



Article

Descriptive Survey of Firearm Storage Practices Among Families in the Emergency Department Before and After Jaelynn's Law in Baltimore

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Abstract

Background: Firearm injuries are the leading cause of mortality among youth in the United States and legislation is a key strategy in reducing youth firearm injuries and deaths. Maryland recently enacted a stronger child access prevention (CAP) law known as Jaelynn's Law, which mandates secure firearm storage and imposes stricter penalties for violations. **Objectives:** The aim of this study was to examine firearm storage practices and beliefs in a pediatric and adult emergency department in Baltimore before and after the implementation of Jaelynn's Law. **Method:** This descriptive study recruited 396 adult participants from pediatric and adult EDs at Johns Hopkins Hospital before and after the implementation of Jaelynn's Law. Participants completed a survey on demographics, firearm ownership, and storage practices. Those with unsafe storage practices were provided educational pamphlets and safe storage devices. Data were analyzed using SPSS Statistics 28, with descriptive statistics, *t*-tests, and Chi-square analyses used to assess differences pre- and post-law implementation. **Results:** Of the participants, 29% owned firearms, with 86% of firearm owners having children in the home. Firearms were primarily stored locked and unloaded. No significant differences in storage practices were observed after implementation of Jaelynn's Law. Participants cited quick access for personal protection as a key barrier to safe storage. **Conclusions:** We found no significant change in safe storage practices post-implementation of Jaelynn's Law. Concerns about personal safety continue to be of primary concern and public health campaigns, legislative measures, and community investment are necessary to enhance safety and safe storage compliance.

Keywords: firearm injuries; safe firearm storage; public health; emergency department; injury prevention



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1. Background

Firearm injuries are the leading cause of mortality in youth less than 19 years of age in the United States and in Maryland [1,2]. Racial, ethnic, and socioeconomic disparities in rates of firearm injuries and death stem from systemic racism and poverty [3,4]. Legislation is a crucial component of a comprehensive public health approach to address the rising trend of firearm injuries and deaths among youth in the U.S., and there is growing public support for legislative actions that support firearm restrictions [5].

Safe firearm storage, including the use of gun locks and separate ammunition storage, has been shown to reduce pediatric firearm-related injuries and mortality [6–8]. Since the

1980s, states have enacted laws making adults liable for child access to firearms. These child access prevention (CAP) laws allow authorities to criminally charge adults who, knowingly or through other negligent behaviors, allow youth to access firearms [6]. CAP and safe storage laws vary in their strength and scope. CAP laws generally hold gun owners accountable for not keeping firearms inaccessible to minors, with the strongest laws penalizing unsafe storage even if no harm occurs. The weakest laws only impose liability if a minor accesses the gun and causes harm. CAP laws also differ on the definition of “minor” and whether they apply to adults prohibited from possessing firearms. Safe storage laws, unlike CAP laws, specify how firearms must be stored and can apply either universally or in situations where minors or prohibited persons are present. The presence and strength of safe storage and CAP laws have been associated with a reduction in youth firearm suicides [7–9], homicides [8,10], injuries [11], and unintentional fatalities [12]. As of January 2024, 26 states and DC had active CAP or safe storage laws [13]. Despite the dissemination and extension of CAP laws and the American Academy of Pediatrics recommendation that all firearms be stored locked and unloaded with ammunition stored separately and locked [14], as of 2021 approximately 4.6 million children were living with firearms that were stored loaded and unlocked [15].

In March 2018, a 17-year-old student accessed his father’s firearm, entered Great Mills High School in Maryland, and fatally shot 16-year-old Jaelynn Willey [16]. In response to this tragedy, Maryland strengthened its CAP laws to prevent future incidents. Prior to 2023, Maryland’s CAP law made it a misdemeanor to store or leave a loaded firearm in a location where an unsupervised child, under 16 years of age, could access it, punishable by a fine of no more than \$1000. Maryland’s new, more stringent CAP law, named “Jaelynn’s Law” in honor of Jaelynn Willey, mandates that all gun owners securely store their firearms and imposes stricter penalties if a gun is accessed by anyone under 18 years of age or by a person prohibited from possessing a firearm. The law also removes restrictions on civil liability and mandates the State Department of Health to create public education materials about the risks of unsafe firearm storage and the new legal requirements [17].

Educating patients on the importance of preventing child firearm access through safe storage in the clinical setting aligns with the public health mandate and the new legislation. While safe storage counseling in the emergency department (ED) can be successful in improving firearm storage practices, and most physicians believe screening for firearm access and discussing safe storage is important [18,19], screening and counseling for safe firearm storage in the ED is infrequent [20–22]. The aim of this descriptive study was to engage families in an urban pediatric and general ED in Baltimore, including those with children and firearms in the home, in examining safe firearm storage, and assess storage practices both before and after implementation of Maryland’s more stringent CAP laws.

2. Methods

2.1. Participants and Site

A convenience sample of participants was recruited from both the pediatric and adult EDs at Johns Hopkins Hospital, which cares for approximately 57,000 adult patients and 30,000 pediatric patients annually. Adult participants 18 years of age or older were enrolled from July to August of 2023, prior to implementation of Jaelynn’s Law, and from February 2024 to August 2024, after implementation.

2.2. Patient and Public Involvement

Patients and the public were not directly involved in the design of the study, though their perspectives were considered during the development of recruitment strategies to ensure respectful and clear communication. While participants were not explicitly asked to

assess the burden of participating, the survey and educational interventions were designed to minimize time and effort to ensure participation was manageable.

2.3. Data Collection

After verbal consent was obtained, participants completed a survey administered by a trained research assistant. The survey was administered on a tablet and contained questions regarding participant and household demographics, the presence of children in the home, firearm ownership, firearm characteristics, and firearm storage practices. Survey items included five-point Likert-style questions assessing how often and to what degree firearms are stored safely in the home. Immediately following completion of the survey, participants who identified as not always storing all firearms locked and unloaded were offered educational material on safe storage in the form of a pamphlet, an opportunity to discuss options for safe storage, and a choice between two available safe storage devices (cable locks and lock boxes).

2.4. Data Analysis

All analyses were conducted in SPSS Statistics 28 (IBM, Armonk, NY, USA). Descriptive statistics were used to describe the sample. Independent samples *t*-tests, Chi-square, and Fisher's exact tests were used to compare demographics, firearm characteristics, and firearm storage practices, by date (pre vs. post CAP laws) and status of firearms in the home (no firearms in the home vs. firearms in the home).

3. Results

One hundred participants, 29 (29%) with firearms, were enrolled before the more stringent CAP laws, and 296 participants, 85 (28.7%) with firearms, were enrolled after implementation of Jaelynn's Law. Of the 100 initial participants enrolled, 90 (90%) were enrolled in the Pediatric ED, whereas in the second cohort of 296 participants, 174 (58.8%) of the participants were enrolled in the Pediatric ED. Most of the 119 participants with firearms also had children living in the home (102, 85.7%). The mean age of participants was 37.4 years with no statistically significant difference in the age of patients enrolled before the implementation of Jaelynn's Law compared to after implementation, or between firearm owners and non-firearm owners. The population enrolled before Jaelynn's Law was 70% female and the population enrolled after implementation was 58.1% female. Females represented 56.1% of firearm owners and 63.6% of firearm non-owners. There were no statistically significant differences between those in the initial cohort or those enrolled after Jaelynn's Law with regard to race and ethnicity, with 46.6% of the population identifying as Black or African American and 8.1% identifying as Hispanic. The groups also had similar education levels. Patients in the initial cohort were more likely to report being married ($p = 0.004$) and to report having higher income levels ($p < 0.001$) compared to those enrolled after enactment of Jaelynn's Law. Those enrollees with firearms in the home also reported higher income levels as compared to those without firearms in the home ($p = 0.005$). Those with firearms in the home were also more likely to be white or of other/unknown race ($p < 0.001$). See Table 1.

Table 1. Demographics.

	Pre CAP N = 100	Post CAP Law N = 296	Test Statistic	<i>p</i> Value	Firearms in the Home (N = 114)	No Firearms in the Home (N = 280)	Test Statistic	<i>p</i> Value
Mean Age	38.1 yrs $\pm$ 11.66	37.13 $\pm$ 11.42	0.72	0.47	36.09 $\pm$ 10.26	38.01 $\pm$ 11.83	1.51	0.13
Gender			4.91	0.07			5.02	0.06
Female	70 (70.0%)	172 (58.1%)			64 (56.1%)	178 (63.6%)		

Table 1. Cont.

	Pre CAP N = 100	Post CAP Law N = 296	Test Statistic	p Value	Firearms in the Home (N = 114)	No Firearms in the Home (N = 280)	Test Statistic	p Value
Male	30 (30.0%)	119 (40.2%)			47 (41.2%)	101 (36.1%)		
Non-binary/unknown	0 (0.0%)	5 (1.7%)			3 (2.6%)	1 (0.4%)		
Race			3.64	0.162			18.56	<0.01
Black or African American	46 (46.0%)	138 (46.6%)			37 (32.5%)	147 (52.5%)		
White or Caucasian	40 (40.0%)	135 (45.6%)			58 (50.9%)	116 (41.4%)		
Other/Unknown	14 (14.0%)	23 (7.8%)			19 (16.7%)	17 (6.1%)		
Ethnicity			1.57	0.46			1.10	0.58
Hispanic	10 (10.0%)	22 (7.4%)			9 (7.9%)	23 (8.2%)		
Non-Hispanic	89 (89.0%)	266 (89.9%)			104 (91.2%)	250 (89.3%)		
Unknown	1 (1.0%)	8 (2.7%)			1 (0.9%)	7 (2.5%)		
Education Level			7.67	0.16			9.48	0.08
Did not graduate HS	6 (6.0%)	19 (6.4%)			5 (4.4%)	20 (7.1%)		
HS diploma	37 (37.0%)	109 (36.8%)			36 (31.6%)	110 (39.3%)		
Associate degree	18 (18.0%)	37 (12.5%)			19 (16.7%)	36 (12.9%)		
Bachelor's degree	24 (24.0%)	101 (34.1%)			46 (40.4%)	79 (28.2%)		
Graduate Degree	15 (15.0%)	26 (8.8%)			7 (6.1%)	33 (11.8%)		
Unknown	0 (0.0%)	4 (1.4%)			1 (0.9%)	2 (0.7%)		
Income Level			34.47	<0.01			12.56	0.01
<\$50,000	29 (29.0%)	37 (12.5%)			10 (8.8%)	56 (20.0%)		
\$50,000-\$99,999	27 (27.0%)	59 (19.9%)			29 (25.4%)	57 (20.4%)		
>\$99,999	32 (32.0%)	76 (25.7%)			41 (36.0%)	66 (23.6%)		
Prefer not to answer/unknown	12 (12.0%)	124 (41.9%)			34 (29.8%)	101 (36.1%)		
Marital Status			11.01	<0.01			2.43	0.30
Married	49 (49.0%)	117 (39.5%)			54 (47.4%)	111 (39.6%)		
Unmarried (Includes separated/divorced/widowed)	49 (49.0%)	139 (47.0%)			51 (44.7%)	137 (48.9%)		
Prefer not to answer/unknown	2 (2.0%)	40 (13.5%)			9 (7.9%)	32 (11.4%)		
Firearm in the Home*			3.47	0.180				
Always	26 (26.0%)	62 (21.0%)			88 (77.2%)	N/A		
Sometimes	3 (3.0%)	23 (7.8%)			26 (22.8%)	N/A		
Never	70 (70.0%)	210 (71.2%)			0 (0.0%)	N/A		
Children in the home			153.21	<0.001			126.74	<0.001
Always	77 (77.0%)	54 (18.2%)			76 (66.7%)	54 (19.3%)		
Sometimes	17 (17.0%)	16 (5.4%)			21 (18.4%)	12 (4.3%)		
Never	6 (6.0%)	226 (76.4%)			17 (14.9%)	214 (76.4%)		

* missing data secondary to unanswered questions. N/A is not applicable.

The study population differs in several key ways from both the general Baltimore City population and the ED population from which it was drawn. Black individuals made up 46.9% of the study sample, compared to 61.9% of Baltimore City residents and approximately 60% of the ED population, while White individuals were overrepresented at 45.6% in the study, versus 27.8% in the city and 21% in the ED. Hispanic participants comprised 7.5% of the study, closely aligning with the city (5.6%) but slightly underrepresenting the ED (10%). The study also included a higher proportion of female participants (61%) than the city (53.1%). Educational attainment was higher among study participants, with 41.9% holding a bachelor's degree or higher, compared to 34.3% of city residents. Income data showed only 29.1% of participants reporting annual household income below \$50,000, significantly lower than city estimates (~58.6%), though a significant portion of the study

population chose to not disclose income information. Marital status in the study aligns closely with city data, with both indicating approximately 39.5% married individuals [23]. Overall, the study population represents a more educated, more affluent, and less racially diverse group than both the city and ED populations. According to the RAND Corporation only approximately 16.7% of households in Maryland a firearm, significantly less than the national average of 30–40% [24,25]. While the percent of households with firearms in Baltimore City is not readily available, our group has previously estimated that approximately 30% of Baltimore City households have firearms, a number consistent with this survey [26]. While local data on safe storage is unavailable, nationally 55% of firearm owners with children are believed to not store their firearms safely [27].

Of the 114 participants with firearms in the home 71 (62.3%) had handguns, 33 (28.9%) had rifles, and 31 (27.2%) had shotguns. There were no statistically significant differences in the types of firearms owned between the group enrolled before Jaelynn's Law and after Jaelynn's Law. Of the 71 participants who reported having handguns in their homes, handguns were owned for personal protection (38, 53.5%), hunting (4, 5.6%), recreation or sport (12, 16.9%), occupational needs (e.g., law enforcement, security guard, border patrol) (4, 5.6%), or were owned as family heirlooms or antiques (1, 1.4%). Handguns were primarily always stored in a locked box or cabinet (63, 88.7%) and/or with a cable lock (17, 23.9%), and 54 or 76.1% of handguns were consistently stored unloaded. Rifles (N = 33) were primarily owned for hunting (20, 60.6%), but people also reported owning rifles for recreation or sport (16, 48.5%), personal protection (10, 30.3%), occupational needs (1, 3.0%), or as a family heirloom or antique (2, 6.1%). Rifles in the home were also primarily always stored in a locked box or cabinet (27, 81.8%) or with a cable lock (9, 27.3%), and 100% of rifles were consistently stored unloaded. Like rifles, shotguns (N = 31) were mainly owned for recreation (17, 54.8%), personal protection (15, 48.5%) or hunting (11, 35.5%). A few shotgun owners cited occupational needs (1, 3.2%) or family heirloom or antique (7, 22.6%) as their reason for owning a shotgun. Like other firearms in this sample, shotguns were also primarily always stored in a locked box or cabinet (26, 83.9%) or with a cable lock (10, 32.3%), and 30 or 96.8% of the shotguns were reportedly consistently stored unloaded. Overall, before Jaelynn's Law, 22 or 76% of participants with firearms reported storing firearms in the safest manner possible, both locked and unloaded, as compared to 85 or 63.64% after the implementation of the law ($p = 0.32$). See Table 2.

Table 2. Firearm owner storage practices.

	Pre-Jaelynn's Law (N = 29)	Post CAP Laws (N = 85)	Test Statistic	p Value
Type of Firearm				
Handgun	22 (75.9%)	49 (57.6%)	3.05	0.08
Rifle	9 (31.0%)	24 (28.2%)	0.08	0.77
Shotgun	7 (24.1%)	24 (28.2%)	0.18	0.67
Unknown	0 (0.0%)	1 (1.2%)	0.34	0.56
Handgun in Lock Box or Cabinet			0.83	0.10
Never	1 (4.5%)	2 (4.1%)		
Occasionally	0 (0.0%)	1 (2.0%)		
Sometimes	1 (4.5%)	3 (6.1%)		
Always	20 (90.9%)	43 (87.8%)		
Handgun with Cable Lock			1.92	0.61
Never	15 (68.2%)	36 (73.5%)		
Rarely	0 (0.0%)	0 (0.0%)		

Table 2. Cont.

	Pre-Jaelynn's Law (N = 29)	Post CAP Laws (N = 85)	Test Statistic	p Value
Occasionally	0 (0.0%)	2 (4.1%)		
Sometimes	0 (0.0%)	1 (2.0%)		
Always	7 (31.8%)	10 (20.4%)		
Handgun Stored Unloaded			5.16	0.23
Never	0 (0.0%)	5 (10.2%)		
Rarely	1 (4.5%)	1 (2.0%)		
Occasionally	0 (0.0%)	4 (8.2%)		
Sometimes	1 (4.5%)	5 (10.2%)		
Always	20 (90.9%)	34 (69.4%)		
Rifle Stored in Locked Box or Cabinet			1.9	0.45
Never	0 (0.0%)	4 (16.7%)		
Sometimes	0 (0.0%)	2 (8.3%)		
Always	9 (100%)	18 (75.0%)		
Rifle with Cable Lock			1.17	0.10
Never	6 (66.7%)	15 (62.5%)		
Occasionally	0 (0.0%)	1 (4.2%)		
Sometimes	0 (0.0%)	2 (8.3%)		
Always	3 (33.3%)	6 (25.0%)		
Rifle Stored Unloaded			N/A	N/A
Always	9 (100%)	24 (100%)		
Shotgun in Lock Box or Cabinet			N/A	1.0
Never	1 (14.3%)	4 (16.7%)		
Always	6 (85.7%)	20 (83.3%)		
Shotgun with Cable Lock			2.93	0.23
Never	4 (57.1%)	16 (66.7%)		
Rarely	1 (14.3%)	0 (0.0%)		
Always	2 (28.6%)	8 (33.3%)		
Shotgun Stored Unloaded			N/A	0.23
Never	1 (14.3%)	0 (0.0%)		
Always	6 (85.7%)	24 (100%)		
Owned Firearm(s) Stored Safely	22 (75.9%)	55 (64.7%)		0.32

N/A is not applicable.

When asked about their beliefs about firearm storage, some participants with firearms in the home reported that safe storage was very important (33, 29%). Those who did not store firearms in the safest manner possible, both locked and unloaded (N = 76), reported concerns that storing a firearm locked and unloaded would make it difficult to access quickly (18, 23.7%). A few people also reported that they had no way to lock the firearm (2, 2.6%) or reported that they did not think it was important or effective to store firearms unloaded and locked (1, 1.3%). Only four participants accepted a safe storage mechanism; three were given cable locks and one was given a lock box. We did not detect a difference in reported ownership or storage behaviors before or after implementation of Jaelynn's Law.

4. Discussion

In this study, we engaged families with children and firearms who visited an ED in Baltimore to examine safe firearm storage practices. We assessed these practices both

before and after the implementation of Maryland's more stringent Child Access Prevention (CAP) laws, specifically Jaelynn's Law, enacted in 2023. Adoption of safe storage, like most preventive interventions, is driven by user acceptance and preference. While some studies have shown a preference for lock boxes as compared to trigger or cable locks [28,29], firearm storage preferences, specifically for families with children in the home, are not well described. Understanding the motivations for firearm ownership, the types of firearms owned, and the barriers to safe storage can inform pediatric injury prevention interventions. In this small sample, consistent with prior studies, most firearm owners cited personal protection as their reason for owning firearms. The majority of those enrolled with firearms and children in the home stored their firearms locked and unloaded. Those who did not store firearms consistently in the safest manner possible reported concerns about ease of access to firearms as the main reason for less-than-optimal safe storage practices.

While we were unable to show differences in storage practices by gender and firearm types in this small sample, historically, homes with female gun owners have reported higher rates of loaded, unlocked firearms than homes with male owners, and households with handguns have been more likely to store at least one gun loaded and unlocked than those without handguns [30]. By contrast, a 2024 probability-based survey found that women, particularly those with children, were significantly more likely than men to use secure practices [31]. In this same survey, safe storage also varied by reason for firearm ownership with owners who keep guns primarily for hunting or sport reporting higher safe-storage compliance than those owning guns for protection [31]. Taken together, these data suggest that women's historically higher rates of unsafe storage may be driven by their high rates of handgun ownership [32], while recent trends show female owners increasingly adopting safe storage practices [31].

While we were unable to assess the potential effectiveness of discussing firearm storage in the ED, previous findings have suggested this strategy has potential, for several key reasons. The population encountered in the ED setting, particularly the pediatric ED, is of particular interest, as they have children at home, and some demonstrated suboptimal safety practices. The ED serves as an entry point for identifying youth at high risk for future violent firearm injuries [33–35]. Additionally, nearly half of adolescent suicides are completed with a firearm [1], and most ED patients, even those presenting for non-mental health concerns, have a significantly increased risk of suicide when compared to the general population [36]. Adolescent suicide attempts are often impulsive with 60% of youth who die by suicide having no prior mental health diagnosis [37], signifying that completed suicides may be prevented if access to firearms were discussed more broadly. Furthermore, parents underestimate their children's ability to access firearms in the home [38].

Since CAP laws are associated with overall reduced firearm-related injuries and deaths among youth [7,8,10–12,39–41], reduced youth suicide [41,42] and a reduction in firearm-related homicides committed by youth [7], and most gun owners support safe-storage requirements in homes with children [5], these laws seem like an attractive solution to the rising rates of youth firearm mortality. While the association between stringent CAP legislation and reduced pediatric morbidity and mortality from firearms is well demonstrated, a causal relationship has not been clear. The limited availability of rigorous pre-post evaluations of CAP laws leaves us with cross-sectional studies that may overstate or understate the causal impact of CAP laws on youth firearm injury and death. Although some studies suggest that CAP laws promote safer firearm storage, others report minimal or no impact, highlighting the need for more robust research to better understand how these laws influence behavior and to inform effective policy design [18]. Most studies do not account for factors that are known to influence crime and injury rates such as state poverty levels, crime indices, neighborhood racial marginalization, policing, and structural

racism. For instance, one study found that while states with stringent CAP laws had significantly lower rates of child firearm fatalities, specifically among non-Hispanic Black youth; the significance of this difference evaporated when adjusting for poverty and firearm dealer density [43]. As communities vary with regard to risk factors for youth violence, including alcohol and drug use among teens, high school graduation rates, and poverty levels that cannot be accounted for in a large database, it is essential to examine individual communities more closely to understand local attitudes and behavioral changes in a more nuanced way [5,10–12].

Mandates alone are unlikely to significantly address the public health crisis of unsafe firearm storage. In addition to political resistance and enforcement difficulties, critics of CAP laws argue that storing a firearm locked and unloaded can impede a person's ability to defend their home and family during a violent intrusion. Families surveyed here confirmed this fear, as they were primarily concerned with quick firearm access for self-defense. Additionally, Miller et al. found that firearm owners in states with CAP laws were no more likely to lock firearms than were those in states without these laws, and that most gun owners reported not even being aware of whether they lived in a state with a CAP law [44], suggesting that a two-pronged approach of broad dissemination in the form of a public health campaign focused on the commonsense rationale for safe firearm storage combined with wider dissemination of the CAP law legislation would likely be of value. Clinicians can also play a critical role in educating the public on local policy around safe storage and CAP laws.

Future studies could address local knowledge of legislation such as CAP laws and perceptions of the most effective methods for reducing urban youth firearm mortality. Future studies should also assess the impact of CAP laws while considering the role of regional and local socioeconomic factors. While U.S. firearm-related data has fueled a national dialogue on gun control, it is clear that additional public health and legislative measures are essential to mitigate the risks of firearm injury and death. Importantly, this finding should not be interpreted as evidence that legislative approaches are ineffective or unwarranted but rather suggests that legislation alone may be insufficient to change individual storage behaviors without concurrent efforts to promote awareness, facilitate counseling, and support behavior change through clinical and community-based interventions.

5. Limitations

This study should be interpreted with multiple limitations in mind. A key limitation of this study is the relatively small and potentially unrepresentative sample size. Although the emergency department evaluates approximately 90,000 patients annually, this study included only 396 participants, of whom just 114 reported having firearms in the home. Among these firearm-owning participants, 86% had children. This represents a very small proportion of the overall patient population and limits the generalizability of the findings. The small number of firearm-owning respondents reduces the statistical power to detect meaningful changes in behavior and raises the possibility of sampling bias. As a result, the conclusion that legislation did not influence firearm storage or ownership behaviors should be interpreted with caution, as the study may not adequately reflect the broader population affected by the legislation. The small sample size and cross-sectional nature of the study may understate the causal impact of CAP laws on youth firearm injury and death. This was a convenience sample of patients, primarily enrolled during daytime hours, which could have also influenced the characteristics of the study population. The demographic difference between the study population, the ED population, and the broader Baltimore City population should be taken into account when considering the applicability of these findings to the broader community. Furthermore, our study population had a greater

proportion of households safely storing firearms, which may mask the potential effect of the law. These population differences may be due to temporal changes in who sought care or was willing to participate in firearm-related research. It is also possible that shifts in messaging or recruitment strategies unintentionally reached different demographic groups before and after the law's enactment. Because the study was only available in English, patients who were not proficient in English were not included in the study. As with all self-reported surveys, there are potential inaccuracies due to social desirability and recall bias. Participants in the survey may have differed in ways related to firearm ownership and storage compared to those who chose not to participate. We did not assess whether survey respondents were aware of the new CAP laws or changed their storage practices before or after the CAP law was introduced, and as such, our findings should be interpreted in the context of this uncertainty, and future studies should directly assess awareness of firearm legislation and its relationship to storage behaviors.

6. Conclusions

While the majority of those surveyed did store firearms safely, in this population of ED patients in Baltimore, there was no difference in storage practices before or after the introduction of more stringent CAP laws. Fears around personal safety continue to fuel unsafe storage in homes with children.

Author Contributions: J.S.C. conceived of the study and drafted the initial manuscript. P.P. helped draft the initial manuscript and approved and edited the final manuscript. K.H. contributed to the design of the study and the production of the educational material. A.B. conducted the statistical analysis. L.M.R. helped design the study. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board of Johns Hopkins University (protocol code IRB00352329) on 10 March 2023.

Informed Consent Statement: Informed consent was obtained from all participants involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author due to privacy concerns.

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