

**Social Factors and Impacts Associated with Exposure to Firearm Violence Among
Adolescents in the United States: A Scoping Review**

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INTRODUCTION

The United States is one of three countries in the world that allows the constitutional right to owning firearms, and 350 million firearms are privately owned in the US (Rozel and Mulvey, 2017). The federal government has specific regulations for firearm ownership, yet state governments can supplement with individual policies (Congress, 2025). Accessing and owning a firearm can be a simple process, some states have permitless carry laws (Siegel et al., 2017). Suicide and homicide rates by firearm in the US are eight and 25 times higher than other developed countries, respectively (Rozel and Mulvey, 2017).

The impact of gun violence on Americans varies and can be defined by several types of exposures. Firearm exposure can include access to firearms in the household, in public, and firearm violence. Direct exposure can be personal victimization, while indirect exposure can be online, by association of a loved one, or in the community. Firearm violence is characterized into several types including but not limited to interpersonal violence, community violence, mass shootings, terrorism, or law enforcement-related violence (Abba-Aji et al., 2024).

Gun access in the home is associated with homicide and suicide, and when highly lethal options are inaccessible people do not replace that weapon to commit violent acts (Fowler et al., 2017). Therefore, with less accessibility to firearms, violence such as homicide and suicide are less likely to occur without presence of the weapon. In 2021, there were 20,966 firearm homicides and 26,320 firearm suicides in the US (Simon et al., 2022). Public firearm violence demonstrated through community violence and mass shootings is a common occurrence in the US. Mass shootings in the US account for 73% of all mass shootings in developed nations, and 7% of mass shootings in the US are in K-12 schools (Peterson et al., 2024). During and

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following the Covid-19 pandemic, there was a spike in firearms sales which have historically increased during times of uncertainty and stress (Sokol et al., 2021).

While firearm violence impacts Americans broadly, adolescents face heightened risks because of their developmental stage and proximity to violence in homes, schools, and communities (Lee et al., 2024). In environments where violence increases in the presence of firearms, adolescents are vulnerable to exposure and the impacts of exposure (Lee et al., 2024). Access and proximity to those who own firearms can increase the risk of physical or mental impact among adolescents. The leading cause of death among adolescents is firearms, and annually, 17,000 of firearm related deaths are adolescents 18 and younger (Lee et al., 2024). In the US, 4.6 million children live in households with firearms that are unsecured (Schauss et al., 2023), and 2.6 million Americans carry a gun before age 18 (Taylor et al., 2025). In 2023, 5.2% Americans aged 10-17 were victims of gun violence and 1.8% had committed a violent act with a gun (Taylor et al., 2025). Rates of firearm-caused accidental injury and death in children increased 27% from April to July 2020 (Schauss et al., 2023).

Exposure to firearm violence can have profound mental impacts on adolescents. Previous literature suggests mental health and perpetrating violence is not a causal relationship, and there is a stronger association between victims of violence and individuals with a mental illness such as anxiety and suicide (Rozel and Mulvey, 2017). Victimization in the presence of a firearm leads to greater risk of mental health outcomes (Abba-Aji et al., 2024). To improve rates of violence and the prevalence of exposure, it is important to understand the impact on mental health and to determine who is impacted. It is equally important to determine the structural factors that affect who is most impacted. There are notable disparities in the ways in which

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adolescents are exposed to violence depending on the types of exposure. Most notable demographic differences are seen in race and gender (Lanfear et al., 2023).

Prior research has examined firearm access, victimization, and mental health separately. There is fewer research on how these factors interact with different types of exposures and synthesize the demographics most impacted. Existing work rarely links these exposures and outcomes to understanding which adolescents are most vulnerable and why. The purpose of this review is to determine what mental health outcomes and demographic factors are associated with firearm exposure among adolescents under age 19 in the United States. This review will primarily focus on determining the most prevalent mental health outcomes and the demographic groups that are most impacted by these outcomes. This review will focus on direct and indirect exposures within interpersonal and community settings.

METHODS

Several searches were conducted to review preexisting research using the University of Georgia's (UGA) library databases website. The UGA libraries have a multi-search tool that aggregates 130 GALILEO interdisciplinary databases. All the articles used in this review were chosen using the library's advanced search tool. Each search used key language that relates to the research question and specific inclusion and exclusion criteria.

Inclusion and Exclusion Criteria

A broad search was first conducted and narrowed as the literature was surveyed. Each search used key terminology relating to firearm violence, adolescents, mental health, and disparities. The searches were restricted to 2015 to 2025 using the "Past Ten Years" filter to ensure the results were timely. Each search included the term "United States" to limit the scope of geographic location of the articles. Each search also used the "Peer Reviewed" filter and was

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limited to academic journals. These filters were helpful in producing searches with sources that were credible. Review articles, meta-analyses, and commentaries were not excluded from the searches, but few were produced in each search. These study designs were ineligible for review. The pool of results altered significantly when filtered by year and type of publication in the UGA Libraries database. The searches included Boolean terms such as, “AND,” “OR,” and the asterisk symbol. The asterisk symbol was used in the first two searches with the term, “adolescen*” which includes any combination of the word adolescent such as adolescence and adolescents. The “AND” term was used in the third search to separate terminology, and the “OR” term was used to include synonyms related to the search terms. The results narrowed below 300 articles in each search and every article was evaluated for review. The articles chosen were selected for eligibility if the title included terms relevant to the research question and population.

Rationale for Selection

Three searches were conducted for review to produce comprehensive results of dimensions to firearm exposure: mental health outcomes, general exposure impacts, and demographic differences. The searches yielded articles that overlapped, appearing in each search. After surveying the articles in the three searches, 20 articles were selected to effectively address the research question. Each article was selected for review if the title contained key words relating specifically to adolescents, firearm violence, outcomes of exposure, disparities, and exposure to violence. If the title contained any combinations of terms related to the population and issue, it was considered eligible for further review. Each article was then verified as an original study and not a systematic review or meta-analysis. Most results selected were observational and cross-sectional. The final step to determine eligibility was reviewing the abstract, results, and discussion of each article. These sections were most important to review to

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understand the goals and outcomes of each study. If the study was pertinent to the topic and produced results that related to the impact of firearm violence exposure specifically, it was chosen for review.

The first search was specific to mental health outcomes among adolescents. The terms searched were, “mental health adolescen* violence firearm united states” and yielded 307 articles. Using this search, six articles were chosen for review. The goal of the second search was to evaluate the impact of exposure to firearm violence, not specific to mental health outcomes. The terms, “adolescen* violence firearm united states exposure” were used for this search, yielding 122 articles and 11 articles were selected for the results. The final search focused on determining the demographic differences of the impact of exposure to firearm violence. The third search used the terms, “(mental health or mental illness or mental disorder or psychiatric illness) AND (adolescents or teenagers or young adults or teen or youth) AND (violence or aggression or hostility or violent or anger or aggressive behavior) AND (firearms or guns or handguns or weapons) AND (united states or america or usa or u.s)” and yielded 31 articles. Given the more limited outcome of this search, three articles were selected for review. After rigorous review following the three searches, a total of 20 articles were selected.

RESULTS

Exposure to firearm violence affects adolescents’ psychological well-being. The literature identifies three primary mental health outcomes following exposure to firearm violence: anxiety and stress, suicide, and Post-Traumatic Stress Disorder (PTSD). Additionally, these outcomes are shaped by demographic factors such as general racial and gender differences in firearm exposure. Certain demographic groups are more susceptible to these mental health outcomes. Overall,

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exposure to firearm violence is more common among people who identify as African American or American Indian/Alaskan Native and adolescent females (Mitchell et al., 2025).

Most adolescents do not have access to guns and have not been exposed to firearm violence (Quimby et al., 2018). In 2019, a sample of 630 adolescents in the US showed that 41% were exposed to firearm violence at some point in their life (Mitchell et al., 2025). Race is among the most consistent and significant demographic factors that predicts access to firearms and violence exposure (Smith et al., 2020). Latinx and Black adolescents have two to three times higher odds for exposure to firearm violence than their White counterparts (Smith et al., 2020). Negative exposure such as violence from firearms is more common among racial minorities (Jewett et al., 2021). African American adolescents have the highest firearm mortality across ethnic/racial groups with a rate of 5.7 per 100,000 (Mitchell et al., 2025).

Gender was another demographic that was often analyzed to determine association with firearm violence and mental health outcome. In general, male adolescents are more likely to be exposed to community violence than female adolescents (Quimby et al., 2018). Male youth are more commonly exposed to firearm violence, while female youth have higher rates of mental health outcomes (Harper et al., 2021). Overall, female adolescents have a stronger reaction to community and interpersonal violence compared to men, resulting in higher chances of gun carriage and mental health outcomes (Yang et al., 2025).

Safety concerns among female adolescents are associated with nearly five times increased risk of gun carriage, which contributes to risk of violent exposures and mental health outcomes in the community (Yang, 2023). Despite higher concerns among females, 8% of male adolescents have been exposed to weapon threats in school communities compared to 6.5% of female adolescents (Yang, 2023). NHW male students are most likely to carry a gun to school

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which raises safety concerns and heightened risk of mental health outcomes in community settings (Jewett et al., 2021). The overall prevalence of firearm carrying in schools has reduced in the past three decades which has also improved experiences of safety and less violence in school settings (Jewett et al., 2021). However, community violence and proximity to violence can impact the mental health of adolescents (Kravitz-Wirtz, 2022). In 2021, 13% of youth experienced three or more firearm-related incidents under 0.8 miles from their home (Kravitz-Wirtz, 2022).

These results in gender are not always consistent across other demographic groups, including race. A smaller study only among Black adolescents did not find significant differences among gender and exposure to firearm violence with mental health outcomes (Quimby et al., 2018). Aside from general demographic information, the literature found specific results for prevalence of mental health outcomes and some associations between mental health outcomes and demographic factors.

Anxiety and Stress

In general, more exposure to violence leads to higher rates of anxiety among adolescents (Borg et al., 2023). Community violence exposure and their outcomes are context-dependent, yet there is a consistent association between anxiety and firearm violence exposure among adolescents (Borg et al., 2023). Indirect and direct exposure can impact adolescents, but there is a variety of evidence that shows how indirect exposure can have a significant impact on anxiety and stress. Among exposed youth, 58% felt extreme fear and distress following an event of indirect exposure to firearm violence (Mitchell et al., 2025). Exposure to a school lockdown impacted mental health, and anxiety increased by 76% after the lockdown (Hullenaar et al., 2025). The risk of gun violence in school communities causes more than half of teens extreme or

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some worry or stress (Kottke et al., 2025). After witnessing firearm violence such as school shootings, triggers can physically and mentally impact victims through a stress response (Rencken et al., 2025). It is not uncommon for survivors to experience responses beyond the mental perception of stress. Physical stress symptoms may occur as a result of lack of sleep and worry (Rosenbaum et al., 2024). Other symptoms of stress often appear as fatigue and headaches (Rencken et al., 2025).

Exposure to violence causes disruptive stressors in community settings, and perceived neighborhood disorder can also lead to children bringing weapons to school (Rosenbaum et al., 2024). When adolescents feel symptoms of anxiety and stress through fear, a common reaction is to carry guns (Yang, 2023). Carrying guns leads to greater potential for violence and exposure to violence, which continues the cycle of creating negative mental health outcomes among adolescents (Yang, 2023).

Following a violent event in a community, there can be a shift in community dynamics, motivation, and relationships (Rencken et al., 2025). In one study comparing survivors of nonfatal shootings and their families, the highest rates of mental health diagnoses were among youth family members (Magee et al., 2022). Diagnoses increased 2.6% in the following year among youth family members, primarily being anxiety and stress (Magee et al., 2022). Direct exposure to community firearm violence has a similar effect. Witnessing and observing violence such as hearing gunshots induces anxiety in youth (Borg et al., 2023). A study observing perceptions of violence among urban youth found chances of anxiety are 13 times higher when exposed to the sounds of gunshots (Borg et al., 2023). In the following year after surviving a shooting, 25.7% of survivors received a new mental health diagnosis (Magee et al., 2022). Most prevalent diagnoses were related to stress (Magee et al., 2022).

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There are notable differences between adolescent racial and gender groups and levels of anxiety and stress as a result of exposure to firearm violence. White adolescents are more likely to carry firearms, and non-white people face more anxiety around the issue. Firearm violence is a stressor that contributes to the stress within communities already burdened by the other systemic health disparities and barriers (Mitchell et al., 2025). Black and Latinx individuals exposed to firearm violence have higher rates of distress and depression (Smith et al., 2020).

Female youth experience higher rates of anxiety and stress when exposed to community and family firearm violence, while male adolescents often have externalized behavioral reactions (Quimby et al., 2018). These results are likely associated with systemic social stressors such as racism, lower income households, and neighborhoods classified as high-disorder areas (Mitchell et al., 2025). Communities with high levels of poverty have disproportionate consequences of institutional racism that primarily affects racial minorities (Kravitz-Wirtz et al., 2022). These communities typically already have higher levels of anxiety, and firearm violence is a stressor that contributes to disproportionately high rates (Mitchell et al., 2025).

Suicide

Results revealed suicide risk is associated and increases when adolescents are exposed to interpersonal violence and have access to firearms (Weissinger et al., 2023). Generally, 51% of suicides involve the use of a firearm, yet exposure to firearm violence is associated with higher rates of suicidal ideation (Smith et al., 2020). Further, exposure to firearm violence, specifically shooting events, significantly impacts the progression from suicide ideation to action (Teotia and Beltran-Silva, 2025). Exposure to firearm violence is not uncommon for American adolescents and has a significant impact on adolescents' social environment. One in five adolescents aged 10-17 knew someone who killed or attempted to kill themselves with a firearm (Mitchell et al.,

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2025). Exposure to interpersonal violence in households and negative family environments are associated with a greater likelihood of firearms in the home (Weissinger et al., 2023).

Concurrently, access to firearms increases suicide risk (Weissinger et al., 2023). These factors, exposure to household violence and access to guns, are both associated with greater suicide risk (Weissinger et al., 2023).

Greater accessibility to firearms also increases risk of suicide among adolescents (Mitchell et al., 2025). Witnessing community violence is more prevalent among adolescents who carry a gun, and suicide risk is associated with firearm carrying (Harper et al., 2021). Whether it is direct access or in the possession of a friend, 19.9% of youth have access to a firearm, and 3.5% of high school students carried a gun in 2020 (Harper et al., 2021). There are higher firearm-related adolescent suicide rates in states with fewer restrictions on firearm ownership and access (Divietro et. al, 2024). Most firearm related suicides were individuals who had both prior mental illness struggles and access to firearms (Divietro et. al, 2024).

In terms of demographic differences, racial and gender groups are have different rates of suicide attempts and ideation as a result of firearm violence exposure. White children accounted for 78% of firearm suicides, while Black children accounted for 67% of firearm homicides (Min et al., 2025). For African Americans in particular, a firearm in the home is a risk factor for suicide, and half of suicides among African Americans were by firearm (Smith et al., 2020).

In a study of 1,112 youth, NHW males account for most firearm related suicides, and over 10% were adolescents who identify as multi-race, Asian/Pacific Islander, and American Indian/Alaskan Native (Divietro et. al, 2024). These findings were not consistent across all studies and types of firearm violence exposures. Following a mass shooting event, White adolescents, male and female, had insignificant findings or low changes in rates of suicide

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attempts and ideations (Teotia and Beltran-Silva, 2025). White and Latinx adolescents had slightly increased odds of suicidal ideation, but not statistically significant rates (Teotia and Beltran-Silva, 2025). However, Black and American Indian/Pacific Islander adolescents had significantly higher rates of suicide attempts and suicide ideation compared to White adolescents following the mass shooting event (Teotia and Beltran-Silva, 2025).

While male adolescents make up a greater percentage of firearm-related suicides in most studies, female adolescents are at notably at risk for suicide (Divietro et al., 2024). After exposure to a mass shooting event, suicide attempts and ideation increased for both male and female adolescents, but rates were higher among female adolescents (Teotia and Beltran-Silva, 2025).

Intersectionality between gender and race are notable for suicide as a mental health outcome (Teotia and Beltran-Silva, 2025). Black female students have the highest rates of suicide attempts and ideation following exposure firearm violence, demonstrating the ways in which different adolescents process violence exposure (Teotia and Beltran-Silva, 2025). This is likely due to a variety of external and systemic factors.

Post-Traumatic Stress Disorder

PTSD among adolescents is another prevalent mental health outcome that appeared in the literature. Exposure to traumatic events can increase the risk of developing PTSD (Magee et al., 2022). The severity of the stressor, such as the level of exposure to firearm violence, worsens PTSD symptoms among adolescents, and symptoms can carry into adulthood (Beharie et al., 2019). Following exposure to violence, especially involving firearm violence, mental health symptoms of PTSD are common (Rencken et al., 2025). PTSD symptoms are also more likely to occur when youth have experienced gun violence at home (Quimby et al., 2018). Adolescents are

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vulnerable to trauma and PTSD when exposed to firearm violence at a young age at significant rates comparable to other mental health outcomes (Borg et al., 2023).

PTSD is a mental health outcome that does not always occur directly after an exposure event. Some witnesses and survivors of firearm violence have expressed a delayed onset of symptoms and recognized PTSD as a non-linear process (Rencken et al., 2025). Physical symptoms of PTSD such as panic attacks and severe anxiety can occur months and years after exposure to firearm violence, and oftentimes victims do not know the reasoning or how to control their symptoms (Rencken et al., 2025). Symptoms of PTSD are also associated with substance use and abuse, and the odds of developing substance use issues can develop into adulthood after exposure to firearm violence in adolescence (Beharie et al., 2019).

PTSD as a mental health outcome following the exposure to firearm violence had the least amount of evidence that was stratified by demographic groups. There is evidence that more African Americans, as compared to their White counterparts, have higher rates of PTSD and more severe PTSD symptoms following exposure to firearm violence (Smith et al., 2020). Of African American adolescents exposed to firearm violence, 18% had PTSD following the event (Smith et al., 2020). Gender and PTSD were not discussed in any of the literature found in the search process for the purpose of this study.

DISCUSSION

Across the literature, anxiety and stress, suicide, and PTSD emerged as the most common mental health outcomes following exposure to firearm violence. Both direct and indirect exposure, whether interpersonal, household access, in community settings, or schools, were associated with increased levels of emotional distress and increased mental health outcomes among adolescents. The strongest association, reflected in the body of existing research, is

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increased anxiety and stress among adolescents. Suicidal attempts and ideation were strongly supported and have significant demographic disparities. PTSD was the least supported by the research but appeared in most articles used for review in conjunction with other mental health outcomes. PTSD was important to include because of this reason, and to emphasize the need for further research on the outcome, specifically in the context of determining association with PTSD and gender.

Findings also highlight certain demographic differences in understanding the vulnerability of these outcomes. Race and gender were the most consistent predictors of firearm violence exposure and psychological impact among adolescents. African American, Latinx, and American Indian/Alaskan Native youth experienced higher levels of exposure and mental health rates for each outcome discussed. Female adolescents were more likely to exhibit anxiety and distress after exposure. Conversely, male adolescents had more violent exposure events and are more likely to carry guns in their communities.

These intersecting demographic factors suggest systemic inequities in community environments, and social stressors may contribute to disproportionate mental health outcomes in these groups. Understanding the associations between exposure type, mental health outcome, and demographic disparities is essential in forming prevention efforts and guide future research for mitigating exposure and improving mental well-being for youth. Systemic factors are drivers for many of the results found as they associate with race. Oppressive systems create imbalanced power dynamics that can introduce inequitable conditions for the oppressed groups (Randolph et al. and Lee et al., 2024). Institutionalized racism has a role in increased rates of exposure to violence and subsequently the development of mental health outcomes (Baiden et al., 2024). Specific intervention efforts have included community models that introduce social services such

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as community practitioners, violence reduction councils, and a focus on environmental risk factors for violence (Johns Hopkins, 2025).

Limitations

Limitations to this review include a limited scope of available research, minor inconsistencies in existing literature, and methodological constraints within the results. Previous studies include significant findings surrounding the mental health outcomes because of firearm exposure among adolescents. Most studies focus on exposure through mass shooting events and school shootings, as they are some of the most prevalent forms of exposure. There is fewer existing data on demographic disparities relating to these outcomes, and some results contradict each other. Most quantitative studies had small sample sizes and focused on specific geographic locations. These studies found slightly differing results from the qualitative, large-sample survey designs. While this review was able to use the existing literature to identify the broad outcomes and groups most affected by firearm violence exposure, there is a need for further research that quantifies this data for generalizability.

Across reviewed studies, several methodological limitations restrict the causal interpretation of findings. Most studies included are cross-sectional or observational study designs which prevent causal inferences about the relationship between firearm exposure and mental health outcomes. Causal inferences also cannot be made when making demographic associations with exposures to firearm violence. Additionally, many articles relied on self-reported data which creates the possibility of recall and response biases, particularly given the sensitivity of firearm-related experiences. Much of the data used was qualitative and collected from survey samples. This may be due to data collection barriers or social stigma surrounding this topic. These samples were not always equally representative of demographic

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groups such as race and geographic region. For instance, several studies were samples of primarily White or Black subjects, and data that was reported took account for potentially skewed results. Other studies lacked demographic detail and gave more vague sample descriptions. Collectively these methodological issues in the reported literature highlight a need for research that is more diverse, longitudinal, and has quantitative results that produce more external validity.

The results are also limited to reviewing 20 articles, which is a relatively limited scope of research. Additionally, the articles were only selected with three searches in one multi-search database. Further investigation into this topic is necessary to form any associations or relationships between factors.

Implications

The reviewed articles emphasize firearm violence exposure among adolescents is not a matter of safety as an individual or community-level issue, it is a public health concern requiring further research and intervention. The literature surrounding the topic proves a need for discussion of the impact of firearm access and exposure among adolescents.

The US has high rates of mental health outcomes and higher rates of firearm violence. In 2023, around 20% of US youth had a mental health condition, and between 2016 and 2023 diagnoses increased 35% (Sappenfield et al., 2024). In terms of firearm violence, the US ranked in the 92nd percentile for firearm mortality among youth (Gumas et al., 2024). Adolescents' mental and emotional well-being is impacted by these exposures and continue as violence rates climb. These outcomes can have long-term trajectories that carry into adulthood without prevention and early intervention.

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There is a need for more longitudinal data, intersectional research, federal funding reforms, and interventions. The call for further research in the US is hindered by the Dickey Amendment which prohibits using federal funding for research calling for gun control. This makes the extent of research more limited when searching for interventions to improve mental health (Rostron, 2018). Interventions can be implemented on a multi-level scale, including individual, community, and societal change. Individual and community change can be implemented through education and outreach. Societal interventions include introducing policy, extending resources, and promoting education.

This is a broad issue with broad implications beyond those discussed in this review, and there are other essential demographic factors and mental health outcomes that should be included in future research. For the purposes of this review, demographics were limited to race and gender. Geographic location, specifically the differences in urban and rural environments, were discussed in much of the literature. There are factors that influence the exposure of firearm violence varying by location in the US. Interventions for rural and urban firearm exposure are likely different and have different objectives. However, it is important to address there are other demographic factors that can be synthesized through additional research. Additionally, other mental health outcomes such as depression did appear in the literature. Out of the 20 chosen articles there was not enough supporting evidence to draw conclusions like the other outcomes discussed.

To conclude, firearm violence in the US presents a complex and multidimensional public health crisis. This scoping review identified evidence that firearm exposure, whether direct or indirect, impacts adolescents' mental health. These exposures most prominently increase the risk of anxiety and stress, suicide risk, and PTSD. The review also highlights these effects are not

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evenly distributed across demographic groups, specifically among race and gender. Adolescents who identify as African American, Latinx, and American Indian/Alaskan Native, and adolescent females are more likely to be exposed to firearm violence and experience negative mental health outcomes. These results reflect stronger implications about structural inequities, and there is a need for further investigation to promote community interventions. As firearm violence continues to be a leading cause of death among youth in the US, developing evidence-based and equitable solutions is essential for promoting safer environments and healthier developmental trajectories for adolescents.

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REFERENCES