Firearm Violence and Violence Against Children and Young People: A Global Call for WHO and Member State Action

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Global Coalition for WHO Action on Firearm Violence

2026

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FIREARM VIOLENCE AND VIOLENCE AGAINST CHILDREN AND YOUNG PEOPLE: A GLOBAL CALL FOR WHO AND MEMBER STATE ACTION

Co-published by

Division of Social and Behavioural Science, School of Public Health, University of Cape Town; Global Coalition for WHO Action on Firearm Violence; International Federation of Social Workers; International Society for the Prevention of Child Abuse and Neglect; Macquarie University, No Means No Worldwide; University of California Davis Centers for Violence Prevention; University of Edinburgh; The University of Sydney; World Federation of Public Health Associations (WFPHA).

Research and report by

Alexandra Bhatti, Bettina Borisch, Kirk Friedrich, Stephen Hargarten, Rose Kagawa, Dean Peacock, Fiona Robards, Pascal Rudin, Pragathi Tummala, Andrés Villaveces, 2026.

Suggested citation

Bhatti, A., Borisch, B., Friedrich, K., Hargarten, S., Kagawa, R., Peacock, D., Robards, F., Rudin, P., Tummala, P., & Villaveces, A. (2026). Firearm Violence and Violence against Children and Young People: A Global Call for WHO and Member State Action. Global Coalition for WHO Action on Firearm Violence and partners.

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Global Coalition for WHO Action on Firearm Violence

**The protea in our logo symbolises resilience, regeneration, and hope—core principles of a public-health approach to preventing gun violence. Native to South Africa and fire-adaptive, the protea survives cycles of stress and emerges renewed, reflecting prevention, healing, and long-term wellbeing.*

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Executive summary

Firearm violence is one of the most severe and under-recognised threats to child and adolescent health globally. In multiple countries—including the United States, Brazil, and Mexico—firearms are now a leading cause of death among children and adolescents, while millions more experience life-altering injuries, psychological trauma, and long-term developmental harm (Castilla-Peon et al., 2024; Degli Esposti et al., 2023; Goldstick et al., 2022). Exposure to gun violence—whether direct or indirect—undermines educational outcomes, mental health, and community wellbeing, and perpetuates cycles of violence across generations (Ranney et al., 2019).

“Firearm violence is one of the most severe and under-recognised threats to child and adolescent health globally.”

Firearm violence also represents a profound children’s rights challenge. Under the Convention on the Rights of the Child (CRC), children are entitled to protection from violence and the conditions necessary for healthy development (United Nations, 1989). These rights are further articulated in CRC General Comment No. 13 on freedom from all forms of violence and in Sustainable Development Goal target 16.2.

Yet firearm violence continues to undermine children's rights to safety, health, education, wellbeing, and participation in many settings around the world.

These harms are not incidental. They are shaped by structural and commercial determinants, including the global proliferation of firearms and increasingly sophisticated industry marketing strategies that target young people through digital platforms, gaming, influencer ecosystems, and entertainment media (Peacock, 2025c; Sandy Hook Promise, 2025). These practices normalise firearms, shape youth identities, and may increase children's exposure to firearm-related content through social media, product placement, influencer culture, and algorithmically amplified recommendation systems. Civilian firearm holdings worldwide grew by roughly a third between 2006 and 2017, to an estimated 857 million, and legal and illicit markets are closely interconnected, so that regulatory weaknesses in one country generate harms far beyond its borders (Karp, 2018).

The burden of firearm violence is not evenly distributed. Adolescent boys bear the overwhelming burden of firearm homicide, particularly in communities affected by poverty, racial discrimination, segregation, and social exclusion (Degli Esposti et al., 2024). Girls and young women face elevated risks in domestic and intimate partner violence contexts, where firearms dramatically increase lethality (Peacock et al., 2025a). LGBTQI+ young people experience overlapping vulnerabilities linked to discrimination, violence victimisation, homelessness, social exclusion, and elevated suicide risk (Parchem et al., 2025; Romero et al., 2019). Children are also harmed when firearms are used in suicides, school shootings, and domestic violence incidents, often carrying the effects of trauma across the life course (Karandinos et al., 2026; Lee et al., 2022). Firearms are also among the most lethal means of suicide, with case fatality rates exceeding 80–90% when a gun is used (Conner et al., 2019); reducing access to lethal means is a strategy WHO has already championed for pesticides, and firearms warrant equivalent urgency.

Despite the scale and preventability of this crisis, firearm violence has not been systematically integrated into major global frameworks addressing violence against children, adolescent health, suicide prevention, and the commercial determinants of health. No World Health Assembly resolution has ever mentioned firearms, and firearms are often absent from, or barely mentioned in, WHO and Pan American Health Organization (PAHO) frameworks on violence against children and adolescent health even where guns are a leading cause of death: PAHO’s 2019 report on the health of adolescents and youth in the Americas, for example, mentions firearms four times in 300 pages, against 309 mentions of alcohol (Peacock et al., 2025b). These frameworks also share a workforce blind spot: they specify what should be done but rarely who will do it, leaving the social service workforce that delivers parenting support, safe-storage counselling, case management, and post-injury psychosocial care largely invisible and under-resourced. This gap should be understood within a broader institutional context that recognises both the important contributions WHO has made in advancing violence prevention globally and the political, institutional, disciplinary, and resource constraints under which WHO’s

violence prevention programmes operate. As evidence on firearm violence affecting children and adolescents has expanded, opportunities have emerged to strengthen existing frameworks and build on decades of progress in child protection and violence prevention.

WHO is uniquely positioned to contribute through injury surveillance, disease classification, evidence synthesis, violence-prevention guidance, health-systems strengthening, adolescent health, suicide prevention, and work on the commercial determinants of health. As with alcohol, tobacco, and road traffic injuries, WHO can help Member States better understand, measure, and address firearm-related risks without assuming responsibility for regulating weapons directly.

To protect children's rights and advance global health, WHO, Member States, researchers, and civil society organisations all have important roles to play, and the paper sets out recommendations for each, organised around the INSPIRE framework.

Summary Recommendations

WHO — and its Violence and Injury Prevention team in particular — can catalyse progress by recognising firearm violence as a violence-against-children and child-rights priority; integrating firearm risk into existing frameworks including INSPIRE, RESPECT, adolescent health, child care and protection, LGBTQI+ guidance, and the commercial determinants of health; strengthening firearm-specific surveillance and data systems; regulating harmful firearm marketing to children and young people; championing research, including on links to femicide, harms to marginalised populations, and the effects of trauma; investing in the social service workforce that delivers prevention and response on the ground; and supporting momentum toward a World Health Assembly resolution. As with alcohol, tobacco, and road traffic injuries, this work would help Member States understand, measure, and address firearm-related risks without WHO assuming responsibility for regulating weapons directly.

Member States hold the decisive role: World Health Assembly resolutions are proposed and adopted by Member States, and the measures that most directly reduce children's exposure to firearms are national laws, budgets, and programmes. Member States can include firearm violence in national action plans to end violence against children and in pledges under the Bogotá Call to Action; invest in firearm-injury surveillance disaggregated by age, sex, and mechanism; implement evidence-based measures that reduce children's access to firearms, including safe-storage and child-access-prevention laws and firearm removal in domestic violence contexts; and table, co-sponsor, and support a World Health Assembly resolution.

Civil society organisations can integrate firearm violence into their violence-against-children, gender-based violence, and child-rights programming and advocacy; document the experiences of affected children and ensure survivors and young people shape policy responses; monitor and report firearm marketing that reaches children through digital, gaming, and influencer ecosystems; and advocate for a World Health Assembly resolution. Researchers and academic institutions can help close persistent evidence gaps — quantifying the fatal and non-fatal burden beyond high-income settings, evaluating the influence of marketing and algorithmically amplified content, investigating the pathways from exposure to perpetration, and identifying which INSPIRE-aligned interventions most effectively reduce firearm-specific harm to children.

There are also strong grounds for optimism. A decade after INSPIRE was launched, a major WHO-supported review of more than 200 systematic reviews concluded that every INSPIRE strategy includes interventions with demonstrated effectiveness and that INSPIRE strategies are effective for preventing violence against children involving firearms (Little et al., 2025). The review identified particularly strong evidence for parenting programmes, safe and enabling school environments, and cognitive behavioural therapy for children exposed to violence, while also documenting strengthened evidence supporting firearm-related interventions, including laws limiting youth access to firearms, community mobilisation, life-skills training, and cash-plus programmes (Little et al., 2025). These findings suggest that stronger action on firearm violence can be achieved by building on and strengthening existing violence-prevention frameworks rather than creating entirely new ones.

The evidence is clear and the tools exist. Effective approaches to prevention, risk reduction, and care have been demonstrated across diverse settings. What is required now is sustained political will, institutional leadership, and collective action to ensure that firearm violence is addressed with the urgency, coherence, and commitment that child health and children's rights demand.

SECTION I

Introduction

This paper forms part of a set of three companion analyses addressing firearm violence across overlapping population groups: women and girls; men and boys; and children and young people. Together, these papers seek to illuminate how gun violence operates across gender and age, while also speaking directly to advocacy constituencies that remain institutionally organised around these categories.

An intersectional lens reminds us that identities and exposures overlap and that harms experienced by one group are rarely isolated from those experienced by others. The structural drivers of firearm violence—economic marginalisation, inequality, racism, gender discrimination, political exclusion, politically or commercially motivated framing of the problem, and the commercial promotion of weapons—operate across communities and social strata, binding people together in shared vulnerability and shared capacity to organise and take action for safety and violence prevention.

These papers will be useful for WHO Member States; WHO violence and injury prevention and commercial determinants of health teams; WHO collaborating Centres, PAHO and other regional WHO Centres; institutions and alliances working to address violence against children; public health associations; and bilateral and philanthropic donors.

SECTION II

Children’s rights and advancing global health

Children and adolescents represent not only the future of society but also individuals with inherent rights that must be protected and upheld. Under the United Nations Convention on the Rights of the Child (United Nations, 1990), they are entitled to safety, protection from harm, and the conditions necessary for healthy development, making the prevention of firearm violence a critical public health and human rights priority. Young people's health and wellbeing are critical not only for their immediate outcomes but also for shaping the lifelong health of individuals and the wellbeing of future generations (Patton et al., 2016). Children are also rights-holders with the right to be heard and to participate in decisions affecting them; prevention efforts are more effective and more legitimate when children and young people participate meaningfully in the design, implementation, and evaluation of the programmes intended to protect them (United Nations, 1989).

The United Nations High Commissioner for Human Rights has similarly framed firearm violence as an infringement of children’s rights to health, education and participation in the cultural life of their communities, recognising that its consequences extend beyond death and physical injury (Human Rights Council, 2016).

This report focuses on firearm violence affecting children and young people. A child is defined as any person under the age of 18 years (United Nations, 1990). The WHO defines adolescents as individuals aged 10-19 years, while youth refers to the life stage from 15-24 years. Together, the 10-24-year-old age groups overlap and reflect developmental transitions from childhood through adolescence and into early adulthood (Patton et al., 2016).

Given the variability in reporting across the firearm violence literature, some evidence included in this report may extend beyond these age boundaries where relevant to understanding risks, outcomes and prevention opportunities for children and young people.

Addressing firearm violence against children and adolescents can also contribute to progress towards multiple United Nations Sustainable Development Goals, including good health and wellbeing (SDG 3), gender equality (SDG 5), reduced inequalities (SDG 10), and peace, justice and strong institutions (SDG 16).

Child-on-child firearm violence—including school shootings, interpersonal firearm assaults, gang-related youth homicide, murder-suicide events, and other serious firearm injuries—should be understood as one of the most catastrophic downstream manifestations of cumulative childhood adversity. Rather than viewing these events solely through a criminal justice lens, they should trigger multidisciplinary child fatality and sentinel-event reviews that ask how repeated exposure to abuse, neglect, polyvictimisation, adverse childhood experiences (ACEs), developmental trauma, and system failures accumulated without effective intervention.

SECTION III

Risk factors for gun violence

Research increasingly demonstrates that children exposed to one form of violence rarely experience only one adversity. Repeated ACEs can contribute to developmental trauma, emotional dysregulation, school disengagement, poor mental health and social isolation, increasing vulnerability to violence

Many experience adverse childhood experiences such as:

- Abuse and neglect (physical, emotional, and sexual abuse, and neglect).
- Violence exposure (domestic violence, community violence, bullying, online victimisation, and exposure to firearms).
- Household adversity (caregiver substance misuse, caregiver mental illness, and parental incarceration).
- Socioeconomic disadvantages (chronic poverty, housing instability, and related forms of social exclusion).

These cumulative adverse childhood experiences, or polyvictimisation, produce substantially greater developmental harm than any single adverse experience alone. Youth firearm perpetrators frequently emerge from environments characterised not by one isolated traumatic event but by years of repeated victimisation across multiple settings.

The important implication is that child-on-child violence is frequently preceded by child victimisation. Every incident of child-on-child firearm violence also represents not simply the failure of one child but the cumulative failure of multiple adult systems that exist to protect children. These include early childhood services, family support, schools, behavioural health, child welfare, juvenile justice, paediatric healthcare, community organisations, firearm safety systems, and broader social policy.

Public health prevention requires examining the upstream accumulation of abuse, neglect, polyvictimisation, toxic stress, repeated exposure to violence, behavioural health needs, firearm access, and fragmented systems. Positive childhood experiences (PCEs) or protective factors include:

- Supportive relationships (at least one stable, caring adult, positive peer relationships, and mentoring)
- Connection and belonging (school connectedness, community participation, and access to trusted services)
- Safe and supportive environments (safe neighbourhoods, supportive schools, and violence-free settings)
- Social and emotional skills (emotional regulation, coping skills, and help-seeking behaviours)
- Health and economic supports (access to healthcare, family stability, and economic security)

Public health systems model for prevention of escalating violent behaviours

Developmental stage or Expression of violence	Potential warning or risk factor	System or environment that may see it	Prevention opportunity
Early childhood	Abuse, neglect, domestic violence	Health, child protection, police	Family support and maltreatment prevention
Adolescence	Dysregulation, aggression, withdrawal	School, paediatric care	Trauma-informed intervention
Young adult	Bullying, isolation, self-harm	School, peers, digital platforms	Mental health and social connection
Escalating crisis	Suicidal ideation, threats, grievance	Family, school, behavioural health	Multidisciplinary threat assessment
Pre-attack planning	Leakage, planning, weapon interest	Peers, family, online systems	Rapid intervention and weapon separation
Lethal opportunity to access firearms	Accessible firearm	Family and community	Secure storage and crisis firearm restriction
Firearm attack	Mass violence	Emergency and justice systems	The prevention system has reached its latest and most costly intervention point

SECTION IV

Firearms are a leading cause of child and adolescent mortality

The leading causes of death among young people globally include injuries, interpersonal violence, and self-harm (WHO, 2023).

Children and adolescents are dying or being injured by firearms at devastating rates in a concentrated number of countries, especially in the Americas and South Africa. From 2015 to 2022, 111,993 children and adolescents died from firearm injuries across the United States (29,608), Mexico (15,392), Brazil (57,974), and Colombia (9,019). In several of these countries (the United States, Mexico, and Brazil), firearms kill more children than any other cause (Goldstick et al, 2022; Degli Esposti et al, 2023; Castilla-Peon et al., 2024). This harm is borne most heavily by adolescent boys. Of those who died, 101,250 (90.41%) were male (Degli Esposti et al 2024). While the overall firearm mortality rate among children and adolescents decreased over this time period, trends differed by country. Mortality rates increased in the United States and Mexico, and decreased in Colombia and Brazil. Country-specific firearm mortality rates per 100,000 (2015 vs 2022) were: United States (3.57 to 5.92), Mexico (2.90 to 4.88), Colombia (8.44 to 6.52) and Brazil (13.81 to 7.64) (Degli Esposti et al 2024).

111,993

children and adolescents died from firearm injuries in the United States, Mexico, Brazil and Colombia between 2015 and 2022. 90.4% were male.

South Africa illustrates the complex and evolving nature of violence against children. While overall child homicide rates declined slightly between 2009 and 2020/21, this progress masks important age and gender differences. National studies found significant reductions in homicide among children in the zero to five age range but rising homicide rates among older adolescent boys, particularly those aged 15–17 years. Most concerningly, firearm-related child homicides increased substantially over time, driven primarily by increases among older male adolescents. Between 2009 and 2020/21, firearm-related deaths nearly tripled as a proportion of child homicides, rising from 11.4% to 28.7% of all child murders (Chirwa et al,.2026).

11.4% → 28.7%

Firearm-related deaths nearly tripled as a proportion of child homicides in South Africa, from 11.4% in 2009 to 28.7% in 2020/21.

Although rates of violence against children in sub-Saharan Africa have declined over the past three decades, they remain substantially higher than global averages. Southern Africa continues to experience the highest burden of child interpersonal violence, including violence involving firearms, with adolescent boys disproportionately affected (Nhassengo, et al. 2025).

SECTION V

Preventing suicide deaths

Firearms play a critical and under-addressed role in suicide among children and young people. In many countries, firearms are among the most lethal means of self-harm: when a gun is used in a suicide attempt, the fatality rate exceeds 80–90%, compared to single-digit fatality rates for most other methods (Conner, 2019). Firearms are also the leading mechanism of death in paediatric suicides in some settings (Lee, 2022). This extreme lethality means that impulsive or momentary crises among adolescents are far more likely to result in death when a firearm is accessible. Research has consistently demonstrated an independent relationship between firearm access and suicide risk, with firearm availability recognised as a key determinant of suicide mortality (Swanson et al., 2021).

Children are also harmed indirectly when a parent or caregiver dies by suicide using a gun—events associated with profound psychological trauma, increased risk of depression, psychiatric disorders and suicide among surviving children, higher rates of mental health service utilisation, educational disruption, and long-term economic and emotional instability (Karandinos, 2026; Ranney, 2019). Research consistently shows that reducing access to firearms is one of the most effective population-level strategies for preventing suicide deaths among both adolescents and adults, highlighting firearm availability as a critical determinant of suicide mortality independent of underlying mental health burden.

As the companion piece, Global Gun Violence and Men's Health documents, restricting access to highly lethal means is one of the most effective population-level strategies for reducing suicide mortality (Peacock et al, forthcoming). Translating this evidence into practice depends on frontline workers—clinicians, school counsellors, and social workers—who can deliver lethal-means counselling to families and support temporary removal or secure storage during periods of crisis. Marketing narratives that frame firearms as symbols of autonomy, protection, and male competence may further entrench unsafe storage practices and normalise weapon presence in homes, increasing the likelihood that impulsive crises become fatal.

WHO has previously recognised lethal means restriction in pesticide and suicide prevention frameworks; firearms should be treated with equivalent attention and urgency.

SECTION VI

The collateral effects of firearm violence on children

The consequences of firearm and armed violence extend well beyond death, injury and psychological trauma. Increasingly, evidence shows that chronic exposure to armed violence disrupts children's everyday access to the systems that support healthy development. Research conducted by UNICEF Brazil demonstrates that recurrent armed violence interrupts children's access to education, health care, routine immunisation, safe mobility and other essential public services, while deepening existing racial, territorial and socioeconomic inequalities. These studies show that armed violence affects children's lives not only through direct victimisation but also by undermining the institutions and services that protect health, support development and enable the exercise of fundamental rights. Together they reinforce the need to understand firearm violence as a public health and children's rights issue whose consequences extend far beyond those who are directly injured or killed (Redes da Maré & UNICEF, 2025; UNICEF, Instituto Fogo Cruzado, & GENI/UFF, 2025; UNICEF & Brazilian Forum of Public Safety, 2024).

Exposure to firearm violence in homes, communities and schools disrupts children's cognitive, emotional and educational development. Children exposed to shootings experience elevated levels of anxiety, depression, traumatic stress and behavioural difficulties, alongside poorer school attendance, concentration and educational attainment (Semenza & Kravitz-Wirtz, 2025; UNICEF, 2024a, 2024b, 2025).

Recent evidence suggests that the health effects of firearm environments extend beyond direct injury or witnessing a shooting. In a nationwide United States cohort of 11,325 children and young people aged 1–21, living in a state with permitless concealed-carry laws was associated with 25% lower odds of excellent or very good general health and psychological stress scores 0.21 standard deviations higher, after adjustment for individual- and area-level characteristics (Churchill et al., 2026). A related ECHO analysis found 20% lower odds of very good or excellent general health among children living in census tracts with high levels of gun violence (Somayaji et al., 2025). These observational findings do not establish causation, and the permitless-carry study found no statistically significant association with internalising or externalising behaviour scores. They nevertheless suggest that permissive firearm-policy environments and the everyday visibility of guns may shape children's health and stress even when children are not directly injured.

SECTION VII

The non-fatal injury burden

Non-fatal firearm injuries impose a much larger burden on children and adolescents than mortality data alone suggest. Globally, for every child killed by a bullet, up to six survive with life-altering injuries, including spinal cord damage, traumatic brain injury, permanent disability, and chronic pain. Children who sustain non-fatal firearm injuries experience increased healthcare utilisation, higher rates of chronic health conditions, and greater healthcare expenditures in the year following injury (Pulcini, 2021).

In the United States, national analyses indicate that approximately two children and adolescents survive firearm injuries for every one who dies, with assault accounting for most cases and Black boys and young men bearing a markedly disproportionate burden (Naik-Mathuria et al., 2023). Survivors frequently experience fractures, damage to internal organs, spinal-cord and traumatic brain injuries, chronic pain, disability and psychological distress, alongside increased hospital readmission, mental-health and substance-use treatment, longer-term health-care needs and substantial costs for families and health systems (Du et al., 2025). Evidence from Brazil and South Africa reveals age, gender and racial inequalities that are similar to those observed in fatal firearm injuries, although national surveillance of non-fatal injuries is less complete. Brazilian health-service notifications recorded more than 30,000 adolescents injured in firearm violence between 2011 and 2017; approximately three-quarters were male and more than four-fifths were aged 15–19 years (Pinto et al., 2020).

Sou da Paz analyses further indicate that the streets are the principal location of non-fatal firearm assaults against adolescent boys, with Black boys aged 10–14 more likely than their non-Black counterparts to be injured in public spaces. In 2020, Brazil recorded approximately 17,200 firearm-related hospital admissions; 57% of patients were aged 15–29, 91% were male and at least 56% were Black, although missing race data probably understates the racial disparity (Instituto Sou da Paz, 2021a, 2021b).

In Cape Town, 236 children aged 0–12 were treated for gunshot injuries at the principal paediatric referral hospital between 2011 and 2020, with cases increasing significantly over time. More than four-fifths required admission, 17% intensive care and nearly half underwent surgery; documented long-term consequences included paralysis, traumatic brain injury sequelae, peripheral nerve damage and loss of vision. Crossfire accounted for 56% of injuries, illustrating how children can sustain severe and disabling harm while at or near their homes in communities affected by gang and firearm violence (Campbell et al,.2013; Verfuss et al., 2025).

Comparable national data remain scarce in most other countries, reflecting a wider surveillance gap: firearm deaths are more consistently recorded than the much larger and more heterogeneous burden of non-fatal injuries, disability, rehabilitation needs and long-term consequences for survivors.

SECTION VIII

The impact of firearm violence on health systems

Firearm violence undermines health systems and reduces access to care for all children:

- Gunshot injuries frequently require trauma surgery, intensive care, prolonged hospitalisation, rehabilitation, and long-term follow-up (Fraser Doh et al., 2021; Verfuss et al., 2025).
- Brazil records thousands of firearm-related hospitalisations each year, placing substantial demands on trauma and surgical services (Instituto Sou da Paz, 2021a).

- In Caribbean settings, treatment of a single gunshot wound has been estimated to cost between two and eleven times annual per-capita public health expenditure (Fabre et al, 2023; Sobers et al., 2025).

2–11×

annual per-capita public health expenditure - the estimated cost of treating a single gunshot wound in some Caribbean settings.

- Repeated exposure to firearm injury contributes to burnout, secondary traumatic stress, post-traumatic stress symptoms, and workforce attrition among emergency, trauma, and critical-care personnel (Ward et al., 2006), as well as the hospital social workers and psychosocial staff who support injured children and bereaved families.
- Children treated for firearm injuries incurred adjusted mean hospital costs approximately 5.6 times higher than children treated for motor vehicle collision injuries (Fraser Doh et al., 2021).

5.6×

higher adjusted mean hospital costs for children treated for firearm injuries than for motor-vehicle-collision injuries.

- Previously healthy children experienced an approximately sixfold increase in healthcare expenditure during the year following a firearm injury (Pulcini et al., 2021).

When firearm injuries consume emergency and surgical capacity, standard and less urgent procedures—including those needed by children—are delayed or never attended to.

SECTION IX

Reducing the incidence and harm of school shootings

School shootings represent one of the most visible and highly publicised forms of firearm violence affecting children and adolescents. While school shootings account for a small proportion of firearm deaths among children and young people, their frequency has increased in recent decades, particularly in the United States (Lee, 2022). School shootings receive extensive media attention due to their concentrated lethality, deliberate targeting of young people and educational settings, and profound psychological impacts on students, families and communities. Beyond immediate deaths and injuries, exposure to school shootings and lockdown events has been associated with long-term trauma, anxiety, fear and educational disruption among children and adolescents (Lowe, 2017).

Evidence suggests firearm policy influences both the incidence and severity of mass shootings (Klarevas, 2019; DiMaggio, 2019). Bans on semiautomatic military-style firearms have been associated with reductions in mass shootings and the number of people killed in these events (Klarevas, 2019; DiMaggio, 2019), highlighting the role of firearm regulation in preventing high-fatality attacks in school and community settings. Both prevention and recovery are also workforce-dependent: multidisciplinary threat-assessment teams and post-incident psychosocial support rely on school social workers, counsellors, and psychologists, whose presence in schools remains uneven and often under-resourced.

SECTION X

Addressing patterns of firearm harm among boys and young men

Gun violence does not affect all children equally. Across multi-ethnic societies—Brazil, South Africa, the United States, Colombia, and the Caribbean—young Black, Brown, Indigenous, and other racialised boys and men face disproportionately high risk of firearm injury and death. These inequalities reflect structural racism, concentrated disadvantage, unequal policing, and neighbourhoods with high concentrations of firearms.

In the United States, firearms are now the leading cause of death among children and adolescents, but this "new" national crisis was already a daily reality for Black, Latino, and Indigenous young people for nearly two decades—long before it captured broader national attention. Research also shows that boys and young men of colour in multi-ethnic societies who survive gun violence often face discrimination within health systems, resulting in poorer quality of care and compounding trauma. This is both a profound children's rights concern and a major public-health failure.

The disproportionate impact of firearm violence on young racialised boys must be understood as structural rather than behavioural. As the companion paper Global Gun Violence and Men's Health demonstrates, firearm homicide is deeply patterned by poverty, segregation, concentrated disadvantage, and unequal exposure to weapons (Peacock & Kengela, 2025). These structural conditions, combined with commercially cultivated narratives linking guns to status and protection, shape risk exposure long before individual choices are made.

> **"The disproportionate impact of firearm violence on young racialised boys must be understood as structural rather than behavioural."**

National child homicide studies from South Africa reveal a distinct pattern among older adolescent boys. As indicated above, homicide rates among younger children declined substantially, but rates among boys aged 15–17 increased, driven in large part by a sharp rise in firearm-related deaths. Most killings occurred in public spaces, acquaintances were the most common perpetrators, and more than one in five perpetrators were themselves children or adolescents (Chirwa et al, 2026). These findings reveal that firearm violence affecting older boys is frequently embedded within peer and community violence rather than occurring primarily in domestic settings. The concentration of violence among adolescent males, combined with the growing role of firearms, points to the need for prevention strategies focused on youth violence, safe community environments, conflict resolution, economic opportunities, and reducing access to firearms.

SECTION XI

Preventing violence against girls and young women

Firearms play a central role in the killing of women and girls worldwide:

- Firearms are the most common weapon used in femicides in Brazil and Mexico.
- In intimate partner violence, the presence of a gun dramatically increases a woman's risk of being killed.
- Firearms substantially increase the likelihood of multiple victims in the home.
- Perpetrators frequently use firearms to commit conflict-related sexual violence against children (Salama, 2023).

As documented in a companion piece to this paper titled Firearms, Gender-Based Violence, and Femicide: A Neglected Determinant of Women's Coercion, Injury and Death in Global Health Policy, the presence of a gun in the home dramatically increases the likelihood that violence against women will become lethal (Peacock et al., 2025a). Long before homicide occurs, firearms are used to threaten, intimidate, and enforce compliance. For children living in such households, the weapon itself becomes a chronic stressor—heightening fear, suppressing help-seeking, and reinforcing trauma.

Failure to intervene in firearm-enabled domestic violence contexts represents a missed opportunity not only to protect women but also to prevent intergenerational harm and broader community violence. As that companion analysis shows, health systems and social services frequently identify escalating patterns of abuse prior to lethal outcomes (Peacock et al., 2025a); statutory and community-based social workers are often the first to see households in which escalating domestic violence and firearm access coincide, and case management and safety planning in these settings should routinely address firearm risk. Where firearms are not removed, children remain exposed to predictable and preventable lethal risk.

Girls and adolescent young women experience direct harm, witness violence against mothers or caregivers, and often live under heightened coercive control when firearms are present. Firearms also play a significant role in violence against girls in teen and young adult relationships, where guns are used to threaten, intimidate, or exert coercive control—escalating the severity of dating violence and greatly increasing the risk of serious injury or homicide. Despite these realities, global violence against children (VAC) and gender-based violence (GBV) frameworks rarely integrate firearm-specific analysis.

SECTION XII

Firearm violence against marginalised children and young people

Creating safe, inclusive, and supportive environments for all children and young people is an essential component of violence prevention. Particular attention is needed for young people who experience marginalisation due to factors such as poverty, racism, disability, housing insecurity, migration status, geographic disadvantage, or discrimination based on sexual orientation or gender identity. These intersecting forms of exclusion can increase exposure to violence, reduce access to support systems and undermine opportunities for healthy development and wellbeing.

LGBTQI+ young people face additional challenges related to stigma, discrimination, family rejection, bias-based bullying, and social exclusion (Romero, 2019). Evidence indicates that these experiences can contribute to heightened vulnerability to multiple forms of violence, including hate-motivated violence, sexual and dating violence, and mental health harms (Johns, 2020, Parchem, 2025). Strengthening school connectedness, family support, social inclusion, and access to affirming services can play an important role in reducing these risks and promoting resilience.

Efforts to prevent firearm violence should recognise the specific experiences of marginalised young people, including LGBTQI+ youth. In some settings, firearms have been used in targeted attacks against sexuality and gender diverse communities, highlighting the importance of approaches that address discrimination, strengthen community safety, and reduce access to firearms. Preventing firearm-related harm therefore requires attention to the social and structural conditions that place particular groups at increased risk.

Research has identified elevated rates of suicidal ideation and suicide attempts among some groups of LGBTQI+ youth (Parchem, 2025). Comprehensive prevention strategies should therefore combine mental health promotion, crisis support, safe environments, and measures that reduce access to lethal means.

A growing body of evidence highlights the importance of adopting an intersectional approach that recognises how multiple forms of disadvantage can compound risk. Policies and programmes that address poverty, discrimination, housing instability, exclusion from education, and barriers to healthcare can contribute not only to greater equity, but also to reduced violence and improved safety outcomes for young people.

SECTION XIII

Protecting children from firearm industry influence

The firearms industry uses sophisticated and well-documented marketing strategies to shape children's and adolescents' attitudes toward guns. Internal industry documents uncovered through litigation reveal that 'Millennials' and 'Young people' were explicitly identified as target markets, with reference to a "window of opportunity" before age sixteen to build lifelong brand loyalty (Sandy Hook Promise, 2025). As traditional adult markets became saturated, companies have increasingly sought to cultivate the next generation of consumers.

This strategy operates across a coordinated commercial ecosystem. Firearm manufacturers have entered formal licensing agreements with video game developers to feature branded semi-automatic rifles in first-person shooter franchises, including collaborations to record authentic weapon sounds for gameplay (Sandy Hook Promise, 2025). In these games, increasingly lethal weapons and attachments are "unlocked" through gameplay, normalising specific firearm models as aspirational tools of status and achievement. In film and television, branded weapons appear through product placement, while military-entertainment partnerships shape scripts and visuals that link firearms with heroism, protection, and masculinity (Peacock, 2025c).

A recent study on representations of men and masculinities in video games finds that "63.6% of male characters enact violence, and 84.8% of the time that violence is directed against other people" and that "almost half of male video game characters (48.9%) carry a gun during gameplay. One-in-three (33.3%) male video game characters were shown killing one or more humans, and one-in-eight (12.5%) male video game characters were shown killing more than ten." Their analysis of 225,190 chat comments from gameplay segments reveals that 97.7% of gameplay segments include violent language in the chat (Equimundo et al., 2021).

On social media, influencer marketing has become central. Sponsored "guntubers," tactical influencers, and so-called "gun bunnies" demonstrate and glamorise specific firearm models, often without clear disclosure of paid relationships (Peacock, 2025c). More concerning still, children themselves have become "kidfluencers," reviewing and promoting firearms to peer audiences (Sandy Hook Promise, 2025). This peer-to-peer marketing exploits adolescents' heightened sensitivity to social approval and identity formation.

Neuroscience research demonstrates why these practices are particularly concerning. Adolescents' prefrontal cortex development remains incomplete into early adulthood, limiting impulse control and long-term risk assessment, while heightened reward sensitivity increases susceptibility to emotionally charged messaging and peer validation (Sandy Hook Promise, 2025). Many young people lack fully developed "persuasion knowledge", or the ability to recognise and critically evaluate marketing intent, especially when commercial messaging is embedded within influencer culture.

Digital platforms amplify these dynamics. Algorithmic recommendation systems feed users progressively more extreme firearm-related content based on minimal engagement, creating "rabbit hole" pathways that can draw vulnerable youth into increasingly militarised or weapon-focused communities (Sandy Hook Promise, 2025; Peacock, 2025c). Although platforms nominally restrict firearm advertising, loopholes for influencer content, brick-and-mortar retailers, and user-generated material allow youth-directed firearm marketing ecosystems to flourish largely unchecked.

Emerging evidence suggests that digital platforms may not merely amplify firearm content but may tailor recommendations in response to inferred emotional states and demographic signals among minors. Engagement-maximizing algorithms draw on indicators such as age, sex, location, browsing patterns, and potentially affective states, including anger, distress, or depressive signals (Children and Screens, 2025). If firearm-related content is differentially recommended to youth exhibiting markers of emotional vulnerability, this raises significant public health concerns—particularly in light of established research linking exposure to violent models with increased risk among susceptible individuals.

There is currently no public transparency regarding whether certain groups, such as adolescent boys, are algorithmically exposed to higher volumes of firearm content than others, nor whether negative affective states are used to shape recommendation streams (Children and Screens, 2025). Similarly, platforms do not provide transparent accounting of the proportion of firearm content demonstrating unsafe handling practices, or of youth engagement with such content. Yet experimental evidence shows that even brief safety-oriented media exposure can meaningfully influence children's real-world behaviour around firearms (Children and

Screens, 2025). Greater transparency regarding recommendation patterns, demographic profiling, emotional-state indexing, and safety modelling would enable families, researchers, and policymakers to better assess risk while strengthening WHO’s role in shaping child-centred standards for digital governance.

A further feature of contemporary firearm advocacy has been the tendency to frame firearm violence primarily as the consequence of irresponsible or criminal users rather than as a foreseeable consequence of widespread firearm availability, aggressive marketing, and commercial practices. This framing shifts attention away from manufacturers, distributors, and retailers and towards individual behaviour, thereby limiting scrutiny of the industry's role in shaping demand, expanding markets, and increasing exposure to firearms among children and adolescents. Similar narrative strategies have been documented across other health-harming industries, where commercial actors emphasise individual responsibility and "responsible use" while resisting greater regulation of products, marketing, and corporate practices (Freudenberg, 2021; World Health Organization, 2023). Recognising these framing strategies is important because they influence public understanding of firearm violence, shape policy responses, and obscure opportunities for prevention through regulation of commercial practices (Peacock, 2025c; Sandy Hook Promise, 2025).

The commercial practices described here directly intersect with WHO’s INSPIRE framework for ending violence against children, particularly the strategies related to safe environments and regulation of harmful content and substances (World Health Organization, 2016). Yet firearms marketing remains largely absent from INSPIRE implementation guidance and from WHO adolescent health frameworks, despite clear evidence that access, normalisation, and identity-linked promotion increase risk exposure. The WHO has a key role to play in identifying what regulatory and media literacy approaches decrease risk and disseminating these findings through the INSPIRE framework.

The WHO is uniquely positioned to help shape emerging national and regional regulations governing children’s access to online spaces and the algorithmic content fed to them. As governments move to regulate digital platforms, influencer marketing, and harmful advertising, the WHO can provide normative guidance that treats firearm promotion as a harmful commercial determinant of child health—consistent with its precedents on tobacco, alcohol, and unhealthy food marketing. Integrating firearm marketing into WHO’s work on commercial determinants of health and digital governance would strengthen global efforts to protect children from preventable harm in the digital age.

SECTION XIV

Reducing access and strengthening controls on the supply of firearms

Global variation in firearm availability is closely linked to differences in firearm-related injury and death. Countries with higher firearm and ammunition availability have, on average, higher firearm injury death rates (Naghavi et al., 2018). The availability of firearms varies significantly across countries, ranging from approximately 120 firearms per 100 people in the United States to fewer than 10 per 100 in several other countries (Karp, 2018). In 2017, there were 1 billion firearms worldwide, with 85% in civilian ownership (Karp, 2018). Civilian ownership introduces unique risks for children by bringing firearms into the places they live, learn, and play. Notably, the vast majority of firearm injuries globally occur outside of conflict settings (Geneva Declaration Secretariat, 2015). Civilian firearm ownership has increased 32% from 2006, with growth observed in nearly every country (Karp, 2018). The widespread presence of firearms in daily life, and their continued proliferation, reflects a complex interplay among national and subnational regulations governing sale and ownership, international controls on import and export, and industry motivations.

Individual nations have diverse legal frameworks governing the transfer and ownership of civilian firearms (Patel et al., 2022). These laws influence both the availability of firearms and the types of firearms that individuals may possess; however, regulatory restrictiveness does not align perfectly with rates of firearm violence. Several countries either prohibit civilian ownership of firearms or impose approval processes so stringent that they function as de facto bans. Japan and China, both countries with very low rates of firearm violence, fall into this category, as does Venezuela, a country with one of the highest age-standardized rates of firearm violence globally (147 per 100,000) (Patel et al., 2022; Ou et al., 2022). On the other end of the spectrum, countries such as the United States and Yemen, with age-standardized rates of firearm violence of 3.7 and 39.0, respectively, permit relatively direct acquisition of firearms through simpler processes (Patel et al., 2022).

Regulation of firearm carrying in public is another important dimension of children’s exposure to firearms. Permitless concealed-carry laws allow people to carry concealed handguns without first obtaining a permit and, in some jurisdictions, remove associated training, screening or minimum-age safeguards. Emerging evidence from the United States associates these laws with poorer general health and higher psychological stress among children, suggesting that public-carry regulation should be understood as a child-health measure as well as a public-safety measure (Churchill et al., 2026). This evidence also highlights the importance of assessing how the increased presence and visibility of firearms in public spaces affects children’s sense of safety, mobility, participation and wellbeing.

The misalignment between legal framework restrictiveness and rates of firearm violence is due in part to variation in the design, implementation, and enforcement of these legal frameworks across and within countries. For example, some countries with higher rates of gun violence, including Brazil, Mexico, South Africa, maintain restrictive, multistep legal processes for obtaining a firearm, yet do not require applicants to demonstrate a specific justification for ownership, an element that may be critical to the effectiveness of regulatory regimes (Patel et al., 2022). Moreover, even when such regulations exist, compliance is not guaranteed. For example, in the United States many states allow for the private transfer of firearms without conducting a background check, and even in states that do require such a check, an estimated 22% of transfers occur without them (Hepburn et al., 2022). In Venezuela, where stringent firearm possession laws contrast with high rates of firearm violence, law enforcement reportedly sell seized firearms on the black market, while criminal organisations source ammunition from the state-owned manufacturer (Global Initiative Against Transnational Organized Crime, 2023).

Additionally, this patchwork of laws allows for the proliferation of firearms in some jurisdictions, creating greater opportunity for diversion to other places, including those with more restrictive regulatory environments. In other words, legal and illicit firearm markets are closely interconnected rather than distinct systems. Firearms recovered from criminal markets frequently originate in the legal market before being diverted through theft, private sales, straw purchasing, weak oversight, corruption, or cross-border trafficking. Consequently, weaknesses in one country's regulatory environment can generate harms far beyond its borders. Jurisdictions with large civilian firearm markets, substantial production capacity, and comparatively permissive regulatory frameworks may inadvertently or intentionally become major sources of firearms for criminal organisations operating elsewhere. This pattern is especially pronounced in the Americas, where

diversion of firearms from the United States (home to 46% of all firearms globally and characterised by a comparatively permissive regulatory environment) contributes to elevated rates of firearm violence in many Latin American countries (Karp, 2018,Ou et al., 2022).

> **“Legal and illicit firearm markets are closely interconnected rather than distinct systems.”**

This dynamic is apparent at both subnational and international levels, for example across the United States and between the United States and Mexico (Dube et al., 2013; Weigend Vargas & Goldstick, 2026). One study found the repeal of the U.S. federal assault weapons ban in 2004 was followed by an immediate increase in violence in Mexican regions bordering the United States, though this effect was less pronounced in the regions bordering California, where the ban remained in place (Dube et al., 2013). Notably, the majority of firearms used by Mexico’s cartels originated in the United States (Mercille, 2011; Grillo, 2021; Fabre, 2023), leading the Mexican government to file suit against US gun manufacturers, alleging that their practices facilitate the trafficking of firearms to drug cartels and criminals in Mexico. The suit further claims that at least 17,000 homicides in Mexico in 2019 involved trafficked weapons. This “seepage” from higher-income countries, where demand for privately owned firearms tends to be greater, appears to be one of the major sources of firearms in more fragile states (de Soysa et al., 2009).

Many international agreements and regional initiatives address the proliferation of small arms, but effective implementation is a challenge without greater collaboration among the nations involved (Stohl & Tuttle, 2008). Several treaties, such as the Inter-American Convention Against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and Other Related Materials (CIFTA), have sought to address the illicit manufacture and trafficking of firearms and related goods, but several nations, including the United States have not ratified the treaty (Stohl & Tuttle, 2008). Similarly, the United States was the only dissenter on a 2006 UN General Assembly resolution to develop standards for the import and export of weapons, including small arms (Stohl & Tuttle, 2008). These efforts by the United States to prevent or weaken international agreements regulating small arms trade and loosen regulation of firearms nationally contribute to the continued flow of US arms into Latin America.

INSPIRE’s recommendation to “ensure the implementation and enforcement of laws to … limit youth access to firearms” is directly relevant here, and while child access prevention laws, which penalise gun owners when a child accesses a firearm that is not securely stored, are directly relevant to access, laws and agreements that address the challenges associated with noncompliance with firearm regulations and cross-border trafficking are equally important.

SECTION XV

Global and regional gaps in health responses to the impact of gun violence on children

Our assessment of WHO attention to child health and gun violence is based on a systematic review undertaken by our founding member organisations—including the Gender Centre at the Geneva Graduate Institute, the VIP Lab at the University of San Diego, the University of Cape Town, the Comprehensive Injury Centre at the Medical College of Wisconsin, Sou da Paz, Gun Free South Africa, and the Women's Institute for Alternative Development (WINAD).

Our review used three research methods:

1. A full analysis of all 3,230 World Health Assembly resolutions since 1948;
2. A review of three decades of WHO publications on violence; and
3. Interviews with global experts on firearm violence and health governance.

Our research found:

- WHO leadership on firearm violence prevention declined sharply after the mid-2000s.
- No World Health Assembly resolution has ever mentioned firearms.
- Firearms are often absent from or barely mentioned in WHO frameworks on femicide, violence against children, youth violence, and commercial determinants of health, even where guns are a leading cause of death.
- This gap contradicts WHO's own Framework of Engagement with Non-State Actors (FENSA) principles, which prohibit engagement with the arms industry (WHO, 2020).

Our review suggests that firearm violence has received comparatively limited attention within many WHO and PAHO frameworks addressing violence against children, adolescent health, injury prevention, and the commercial determinants of health. As discussed in the companion paper Tracking the WHO's Attention to Firearm Violence, this pattern likely reflects a combination of political sensitivities, competing priorities, limited resources, disciplinary boundaries, and the historical development of violence-prevention frameworks rather than a lack of concern about violence affecting children. Nevertheless, the result is that firearm-related risks remain less visible than their contribution to child mortality, injury, trauma, and disability would warrant.

This pattern is particularly pronounced in the Americas, the region with the highest rate of gun violence in the world. A 2008 PAHO report (Preparados, Listos y Ya!) included 50 mentions of firearms. By contrast, the 2019 Health of Adolescents and Youth in the Americas mentions firearms only four times in a single paragraph of a 300-page report, compared with 309 mentions of alcohol, 230 of road traffic injuries, 204 of tobacco, and 32 of poisoning. The PAHO Strategic Plan 2020–2025 contains one mention of firearms in a footnote in a 146-page document. Taken together, this illustrates a systemic lack of firearm focus across PAHO's core violence-prevention, adolescent-health, and men's-health frameworks—reinforcing the broader pattern identified in the WHO-wide review.

The consequences of this blind spot on gun violence and child health are evident in the recent Bogota Call to Action (WHO, 2024) issued at the first Global Ministerial Meeting to End Violence Against Children. The Bogota Call to Action does not mention firearms, and only one Member State, Guatemala, included firearm violence in their national pledges.

What emerges is a significant opportunity for global health leadership. Firearm violence is one of the most lethal and preventable forms of violence affecting children and adolescents. Yet it has not received the same degree of attention within child health and violence-prevention frameworks as other major causes of injury and death. As evidence on firearm violence has expanded, opportunities have emerged for WHO, Member States, researchers, and civil society organisations to build on existing violence-prevention frameworks and ensure they more fully address the realities faced by children and adolescents in high-burden settings.

SECTION XVI

Strengthening WHO leadership to address gaps in global responses

The Global Coalition for WHO Action is calling on the WHO to strengthen its efforts to end violence against children by restoring a stronger focus on gun violence and child health. As a powerful catalyst in global health, with more than 194 Member State governments and ministries of health, the WHO can have an important and lasting impact on preventing gun violence and its effects on children and their communities.

Over the past three decades, WHO and its partners have played a leading role in establishing violence against children as a major global public health and human rights concern. Through initiatives such as the World Report on Violence and Health, INSPIRE, the Global Status Reports on Violence Against Children, and sustained support for child protection and injury prevention, WHO has helped build the evidence base, policy frameworks, and multisectoral partnerships that underpin violence prevention efforts worldwide. These achievements have often been realised despite limited resources, competing priorities, and complex geopolitical dynamics. The preceding analysis should therefore be understood not as a critique of WHO programmes or staff, but as an exploration of opportunities to strengthen existing frameworks by incorporating emerging evidence on firearm violence affecting children and adolescents.

WHO is not being asked to become an arms-control agency. The growing evidence base underpinning the INSPIRE framework also provides a strong foundation for this work.

SECTION XVII

Evidence that violence prevention works

The growing evidence base on violence prevention provides strong grounds for optimism. A major 2025 systematic review undertaken to update the WHO INSPIRE Framework examined more than 200 systematic reviews covering interventions across all seven INSPIRE strategies (Little et al,. 2025). The review concluded that every INSPIRE strategy includes interventions with demonstrated effectiveness and identified several breakthrough areas with particularly compelling evidence, including parenting programmes, safe and enabling school environments, and cognitive behavioural therapy for children exposed to violence. The review also found strengthened evidence supporting community mobilisation, life-skills training, cash-plus programmes, and laws limiting youth access to firearms.

Importantly, the review reaffirmed one of the core principles on which INSPIRE was founded: violence against children is preventable. Across diverse settings, interventions have demonstrated measurable reductions in child maltreatment, youth violence, bullying, adolescent intimate partner violence, and other forms of violence affecting children and adolescents. The challenge is not whether violence prevention works. Rather, it is ensuring that firearm violence receives the same level of evidence-informed attention, implementation, investment, and policy leadership that has helped reduce other forms of violence affecting children.

Taken together, these findings suggest that firearm violence prevention would benefit from the existing infrastructure for implementation of robust evidence to policy supported by the INSPIRE framework. Its broad objective to prevent violence against children requires consideration of all causes affecting children’s wellbeing.

SECTION XVIII

Workforce capacity for violence prevention

Effective violence prevention depends not only on evidence-based strategies but on the workforce that delivers them. As the preceding sections illustrate—from identifying firearm risk in homes marked by domestic violence to supporting children and schools in the aftermath of shootings—this workforce is already central to prevention and response. Across all seven INSPIRE strategies, social workers and the wider social service workforce are among the primary implementers of the interventions recommended in this paper: parenting and caregiver support, safe-storage counselling, case management for children exposed to domestic violence, hospital-based violence intervention, school-based trauma support, psychosocial rehabilitation, and bereavement services. Yet this workforce dimension remains largely invisible in global violence-prevention frameworks, which specify what should be done but rarely who will do it, or with what training, supervision, and resourcing (UNICEF, 2019).

Firearm violence prevention also depends on functioning child protection and family support systems. As noted in the preceding sections, statutory and community-based social services coordinate multisectoral responses when a child is injured or bereaved, and sustain family strengthening, kinship care, and reintegration over time (UNICEF, 2019; Bonomi et al., 2021). The South African evidence cited above, showing that more than one in five perpetrators of child homicide were themselves children or adolescents (Chirwa et al., 2026), underscores that children in conflict with the law are also children in need of protection: responses must include diversion, restorative justice, and reintegration, consistent with the Convention on the Rights of the Child.

WHO and Member States should therefore recognise the social service workforce as core violence-prevention infrastructure and invest accordingly in its planning, development, and support. Professional bodies such as the International Federation of Social Workers (IFSW), with member organisations in more than 140 countries, provide a global infrastructure through which prevention guidance, training standards, and ethical frameworks can reach frontline practice (IFSW & IASSW, 2018, 2020), complementing the health-sector partnerships described below.

SECTION XIX

Recommendations for firearm violence prevention

This moment presents a critical opportunity to strengthen global leadership on preventing firearm violence. Across sectors and regions, there is a growing consensus that the WHO has a unique and essential role to play in driving coordinated action. Building on its mandate, expertise, and global reach, the WHO is well positioned to catalyse more effective, integrated responses to protect children and communities from firearm-related harm.

Importantly, there are encouraging signs that stronger engagement is possible. WHO has reviewed our emerging research, met with WHO Action coalition members, invited technical presentations, and expressed interest in strengthening attention to firearm violence within existing mandates and frameworks. These developments suggest that the question is no longer whether firearm violence is relevant to child health, but how best to integrate this issue into existing violence-prevention, adolescent health, suicide prevention, and child-protection efforts.

A renewed moment for WHO leadership

Across the world, WHO Member States and organisations working on public health, human rights, gender equality, community safety, and violence prevention share a common understanding: the WHO has a vital, unique role to play in preventing firearm violence.

With its global legitimacy, trusted technical expertise, and presence in 150 countries, the WHO is the only institution able to guide Member States in integrating firearm-injury prevention across health systems, gender-based violence prevention, emergency and trauma care, child-protection frameworks, suicide prevention, and the commercial determinants of health. WHO leadership is essential, especially given the scale of firearm harm and the clear evidence that gun violence is preventable.

Systematic and scoping reviews of firearm legislation across multiple countries consistently find that stronger firearm laws are associated with lower rates of firearm homicide and mortality, while weaker regulatory environments are associated with higher rates of lethal violence (Santaella-Tenorio et al., 2016; Greenberg et al., 2024). Given its role in advancing data collection through morbidity and mortality surveillance, the WHO is also well positioned to inform the development of national laws and regulations governing access to and use of firearms.

Strengthening violence prevention through the INSPIRE Framework

The seven INSPIRE Framework strategies include implementation and enforcement of laws, changing harmful societal norms and values, creating safe environments, strengthening parent and caregiver support, income and economic strengthening especially for vulnerable families, improving response and support services addressing VAC, and improving education and life skills. In addition to these strategies, INSPIRE also addresses the need to improve prevention of violence against children through cross-sectoral collaboration and coordination at local, subnational, national and global levels. It also calls for stronger monitoring and evaluation of interventions. The INSPIRE technical package not only provides the best evidence for prevention through documentation of proven effective interventions, but also includes tools on how to translate specific implementation strategies in different settings (WHO, 2018), how to measure and monitor results of implementation of interventions, and provides tools to consider how to best scale-up and adapt evidence-based interventions (Inspire Working Group, 2021).

While firearms are referenced within the INSPIRE strategy relating to the implementation and enforcement of laws, significant opportunities exist to more comprehensively integrate firearm violence prevention and care across all seven strategies, recognising that firearm violence intersects with and negatively impacts the success of preventing multiple forms of violence affecting children in a variety of settings. Applying a firearm violence prevention lens across the INSPIRE framework could strengthen existing efforts to prevent violence, reduce children's exposure to firearm harm, and improve outcomes for affected children, families and communities. Further, as a globally recognised set of tools, where some countries have already designed national action plans for preventing VAC using the framework, and where over 100 nation states have used it to make pledges to end violence against children, the framework lends itself to better political, public health, and operational implementation of interventions aimed at reducing or preventing VAC due to firearms.

Recommendations for integration into the INSPIRE Framework

The following recommendations outline how firearm violence prevention and care could be integrated across the INSPIRE strategies, demonstrating how the framework can be strengthened to better address firearm-related harms and consequently be more comprehensive in its approach.

1. Implementation and enforcement of laws (Santaella-Tenorio et al., 2016)

- Strengthen comprehensive firearm regulation to reduce children's and adolescents' exposure to firearm injury, homicide, suicide and chronic stress. This includes universal background checks; licensing and permit systems governing both firearm acquisition and public carrying; minimum-age requirements; mandatory competency and live-fire safety training; child-access-prevention and safe-storage laws; and firearm-removal provisions linked to domestic violence protection orders. Emerging evidence suggests that the removal of public-carry permitting and training requirements may affect children's health and psychological wellbeing as well as population rates of firearm assault (Churchill et al., 2026; Doucette et al., 2024).
- Reduce the lethality and availability of firearms. This includes restrictions on assault weapons and high-capacity magazines, stronger controls on firearm transfers, measures to prevent illicit trafficking and diversion, and enhanced firearm tracing systems to improve accountability throughout the supply chain.
- Regulate the commercial determinants of firearm harm. Governments should prohibit the marketing of firearms to children and adolescents, restrict advertising and promotional practices that normalise firearm ownership or use, require disclosure of firearm product placement and sponsorship arrangements across entertainment and digital media, regulate online firearm marketing, and consider fiscal and regulatory measures to hold firearm manufacturers and distributors accountable for the health and social harms associated with their products.

2. Norms and values

- Promote non-violent social norms and challenge the normalisation of firearms and violence. Public education, media campaigns and social and behavioural change initiatives should address harmful narratives linking firearms with power, protection, status or masculinity, while challenging the romanticisation of violence, weapons and war across popular culture and digital media.
- Strengthen media literacy and community violence prevention efforts. Schools, families and communities should be supported to critically engage with firearm-related content and marketing, promote safe and inclusive environments, implement anti-bullying and violence prevention initiatives, and, where relevant, encourage safe firearm storage practices.

3. Safe environments

- Strengthen safety in homes, schools and community settings. This includes gun-free school zones, school violence prevention initiatives, trauma-informed schools, safe firearm storage practices, and the removal of firearms from homes where there is a history of violence or elevated risk of harm.
- Invest in community-based approaches that reduce firearm violence and its impacts. Community violence interruption programmes, hospital-based violence intervention programmes and efforts to address co-occurring risks such as alcohol availability can help prevent firearm violence and support recovery in affected communities.
- Design safer physical and digital environments for children and adolescents. Environmental strategies such as urban greening, safer public spaces and crime prevention through environmental design (CPTED) can reduce exposure to violence, while stronger regulation of harmful online environments and algorithmic amplification can help limit the spread of violent content and behaviours.

4. Parent and caregiver support

- Strengthen parenting, family support and trauma-informed caregiving. Parenting programmes, home visitation initiatives and psychosocial support services can help families build safe, stable and supportive relationships while reducing risk factors associated with violence and firearm-related harm.
- Support caregivers to reduce children's access to firearms and respond to risk. In settings where civilian firearm ownership is permitted, caregivers should receive education and counselling on safe firearm storage, as well as support to recognise and respond to risks associated with domestic violence, mental health crises and other circumstances that may increase the likelihood of firearm injury or death.
- Address family stressors that contribute to violence. Policies and programmes that reduce economic hardship, strengthen social support, and address harmful alcohol use can help create safer home environments and reduce risks associated with firearm violence.

5. Income and economic strengthening

- Invest in policies and programmes that reduce socioeconomic disadvantage and strengthen opportunities for children, adolescents and families. Efforts to reduce poverty, unemployment, inequality and social exclusion can help address structural drivers of firearm violence while improving health, wellbeing and community safety.
- Strengthen economic and social support for families and communities facing increased vulnerability. Income support, family strengthening initiatives, educational and employment opportunities, and community development approaches delivered through the social service workforce can help build resilience, reduce violence risk factors and promote safe and supportive environments for children and young people.

6. Response and support services

- Ensure access to trauma-informed health, rehabilitation and recovery services. Children and adolescents affected by firearm violence should have access to emergency care, physical rehabilitation, long-term disability support and coordinated services that promote recovery, inclusion and quality of life.
- Strengthen mental health, psychosocial and family support services. Comprehensive support should include mental health care, suicide prevention and crisis intervention, bereavement support, services for children exposed to domestic violence and case management delivered through social workers and the wider social service workforce.
- Invest in violence intervention, prevention and reintegration programmes. Hospital-based violence intervention programmes, community-based support services, restorative justice approaches, diversion programmes and reintegration services can help prevent re-injury and retaliation while supporting positive outcomes for children and young people at risk of ongoing violence.

7. Education and life skills

- Ensure equitable access to education and supportive learning environments. Efforts should prioritise access to quality education for children and adolescents facing disadvantage, alongside school-based violence prevention initiatives, trauma-informed supports, and safe and inclusive learning environments that promote wellbeing and belonging.
- Equip children and adolescents with the skills needed to prevent and respond to violence. Social-emotional learning, conflict resolution, emotional regulation, help-seeking, suicide prevention education, media literacy, and training in de-escalation and bystander intervention can strengthen protective factors and reduce vulnerability to firearm-related harms and other forms of violence.
- Promote positive development, leadership and meaningful participation. Youth leadership and mentorship programmes, recreation, sport, arts and after-school activities, and the meaningful involvement of children and young people in the design, implementation and evaluation of prevention initiatives can strengthen social connectedness, foster resilience, and provide positive alternatives to violence.

Monitoring and evaluation

Implementation of interventions, laws, programmes, and strategies requires careful monitoring and evaluation of effectiveness. Evaluation of interventions leads to increased evidence and strengthening of the INSPIRE framework with clear global advantages for scalability and replication or adaptation.

The Global Coalition calls for WHO action on protection from gun violence

The Global Coalition includes organisations from across the world with expertise relevant to violence prevention, child and adolescent wellbeing, gender equality, legal advocacy, and trauma-informed healthcare. Partners such as the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), Equimundo, Sou da Paz in Brazil, CreeSer in Mexico, Gun Free South Africa, Newtown Action Alliance, the Prevention Collaborative, the Sexual Violence Research Initiative (SVRI), No Means No Worldwide, and the Alannah & Madeline Foundation in Australia all contribute important knowledge on youth exposure to firearms, community violence, and the impacts on learning, family wellbeing, and health systems.

Health-sector expertise includes the World Federation of Public Health Associations, the International Council of Nurses, the American Public Health Association (APHA), the Health Alliance for Violence Intervention (HAVI), the Comprehensive Injury Centre (Medical College of Wisconsin), and trauma specialists in South Africa and the United States.

Legal and policy organisations—including Lawyers for Human Rights and Sonke Gender Justice—bring attention to the intersections between firearm availability, rights violations, and state obligations.

Together, these partners provide a strong foundation for supporting WHO and Member States to integrate firearm-related risks into violence-prevention, child rights and protection, and public-health strategies, while welcoming collaboration with additional organisations working in child rights, adolescent mental health, LGBTQI+ youth safety, disability inclusion, education, and community-based violence prevention.

The WHO has already responded positively to our advocacy, creating a powerful opportunity for collective action.

SECTION XX

Recommendations for urgent global action on firearm violence and children

Firearm violence kills, injures, traumatises, and displaces millions of children and families every year. It deepens gender inequality, fuels racial injustice, erodes trust in institutions, and strains health systems. The impacts on children extend across the life course, affecting physical health, mental wellbeing, educational attainment and social cohesion.

There are also reasons for optimism. The evidence reviewed throughout this paper demonstrates that violence against children can be reduced through sustained investment in prevention, child protection, education, social protection, public health, and community-based interventions.

The question before WHO and Member States is therefore not whether violence prevention works. The evidence indicates that it does. The question is how to ensure that firearm violence, one of the most lethal and preventable threats facing children and adolescents in many parts of the world, receives the same level of commitment, implementation, and investment, as is the case for all forms of violence against children.

Recommendations to the WHO's Violence and Injury Prevention team:

The WHO must take steps to address the harm caused to children by gun violence.

To protect children's rights and global health, the WHO must:

1. Recognise firearm violence as a violence-against-children and child-rights priority
2. Integrate firearm risk across INSPIRE, RESPECT, adolescent health, child care and protection, LGBTQI+ guidance, and the commercial determinants of health.
3. Strengthen firearm-specific data systems to improve visibility, accountability and evidence-based policy action
4. Regulate harmful firearm marketing to children and young people
5. Champion research on firearms, including links to femicide, violence affecting marginalised populations, and the impacts of trauma in children and young people
6. Advance a World Health Assembly resolution on firearm violence to catalyse coordinated global action
7. Invest in the social service workforce—social workers, child protection and psychosocial support personnel—as essential infrastructure for delivering violence prevention and response at scale

Recommendations to WHO Member States:

Member States hold the decisive role in this agenda: World Health Assembly resolutions are proposed and adopted by Member States, and the measures that most directly reduce children's exposure to firearms are national laws, budgets and programmes. To protect children's rights and global health, Member States must:

1. Include firearm violence in national action plans to end violence against children, using the INSPIRE framework and its implementation tools
2. Include firearm violence in national pledges and commitments under the Bogotá Call to Action and successor processes
3. Invest in firearm-injury surveillance and data systems that disaggregate deaths and injuries by age, sex and mechanism
4. Implement and enforce evidence-based measures that reduce children's access to firearms, including safe storage requirements, child access prevention laws, and firearm removal in domestic violence contexts
5. Table, co-sponsor and support a World Health Assembly resolution on firearm violence
6. Invest in the planning, development, and support of the social service workforce—social workers, child protection, and psychosocial support personnel—as core violence-prevention infrastructure

Recommendations to Civil Society Organisations:

Civil society organisations—including child rights, women's rights, public health, and violence prevention organisations—bring proximity to affected communities, advocacy capacity, and implementation experience on which global and national action depend. Civil society organisations should:

1. Integrate firearm violence into existing programming and carry out advocacy on violence against children, gender-based violence, and child rights, using the INSPIRE framework's implementation tools
2. Document the experiences of children and communities affected by firearm violence and ensure that survivors and young people themselves shape advocacy and policy responses
3. Monitor and publicly report firearm industry marketing that reaches children and young people through digital platforms, gaming ecosystems, and influencer content
4. Advocate nationally for the inclusion of firearm violence in pledges under the Bogotá Call to Action and for Member State support for a World Health Assembly resolution

Researchers and academic institutions are, in turn, essential to closing the evidence gaps identified throughout this report. Researchers and academic institutions should:

1. Quantify the burden of fatal and non-fatal firearm injury among children and adolescents beyond high-income settings, including disaggregation by age, sex, and mechanism
2. Evaluate how firearm-policy environments affect child health and wellbeing. WHO and research partners should support longitudinal and quasi-experimental studies examining the effects of public-carry laws, permitting and training requirements, firearm visibility and neighbourhood gun violence on children's general health, psychological stress, mental health, education, mobility and social participation. Research is particularly needed outside the United States and in settings where children experience high levels of community firearm violence but health and policy data remain limited.
3. Evaluate the effects of firearm marketing, gaming ecosystems, and algorithmically amplified content on children's attitudes, behaviour, and access to firearms
4. Investigate the pathways through which children exposed to firearm violence become involved in perpetration, and the interventions that interrupt them
5. Evaluate which INSPIRE-aligned interventions most effectively reduce firearm-specific harm to children, including implementation research on workforce delivery models
6. Integrate firearm-specific measures into existing research programmes and cohorts on violence against children, adolescent health, and suicide prevention
7. Translate and communicate research findings to policymakers, practitioners and other key stakeholders, and advocate for evidence-informed action to prevent firearm violence against children.

These actions are achievable and urgently needed. Firearm violence against children is preventable, and WHO and its Member States together have the authority and reach to drive change. Stronger leadership, clearer priorities, and coordinated action can reduce deaths, injuries, and lifelong harm. Without action, the burden will continue to fall on the most vulnerable members of our society. WHO, Member States, civil society, and the research community must commit to implementing evidence-based measures to protect children from firearm violence.

> **"The evidence is clear and the tools exist."**

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Global Coalition for WHO Action on Firearm Violence

**The protea in our logo symbolises resilience, regeneration, and hope—core principles of a public-health approach to preventing gun violence. Native to South Africa and fire-adaptive, the protea survives cycles of stress and emerges renewed, reflecting prevention, healing, and long-term wellbeing.*

Partners and collaborators

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