

Firearm Access and Safe Storage: What are Social Workers' Training and Assessment Practices with Clients?

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Abstract: *Social workers often work with clients who are at elevated risk for firearm victimization or perpetration due to their personal risk factors. But are they talking to their clients about firearms? Research on social workers' firearm assessment or discussions with clients about safe storage is scarce. This study sought to better understand social workers' and students' firearms training, beliefs, general knowledge, and application to practice. An anonymous, online, quantitative survey was completed by 139 social workers and students. Most social work practitioners and students had zero hours of training regarding firearms in their social work programs, their internship, and/or from continuing education units (CEUs). Those that had training asked clients about firearms. Besides asking suicidal and aggressive clients, most social workers were not routinely asking other high-risk clients about their access to firearms or their storage practices. Over half of the participants said they would be interested in future training. Social workers have unique skills and key connections with high-risk clients who are vulnerable to firearm-related risks. They have the potential to prevent gun violence, but only if they receive thorough, effective training on firearms assessment and safe storage practices.*

Keywords: *Firearm access, firearm safety, social workers' training, assessment of firearm risk, firearm violence*

Firearm violence is among the U.S.'s leading causes of death and disability and has been deemed a public health crisis. In 2018, there were approximately 393 million firearms in the U.S. (Ingraham, 2018) and firearm purchases escalated by 4.3 million or 64.3% more than typical purchases during the Covid pandemic (Schleimer et al., 2021). A national poll found approximately 44% of homes in the U.S. have a firearm (Saad, 2020). A firearm in the home increases the risk of homicide by 170% and suicide by 460% (Miller et al., 2016) and in a 2019 national survey, 65% of gun owners admitted to storing their firearm unlocked (Berrigan et al., 2019). Considering these statistics, it's likely that social workers engage with many clients who own firearms or live in a home with them, and this drastically increases their risk for injury or death. In addition, many clients have an increased risk for firearm injury and death due to personal risk factors, such as trauma backgrounds, problems with impulsivity and emotional dysregulation, heavy alcohol use, aggression, dementia, depression, and suicidal ideation (Betz et al., 2018; McGinty et al., 2016; Wintemute, 2015).

Despite asking clients numerous assessment questions about other risky behaviors or sensitive topics like substance use, history of abuse, violence in the home, and sexual activity, studies have noted that social workers rarely ask their clients about firearm access or ownership (Sperlich et al., 2022). However, studies have found most clients are willing

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to discuss gun safety in the context of their healthcare and safety (Betz et al., 2016; Pallin & Barnhorst, 2021). Most social workers report feeling uncomfortable about asking, are not familiar with firearm terminology and culture, or worry about the discussion devolving into politics or potentially affecting the client-worker relationship (Slovak et al., 2008; Sperlich et al., 2022). They are not alone, as nurses, physicians, pediatricians, and mental health professionals also report hesitancy in discussing this topic with clients and readily admit to having little training on the topic from their education and/or continuing professional workshops (Fix & Linsky, 2021; Pallin & Barnhorst, 2021; Roszko et al., 2016; Stanley et al., 2017; Wolf et al., 2019).

Public Health Harm Reduction Model

With many firearms already in possession by U.S. citizens and a strong constitutional support for gun ownership, the likelihood of drastically reducing national firearm ownership is small. A more realistic approach to prevention and safety may be to address firearm risks through a public health harm reduction approach. Firearms are not the cause of violence, but they drastically increase lethality (Rapp-McCall, 2022). The lack of education and/or misuse of a firearm can lead to greater injury and/or death in cases where someone uses it in a state of emotional dysregulation or while under the influence of a substance. The harm reduction model suggests that certain risk factors increase the chance for serious injury and/or death and therefore, reducing those risks may aid in reducing deaths and injuries (Centers for Disease Control and Prevention [CDC], 2022). Non-judgmental prevention is the goal, with risk factors being discussed in an educational way that empowers clients to own their ability to reduce harm.

To mitigate risks from guns, social workers need to understand that firearms are a risk in and of themselves, but access to firearms for individuals with additional risk factors significantly increases the chance of serious injury or death. Safe storage and competent use of firearms have been shown to reduce risks (Dowd et al., 2012). Social workers use strong interpersonal skills, effective communication, and advocacy skills to promote healing, resilience, and equity. As such, they are uniquely qualified to deliver harm reduction education and ultimately assist in preventing firearm injuries and death. The next section will explicate groups at higher risk for perpetrating or getting seriously injured and/or killed from firearms.

Groups Who Have Elevated Risks With Firearms

Children and Youth

In 2020 (the most recent year with available data from the CDC), firearms were the number one cause of death for children ages 1-19 in the United States, surpassing motor vehicle accidents (CDC, 2020a; Lee et al., 2022). Children and youth are at higher risk around guns for several reasons, they do not completely grasp the finality of death, are impulsive, have quickly changing emotions and moods, and are inherently curious about their surroundings (Solnick & Hemenway, 2019). In a recent study regarding firearms in the home, one-third of adolescents aged 13-17 reported that they could gain access to the

family firearm within 5 minutes, including firearms that were locked (Salhi et al., 2021) and approximately 4.6 million children reside in homes with unlocked and loaded firearms (Azrael et al., 2018). Studies on school shooters have reported that 80% of the youth obtained guns from their home or family members outside the home (Peterson & Densley, 2021). Firearms in a home where children reside and/or visit elevate the risk for youth and others in and outside the home due to accidents and purposeful violence.

Trauma occurring during childhood is a risk factor for future victimization and aggression and is an elevated risk factor for future firearm violence. In a recent study, youth who experienced multiple Adverse Childhood Experiences (ACEs) reported a significantly greater likelihood of mental health problems, suicidality, substance abuse, and aggression than youth without trauma (Meeker et al., 2021). Specifically, youth with a history of ACEs were more likely than other youth to have suicide attempts, suicidal ideation, and carry a gun. Childhood trauma survivors often develop impaired views of violence, cognitive biases toward aggression, difficulties with impulse control, emotional regulation, and lack of empathy (Fox et al., 2015). According to a study by Wamser-Nanney et al. (2019), individuals who were exposed to domestic violence and/or community violence were more likely to carry and use a firearm. In addition, a history of bullying as well as fear from previous victimizations, also increases the risk of gun violence (Sanchez et al., 2020).

Intimate Partner Violence

Intimate partner violence (IPV) is pervasive in the United States and access to firearms seriously increases the risks of lethality. Adding a firearm into an IPV situation can escalate IPV to partner homicide (Lynch & Logan, 2018; Spencer & Stith, 2020). A study by Sorenson and Schut (2018) found that 4.5 million women have been threatened with a gun during their lifetime and one million have been shot by an intimate partner. Most intimate partner homicides and homicide-suicides involve firearms (Fox & Fridel, 2017; Graham et al., 2022). According to the Bureau of Justice Statistics working with the Federal Bureau of Investigation (2022), 34% of female homicide victims and 6% of male homicide victims were killed by their intimate partner. The perpetrator is not the only one who brings a gun into the home, victims may purchase a firearm for preemptive protection and that firearm in the home increases the risk to both partners (Stansfield et al., 2021). Likewise, children in homes with IPV are also at increased risk when a firearm is present. Zeoli and colleagues (2016) found that non-fatal abuse increased with the presence of a gun in the home. IPV situations are dangerous, and the presence of a firearm can drastically escalate the danger for everyone.

Living in Community Violence

Firearm violence is present across all demographics and locations. However, according to the CDC (2020b) communities of color disproportionately experience conditions conducive to firearm violence including systematic racism and discrimination, lack of housing, concentrated poverty, few jobs, high transience, lack of access to healthcare, and poor educational systems. These experiences facilitate and perpetuate stress, fear, crime, and violence. Carrying a firearm is often done for pre-emptive protection against the

dangers of living in disadvantaged areas, such as gang activity, drug sales, assaults, and random shootings (Wamser-Nanney et al., 2019). But firearm carrying, according to Wintemute (2015) increases one's risk of being both a victim and a perpetrator of violence. Living in these communities is considered an ACE, as it can generate anxiety, depression, aggression, and increase youths' chance for future victimization and the development of violence. Unfortunately, the homicide rate in the U.S. has increased and people living in these vulnerable communities are disproportionately impacted (CDC, 2020b).

Depressed and Suicidal Clients

According to the CDC, suicide is a leading cause of death in the U.S. across all populations accounting for about 46,000 deaths in 2020. Suicide rates are increasing; growing by 30% since 2000 (CDC, 2020c), and the likelihood of a suicide attempt being fatal drastically increases when a firearm is present (Conner et al., 2019; Studdert et al., 2020). Based on 2019 data from the American Association of Suicidology (2023), approximately, 50% of all suicide completions involve a firearm.

Depressive episodes are also strongly associated with suicide and gun ownership (Perlis et al., 2022). A study conducted by Caine (2022) found that 35% of the nearly 7,000 participants meeting the criteria for depression, had recently purchased a firearm within the past year. The vast majority (78%) were white males, which is the highest-risk group with fatal outcomes from a suicide attempt (American Association of Suicidology, 2023). Kim's (2018) study regarding the mental health effects on children of gun owners, found children who lived in homes with guns were significantly more depressed than children living without guns, especially for adolescent females. It is clear, from the magnitude and reliability of studies, that depression, suicide, and firearm ownership are closely linked (Miller et al., 2016; Perlis et al., 2022).

Comparing rates of U.S. adults who perished from firearm suicide in 2021, 72.2% were Veterans and 52.2% were non-veterans (Department of Veterans Affairs [VA], 2023). When adjusting for age, veterans' suicide rate was 2.1 times higher than non-veteran adults (Tsai et al., 2020) and 69% of their suicides were completed by firearm (Theis et al., 2021). Tsai et al. (2020) found that veterans who had recently met with a VA service provider had higher rates of suicides afterward than others. Veterans constitute an extreme risk group within an already high-risk population for injury or death from firearms.

Elderly and Dementia

Approximately 39%-49% of older adults live in a home with firearms (Parker et al., 2017) and the most recent CDC reports indicate that firearm suicide rates are highest for adults 75 and older (CDC, 2022). Sixteen percent of all U.S. firearm deaths in 2022 were among adults 65 or older (National Safety Council, 2022). Cognitive, physical, and behavioral competence issues which we consider for driving a vehicle also relate to the safe use of firearms (Mertens & Sorenson, 2012). Researchers have been studying the dangerous circumstances surrounding older adults owning firearms for over a decade with little reaction from health care providers.

Three concerning trajectories are currently happening. The elderly population is growing, the numbers of those experiencing Alzheimer's disease and dementia are increasing, and the number of guns in the homes of these individuals is escalating (Betz et al., 2018). These are ingredients for a dangerous outcome. Despite the increases, few studies have focused on how clinicians can discuss these issues with clients, assess safety, and/or educate caregivers of this risk (Betz et al., 2020).

There are risks to owning and living with guns, but particular groups present higher risks to themselves and others when they have access to firearms. Most social workers interact with one or more of these groups, making social workers pivotal in prevention.

Social Workers' Beliefs About Firearms Training, Knowledge, and Practice Behaviors

Only a few studies have sought to understand the current training on firearms for social workers and their attitudes toward training. Slovak et al. (2008) conducted a survey with 697 respondents and found 76% had never received training or education about engaging clients on firearms. Sperlich et al. (2022) found via focus groups and interviews with social workers that few had received formal training in their degree programs or on the job, but many wanted to gain information about how to recognize, assess, and intervene with clients. Several studies found that formal training on firearms, whether in an educational program or as continuing education, increased clinicians' likelihood of asking clients about guns (Bandealy et al., 2020; Bryan et al., 2021; Roszko et al., 2016; Slovak et al., 2008). Studies which evaluated social workers' knowledge about the risk and impact of firearms on vulnerable groups could not be found in the literature. This leaves a gap in information regarding social workers' ability to differentiate between understanding the general dangers of firearms and how those dangers increase when working with members of high-risk groups/communities.

In 2019, the National Association of Social Workers (NASW) joined with the Brady Campaign to create a toolkit for social workers' to better understand the context of gun violence in the U.S, reaffirm the values of our profession, which match a harm reduction approach, and encourage social workers to talk with families about gun safety to prevent family fire (firearms in the home with children). No studies evaluating the effectiveness of the toolkit were found.

To date, research has noted that social workers are not clear on their role or how to engage in discussions about firearms with clients and may not be doing so (Slovak et al., 2008; Sperlich et al., 2022). If we expect social workers to conduct assessments, engage in discussions regarding gun safety, and potentially intervene, it's important to determine how many have received firearms training in formal social work programs or continuing education training. Additionally, it is imperative to understand what social workers' attitudes about training are, what are their current practice behaviors regarding firearms, and what is their knowledge about firearms.

Current Study

This study sought to better understand social workers' training on firearms, their perspectives about training, their practices in assessing firearm access and safety with their clients, and their general knowledge about firearm risks. Specifically, the authors addressed the following research questions about social workers and social work students to add to the literature: (1) How much training has been given on assessing firearm access, (2) What are their beliefs about obtaining trainings, (3) How do they integrate firearm assessment into practice, and (4) What is their general knowledge about firearm risks?

Methods

Procedures

After the university's IRB approval was obtained, an online, anonymous, quantitative survey was posted on NASW's "All Member Forum" inviting social work students and social workers of all degrees (BSW, MSW, DSW, and PhD) to participate in the study. The "All Member Forum" is only available online to NASW members. The survey was posted on three occasions over a six-month period. Implied consent was used since it was an electronic, anonymous survey for adults. Participants viewed the invitation post and implied consent form and if they were interested in participating in the study, they clicked the link taking them to the online Qualtrics survey. They could stop the survey at any time.

Survey

The research team created the survey to address four areas with training, beliefs about training, practice application, and knowledge of firearms. The survey was pilot tested with a convenience sample of ten social workers and their feedback was used to clarify and focus questions.

Demographic, Familiarity, and Comfort

Participants were asked for basic demographic information, such as gender, age, race, highest degree (BSW, MSW, DSW, PhD), and years of experience in the field. Additionally, to gather more information about familiarity and comfort with firearms, they were also asked if they lived in a household with a firearm ("yes"/"no"), familiarity with procedures for safely storing firearms ("not familiar," "somewhat familiar," "extremely familiar"), familiarity with using a firearm ("not familiar," "somewhat familiar," "extremely familiar"), and comfort level talking to clients about firearms safety and access ("not comfortable," "somewhat comfortable," "very comfortable").

Training

Participants were asked to identify how many hours of continuing education units (CEUs) or clock hours of training on firearm safety they had in different environments.

These included: during their social work program, during their internship, or through CEU/conference opportunities. For each item, participants were asked to note the range of hours from the following response options: “zero hours,” “one to five hours,” “six to ten hours,” or “eleven or more hours.”

Beliefs About Training

Beliefs about firearm training were measured using three items which noted participants’ comfort in speaking about the issue with clients, the likelihood of attending a CEU event or conference to learn more, and perceptions about including firearm safety as a regular part of social work programs. Participants were given three response choices specifically related to each item. For instance, when asked about the likelihood of attending future trainings on the subject, participants could choose from “not at all likely”, “maybe”, and “very likely.”

Practice Application of Firearm Assessment and Safety

How participants integrate firearm assessment and safety into practice was ascertained using ten items that asked about firearm access and storage for all clients, youth (if parents), clients who are suicidal, clients who are aggressive, and survivors of IPV. There were five responses for each item ranging from 1 (*never*) to 5 (*always*). This provided a total scoring range of ten to fifty. For this study, the measure demonstrated strong reliability ($\alpha = 0.94$).

General Knowledge

Participants were asked about their general knowledge of firearm access and risks. This was assessed using three items to gauge participants’ knowledge about firearm statistics. These included yes/no questions about firearms as the leading cause of death among youth, the percentage of unlocked/unsecured firearms in homes, and the impact of guns in the home on suicide and homicide. Overall, these items showed good reliability ($\alpha = .67$).

Analysis Approach

All analyses were completed using SPSS 26. General descriptive analyses were run on all variables to get an overall picture of the sample, as well as the level of previous training, general knowledge, and how often participants engaged in using firearm assessment and safety with their clients. Second, correlations, t-tests, and ANOVAs were run to identify any relationships between specific descriptive variables and the integration of firearm assessment and safety into practice with clients.

Results

Participants

A total of 139 participants took part in the study. Most participants identified as white (86.3%) and female (77.7%), with a mean age of 52.4 ($SD = 13.3$). The majority reported practicing with an MSW (82.7%) and having almost 20 years of experience. Fourteen respondents reported they were students pursuing a degree, including BSW ($n = 2$), MSW ($n = 10$), DSW ($n = 1$) or a PhD ($n = 11$). The remaining participants noted they had already graduated. See Table 1 for more information.

Familiarity and Comfort

Most participants (62.2%) reported they were less likely to live in a household with a firearm, were at least somewhat familiar with the procedure for safely storing a firearm (83.7%) and using a firearm (54.1%), and at least somewhat comfortable talking to clients about firearm access and safety (85.8%).

Table 1. Participant Demographic Information

Demographic	Mean (SD)	n (%)	Significance
Age	52.4 (13.8)	137	$r(84) = 0.03, p = .78$
Years of Experience	19.4 (13.3)	137	$r(77) = 0.02, p = .87$
Live in a Household With a Firearm	1.62 (0.49)	135	$t(82) = 1.46, p = .15$
Familiar With Storing Firearms	2.21 (0.71)	135	$F(2,81) = 4.68, p = .01$
Familiar With Using Firearms	1.77 (0.80)	135	$F(2,82) = 2.44, p = .09$
Comfortable Talking to Clients About	2.27 (0.70)	106	$F(2,81) = 18.71, p < .01$
Knowledge of Firearms	4.34 (1.15)	130	$r(84) = 0.27, p = .01$
Practice Integration of Firearms Assessment	34.02 (10.8)	84	
Gender			$F(2,83) = 2.13, p = .13$
Female		108 (78.3%)	
Male		27 (19.6%)	
Non-Binary/Third Gender		3 (2.1%)	
Race/Ethnicity			$F(5,78) = 0.50, p = .74$
American Indian or Alaska Native		3 (2.2%)	
Asian		1 (0.7%)	
Black or African American		7 (5.1%)	
Latinx		5 (3.6%)	
White		120 (87%)	
Other		2 (1.4%)	
Highest Degree			$F(2,74) = 0.66, p = .52$
BSW		2 (1.6%)	
MSW		115 (93.5%)	
PhD		6 (4.9%)	
Current Student			$t(82) = 0.14, p = .71$
Yes		14 (10.2%)	
BSW		2 (14.3%)	
MSW		10 (71.4%)	
DSW		1 (7.1%)	
PhD		1 (7.1%)	

Previous and Future Trainings

Most participants reported receiving zero hours of training on firearm safety/assessment in their social work program (89.6%), internship (72.6%), or at a conference or CEU training (68.1%). For those who did report receiving some training, 31.9% received it as CEUs or by attending a conference session on the topic, 27.1% received some training at their internship and 10.4% received training in their social work program. Most participants (85%) believed learning to talk to clients about firearm access and safety should be taught in accredited social work programs. Finally, when asked if they would be likely to take a continuing education course or attend a conference session to learn best practices in assessing client’s access and storage of firearms, over half said they “were very likely” and an additional 43.8% responded “maybe.” See Table 2 for more information.

Table 2. *Firearms Assessment and Safety Training*

Training Hours	Training Venue		
	Social Work Program	Internship	CEU or Conference
0 Hours	121 (89.6%)	98 (72.6%)	92 (68.1%)
1-5 Hours	14 (10.4%)	33 (24.4%)	33 (24.4%)
6-10 Hours		2 (1.5%)	8 (5.9%)
11+ Hours		2 (1.5%)	2 (1.5%)
Believe should be taught in schools	Yes	Not Sure	No
	118 (90.8%)	10 (7.7%)	2 (1.5%)
Would take a CEU course or conference session	Very Likely	Maybe	Not Likely
	68 (52.3%)	57 (43.8%)	5 (3.8%)

General Knowledge

When asked about firearms as the leading cause of death among children and teens, 65.4% (No = 34.6%) reported knowing this was accurate. Almost half of participants (48.5%) responded that they were aware of the percentage of gun owners who have unlocked firearms, and they knew about the increased chance of suicide and homicide by having a gun present in the home (51.5%).

Practice Application of Firearm Assessment and Safety

For the application of firearm assessment and safety responses, always and frequently were combined to give a broader picture of how often practices were performed. Practitioners asked clients who are suicidal 89.7% of the time if they own or have access to firearms and asked them 80.0% of the time if they safely store their firearms. Social workers asked aggressive clients about firearm access 60.4% of the time and about storing firearms 51.3% of the time. This was followed by IPV survivors who were asked about access 39.7% of the time and storing their guns 40.0%. It was not a regular practice to ask all clients about firearm access (27.9%) or safely storing firearms (29.0%). Nor was it

common to regularly ask parents or guardians of youth about storage (31.1%) even though most social workers knew that firearms are the leading cause of death for children.

Relationship to Practice Application

When looking at participants' overall practice application of firearm assessment with clients, the scores ranged from 10 to 50 with a higher score indicating higher application. The mean score was 37.3 ($SD = 10.5$). Examining each of the participant demographics and descriptive variables, five factors were related to including firearm assessments in practice. First, hours of training in continuing education or conferences were related to an increase in scores. Those with any training beyond 0 hours were more likely to infuse this into their practice, $F(2,103)=4.14$, $p = .019$. Second, there was a significant relationship between general knowledge and firearm assessment, $r(84)= 0.27$, $p=.01$, where those who reported more knowledge about firearms were also more likely to apply this to their practice. Also, being extremely familiar with storing firearms, $F(2,81)=4.68$, $p=.01$, and being at least somewhat comfortable talking to clients about firearms safety, $F(2,81)=18.71$, $p<.01$, was related to being more likely to introduce the assessment into practice. Finally, living in a household with a firearm was related to comfort level when talking with clients $\chi^2(2, n=106)=23.96$, $p<.01$. None of the other variables in the study were related to higher or lower scores on how this was integrated into regular practice, including age, gender, race/ethnicity, degree, years of experience, living in a household where there is a firearm, being familiar with storing or even using a firearm.

Discussion

Most social workers and social work students have received no firearm assessment and safety training in their CSWE-accredited programs, continuing education, and/or internship. For those that had received training, it had most often been at a conference, for CEUs or at their internship. This is consistent with prior studies (Slovak et al., 2008; Sperlich et al., 2022) which found that few had received any training. Little progress has been made in training social workers for these practice skills and accredited social work programs are providing the least amount of training. Most respondents believed that education and training during social work programs should be infused into the curriculum, and most were interested in receiving training.

A novel addition to the literature was asking social workers and students about their general knowledge about firearm dangers and at-risk populations. Most participants did not have a good working knowledge about firearm danger and at-risk populations, and this combined with little training on the topic helps us understand their practice behaviors. There was a significant relationship between having training and having general knowledge of firearms and applying it to their practice. This supports previous research which suggests that training and knowledge about the dangers of, and at-risk populations for firearms increases assessment and intervention with clients (Bandealy et al., 2020; Bryan et al., 2021; Roszko et al., 2016; Slovak et al., 2008).

Most participants do not live in a home with a gun but those that do reported feeling more comfortable talking to clients about firearms. Likewise, those who were more familiar with storing and/or using guns were more likely to assess clients regarding firearms. If most social workers do not live in a household with a firearm, then education and training are essential to increasing comfort levels in assessing and discussing firearms. One interesting finding suggested that there was a portion of social workers who reported feeling comfortable about talking to clients about firearms but did not ask them about firearm access or safe storage. This is a disconnect which warrants further investigation as well as practical training for discussing safety and access.

We could not locate any previous studies which specifically asked social workers if they assessed clients about firearm access and storage from high-risk groups. The vast majority of social workers and students asked suicidal clients about firearms, most asked aggressive/violent clients about them, but most did not ask IPV survivors, parents or guardians of children, or all clients regularly. This is concerning since 65% of the participants knew that the leading cause of death for children is firearms. This also suggests that the NASW's brief intending to educate and change social workers' conversations with parents about "family fire" (firearms in the home with children) posted on their webpage over 5 years ago has either not been viewed or applied to practice by most social workers. It is also interesting to note that no other variables affected the practice behaviors of social workers, not age, years of experience, gender, race, etcetera. Practice application was driven by general knowledge about firearms, training, and/or comfort with a gun.

The findings concur with prior studies and help strengthen our understanding of training and social workers' attitudes toward it. Novel additions to the literature regarding social workers' general knowledge about firearms and their specific practice behaviors illuminate the concern that the field has made little progress toward training, understanding, increasing the comfort levels, or motivating social workers to implement firearm assessment universally or even with high-risk populations.

Limitations

There are several limitations for this study. This was a small sample of social workers and social work students, and the sampling was conducted via an online forum for NASW members. So non-NASW members or others who do not engage in online forums were not aware of the study. The participants lacked diversity, as most identified as white females with an MSW degree. The survey used to measure knowledge, practice application, or beliefs, was a self-report about practice, and participants may have felt social pressure to present themselves in a better light. It was also not standardized, though it did show good reliability (.67) between items for the general knowledge portion of the survey, generalizability of the findings is limited.

Implications

This study reinforces previous research findings and confirms that practicing social workers are not assessing clients for firearm access or safe storage. This is worrying since

social workers often work with clients who are at the highest risk of being a victim of firearm violence or hurting others with firearms. This omission places clients, their families, their communities, and social workers at risk and is a missed opportunity to reduce potential firearm violence. It is also a form of cultural incompetence, as many individuals view guns as a part of their family and/or community culture and an inability to discuss the access, use, and safety precautions surrounding guns is akin to not acknowledging firearm culture. The profession has fallen behind other medical professions regarding firearm discussions with clients/patients and there is much work to be done. Several practical responses can be initiated to address this serious concern.

Training on firearm risks, general firearm knowledge, the culture of firearms, and effective practice behaviors need to be developed for accredited social work programs, internships, and CEUs. Support and involvement from CSWE and NASW on these initiatives should be leveraged to move expediently. The establishment of gun safety assessment and counseling as a core of BSW, MSW, and DSW education and continuing education requirements for licensed practitioners should be considered.

Some trainings and programs have been initiated. The BE SMART for Kids program (Thomas et al., 2019) is an example of a strengths-based program, developed by social workers, and intended to help parents, teachers, and mental health professionals protect children from gun violence. This program has yet to be evaluated but has been piloted for several years.

Other professions (pediatricians and emergency room physicians) have also begun training their students and practitioners about firearms, *The Gun Talk* by Rozel et al. (2021) is an example from Psychiatry which offers scripts for clinicians and suggests using motivational interviewing approaches. It has not been empirically tested at this time. The CALM program (Counseling on Access to Lethal Means) has been found to be effective in improving clinicians' knowledge, comfort, and practice behaviors in discussing firearms with clients evincing suicidal behaviors (Johnson et al., 2011; Sale et al., 2018). These materials could be adjusted for social workers and for universal screening. Evaluation of these training programs and courses should also occur so that we can ensure their effectiveness.

The NASW's Social Justice Brief in collaboration with the Brady Campaign about screening for family fire, has not been as effective as hoped, since most of our participants do not screen or discuss firearm safe storage with parents. This Brief needs to be revised, updated, and expanded to include a broader group of clients (not just parents/guardians) and it should not be viewed as a substitute for thorough training. Although this is a beginning step, it is inadequate in preparing social workers to engage with a wide variety of clients about firearms and their safe storage and danger.

To ensure training programs are developed, offered, and evaluated, states should consider adding questions about firearm assessment and intervention to their licensing exams. It is a pertinent and critical component of current U.S. practice for social workers, and this could initiate and maintain changes in training and education.

In February 2019 a large medical summit on firearm injury prevention was held with 44 major injury prevention and medical organizations, to create consensus and collaboration on goals to address the problem of firearm injury and death. Unfortunately, NASW was not a part of this summit. But a consensus statement with a risk-reduction plan was created and several items can be addressed and expanded by social workers: 1. Engage firearm owners and populations at risk; 2. Counsel clients and families about firearm safety and safe storage; and 3. Screen for high-risk clients (depressed, suicidal, intimate partner violence, etc.), and provide comprehensive resources and interventions.

Since social workers' clients most often come from high-risk groups, social workers should universally screen all clients regarding their access to firearms and their safe storage. This should become a standard of care, just as some of our other safety questions like abuse, suicidal ideation, and current exposure to violence have become. Studies have found that most clients are open to these conversations when they are asked without judgment and when they are embedded with other safety questions. The focus should be on safe storage, rather than removal unless there's a crisis.

Resources on firearm safety need to be used and provided for clients in multiple languages. Be Smart for Kids, the CDC, and Project Child Safe, are a few examples of useful, non-threatening resources. In addition, there are free gun locks available for gun owners in most states and that information should also be made available to clients. In addition, social workers should have brochures about Extreme Risk Protection Order laws (Red flag laws) or other relevant firearm state laws for clients to learn more about their responsibilities and options.

Research on social workers' training, knowledge, and practices regarding firearm assessment and discussions about safe storage is sparse. Funding needs to be provided and studies need to address the effectiveness of training, the outcomes of training, the capability and consistency of application of training in practice, and best practices for assessment and practice need to be examined and shared. Additionally, we need to better understand the disconnect between social workers stating they're comfortable discussing firearms but not actually doing so.

Firearm access and safe storage play an important role in many clients' lives and it is highly likely that practicing social workers can contribute to preventing lethal violence by having conversations about access and safe storage, especially for high-risk groups. Education and training need to occur during social work programs, as well as in CEU courses, and internships. This three-pronged approach will assist in better preparing social workers for their role in harm reduction regarding firearm violence. Firearm safety discussions are essential and are the next phase of cultural competence and clinician safety practice. Social workers have a unique skill set and hold key positions with access to high-risk, vulnerable individuals which makes them perfectly aligned to help prevent firearm violence.

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