



PUBLIC HEALTH ASSOCIATION  
OF AUSTRALIA

## FIREARMS INJURIES

### *The Public Health Association of Australia notes that:*

1. During 1994, there were 522 deaths registered due to firearms in Australia, accounting for 7.3% of all injury deaths. Of these more than 90% were male. Suicide accounted for 85 % and homicide for 10% of male firearm deaths. 3% were accidental. For females, homicide accounted for 52% and suicide for 36 % of firearm deaths. 10% were registered as accidental. Intent was not stated for the remainder.<sup>1</sup>
2. For males, rates were highest in young adults and old age. For females, there was less variation of rates with age; rates were low in old age. Firearm deaths have declined in recent years, especially for males. The male rate of suicide using other methods has risen while the firearm related suicide rate has fallen.<sup>1</sup>
3. Firearm death rates are generally higher in rural and remote regions, as are suicides, particularly among 15-24 and 45-54 year old males.<sup>2</sup>
4. The most recent figures, based on a random sample of households in 1989 International Victims of Crime Survey, found a household gun ownership (in Australia) of 20.7 % (this varies by area with about 41% of rural households owning a gun, while only 12% in the major metropolitan areas do so).<sup>3</sup>
5. A comparison of 14 countries in 1989 showed that although rates of gun ownership varies between countries, rates of homicide and suicide committed with a gun correlated with the rate of household gun ownership.<sup>4</sup>
6. More than a quarter of all reported murders in Australia are committed using a firearm. Of firearm homicides in 1992-93, "two in five resulted from disputes between sexual intimates, while a further one in five resulted from some kind of altercation between friends/ acquaintances." The remaining two in five included shooting during robbery, etc. and cases involving non-intimate family members.<sup>5</sup> Very few shooting homicides are committed by persons whose prior mental state gave any useful warnings.

ADD SECTION HERE WITH A LIST OF STRATEGIES THAT ARE IN PLACE SINCE LAST POLLICY REVIEW -- ?2003

***The Public Health Association of Australia believes that:***

7. Gun ownership is a privilege not a right and should not compromise public safety.

8. Firearm injuries occur due to a combination of the availability of the firearm, opportunity to access, the motivation for use, and community attitude. It is only by addressing all aspects that there will be success in reducing firearms related injuries.

9. Ownership of firearms should be permitted only for those with a genuine reason to do so. "Personal protection" should not be regarded as an acceptable reason. There are no acceptable reasons for members of the public to possess military style firearms and handguns.

10. A range of programs is required to address the risk factors for intentional and unintentional use of firearms in injury, including community education and targeted strategies to enforce licensing and locked storage,. The design of such programs should be informed by scientific evidence available in the literature or gathered in by research. These programs should be closely targeted to those groups most at risk and be subject to rigorous evaluation.

***The Public Health Association of Australia resolves that:***

11. The Executive Committee and Branches recognises and supports the efforts of the Commonwealth, State and Territory governments to ensure that there is a consistent approach to legislation across all jurisdictions. The PHAA advocates that:

*11.1* attention be directed to ensure a nationally consistent response to control the importation, sale and purchase, ownership, storage, transport, use and disposal of firearms and ammunition

*11.2* attention be directed, via enforcement responses to restricting hand guns and military style weapons ammunition and firearms. These enforcement responses will be strengthened with development of effective guidelines for secure storage, and transport of firearms.

*11.3* all responses are supported by the maintenance of a national register of firearms, the documentation of sales outlets, dealers, gun registration including sale, resale or change of ownership of weapons and linking licensed individual gun owners with their registered firearms so that firearm ownership can be measured, individual owners assessed and firearms traced. The PHAA recognises that such a comprehensive proactive approach requires the investment of resources to establish the information systems, ensure that monitoring approaches are prioritised by all jurisdictions, and critically to develop appropriate mandatory education

on safe storage, transportation and use of firearms by accredited training courses as part of the licensing process

- 11.4* review current processes for granting of licences to firearm owners. A nationally consistent approach will ensure that parameters are set for an “acceptable reason to own and use a firearm”. Acceptable reasons should be limited to sports activity, firearm collection, occupational uses and vermin control. Licensing of sporting shooters (registered members of approved shooting clubs) and collectors should be strictly controlled.
  - 11.5* seek a nationally consistent requirement that limits licensing and ownership of firearms to people over the age of 18 years
  - 11.6* review current processes for licencing firearms, and implement nationally consistent procedures to check identification documents and criminal records
12. The Executive Committee and Branches will advocate for the Commonwealth, in conjunction with State and Territory governments to:
- 12.1* place Firearms Control (and related injury, criminal activity and violence) as a standing agenda item at Health Ministers meetings
  - 12.2* establish cross jurisdiction / sector working groups to focus attention on the development of nationally consistent approaches to gun control, and the broader concern of reducing firearms related injuries
13. The Executive Committee and Branches will continue to advocate for the Commonwealth, State and Territory governments to address the risk factors for intentional injury, in particular:
- 13.1* the need for preventive mental health services to reduce suicide through training programs on recognition and referral of those at risk of suicide for families and professionals in fields such as education, nursing, medicine and law enforcement.
  - 13.2* the need to adequately fund support, treatment and rehabilitation programs for people who are at risk of suicide.
  - 13.3* the need for mandatory confiscation of firearms by police from households where interpersonal violence has occurred or where restraining orders are issued. In these cases firearm licences should be revoked for an appropriate period of time and reapplication for licensing required.
  - 13.4* the need for greater efforts to prevent domestic violence (as detailed in the Public Health Association policy on this issue, 1990 AGM).

***References:***

1. Harrison J, Moller J and Bordeaux S, Injury by Firearms Australia 1994, AIHW 1996.
2. Moller J, 'The Spatial Distribution of Injury Deaths in Australia: Urban, Rural and Remote Areas', Australian Injury Prevention Bulletin, 8, AIHW 1994.
3. Dudley M, Cantor C, and De Moore G. 'Jumping the Gun: Firearms and the Mental Health of Australians' ANZ J of Psychiatry, 30, 370-381, 1996.
4. Killias M. International correlations between gun ownership and rates of homicide and suicide, Can Med Assoc. J, 148 (10) 1721-1725, 1993. Quoted in Marshall J. Firearm Violence and Ownership - A public health perspective, WA Health, Perth. 1995.
5. James M, Hallinan J. Homicides in Australia 1992-93. Trends and Issues in Crime and Criminal Justice, Number 5. Canberra, Australian Institute of Criminology, 1995.
6. Alpers P, Morgan B, Firearm Homicide in New Zealand: victims, perpetrators and their weapons 1992-94, Coalition for Gun Control Web Site, WWW, 1996.

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