/07/13)

This protocol approval is in effect until the expiration date listed below, unless the IRB notifies you as otherwise.

**Only the most recent IRB approved Consent/Assent form(s) listed above may be used when enrolling participants into this research.**

<b>Approval Date:</b> 11/07/13	<b>Expiration Date:</b> 11/06/14
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<b>Number of Subjects Approved:</b> 900
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**Please read the following attachment detailing Principal Investigator responsibilities.**