

# Gun Violence Prevention Issues Most Relevant to CCRC Residents in Maryland

## Overview

Maryland residents living in continuing care retirement communities (CCRCs) have a unique vantage point on gun violence prevention. As older adults, they are personally affected by the GVP issues most likely to touch their lives and the lives of their families — particularly firearm suicide among seniors, cognitive decline and firearm access, and the broader epidemic of community gun violence that surrounds them. In an average year, 797 people in Maryland die and 1,745 are wounded by guns, and the societal cost is estimated at \$10.5 billion annually.[web:5] The issues ranked below move from those most directly personal to CCRC residents outward to those of broader humanitarian importance.

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## 1. Firearm Suicide Among Older Adults (Most Urgent for CCRC Residents)

This is the GVP issue most directly affecting the senior population. Firearms are the leading method of suicide for older adults — accounting for 70% of elderly suicides in 2018 — and elderly firearm suicides increased 49% between 2010 and 2018, far outpacing the 30% growth in the elderly population over the same period.[web:16] Every day, more than 17 elderly individuals die by suicide using a firearm.[web:16]

In Maryland specifically, firearm-related suicides have been increasing, and the fatality rate for firearm injuries is highest among older age groups.[web:2] While Maryland ranks relatively lower nationally for gun suicides (43rd highest rate), the absolute toll and trajectory is deeply concerning for advocates working with seniors.[web:5]

A 2025 study from UCLA and Boston University found that firearm suicides among older women are rising at an alarming rate — firearms were involved in nearly 40% of suicides among older women from 2014–2023, up from 34.9% in 2014.[web:19]

**Why it matters to CCRC residents:** Social isolation, chronic illness, bereavement, and loss of independence are all known suicide risk factors that are elevated in institutional senior living settings. The presence of firearms — brought by residents or in the hands of their family members — is a concrete, preventable lethal risk.

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## 2. Firearms and Cognitive Decline (Dementia and Alzheimer's)

An estimated 40–60% of households with a person living with Alzheimer's disease or related dementia (ADRD) contain a firearm.[web:22][web:58] As CCRC populations age, this becomes a pressing safety issue: dementia can impair a person's ability to safely store or handle a gun, can cause hallucinations leading to shooting of caregivers mistaken as intruders, and raises the risk of suicide due to confusion and agitation.[web:47]

Researchers from the University of Washington found that nearly a quarter of adults 65 and older in firearm-owning households stored their firearms unlocked and loaded, and that the prevalence of depression and memory loss in this group raises life-threatening safety concerns.[web:55] A “Safety in Dementia” program funded by NIH has developed a *Firearm Life Plan* toolkit and advance-directive framework to help families make early, informed decisions about firearm retirement — similar to decisions about giving up car keys.[web:50]

**Why it matters to CCRC residents:** CCRCs are home to many residents in early to mid-stage cognitive decline. Discussions about firearm retirement planning, family conversations, and ERPO tools are directly actionable for CCRC families.

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### 3. Extreme Risk Protection Orders (ERPOs / Red Flag Laws)

Maryland was a national leader when Governor Hogan signed the ERPO law in 2018, and it was the first state in the nation to include health professionals as authorized ERPO petitioners.[web:32] Under Maryland law, law enforcement, spouses, cohabitants, family members, dating partners, and licensed health professionals can all petition a court to temporarily remove firearms from someone posing an immediate danger to themselves or others.[web:35]

ERPOs are available 24 hours a day, 7 days a week in Maryland, with judicial commissioners available after hours to issue interim orders.[web:32] A final ERPO can last up to one year and can be extended. The order requires surrender of all existing firearms and prohibits new purchases during its term.[web:35]

**Why it matters to CCRC residents:** Knowing how and when to use an ERPO is critical for families of seniors who are showing alarming behavior. CCRC staff, residents, and family members can all serve as petitioners. Education about this tool — who qualifies, how to file, and what the process looks like — is a high-impact GVP action for this community.

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## 4. Domestic Violence and Firearms

In Maryland, guns are used in about 74% of domestic violence deaths.[web:3] An abusive partner with access to a firearm is five times more likely to kill a female victim; domestic-violence assaults with a gun are 12 times more likely to be fatal than those involving other weapons.[web:27] Between 2019 and 2023, an average of 47 people in Maryland were killed each year as a result of domestic violence, and in 2023 alone, at least 32 children lost one or both parents.[web:3]

Maryland's 2026 legislative session featured the Family and Law Enforcement Protection Act (SB20/HB83), which would require immediate firearm surrender when a temporary protective order is issued and ensure courts routinely ask about firearm access during domestic-violence hearings.[web:3]

**Why it matters to CCRC residents:** While direct domestic violence may seem less prevalent in a senior residential community, many residents have adult children, grandchildren, or neighbors who are affected. Seniors are also themselves victims of elder abuse involving weapons. Advocating for strong DV–firearm laws directly saves lives in Maryland.[web:18][web:24]

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## 5. Safe Storage of Firearms

More than half of all U.S. gun owners store their firearms unlocked.[web:23] Unsecured firearms increase risks of suicide, unintentional shootings (especially involving children and grandchildren visiting), and theft that fuels illegal gun markets.[web:23] The Maryland Department of Health explicitly recommends storing firearms locked and unloaded, with ammunition locked separately — and temporarily removing firearms from the home when anyone in the household is in crisis.[web:26]

Safe storage is particularly relevant for senior households because older adults with dementia cannot reliably secure their own weapons, visiting grandchildren are at risk, and seniors themselves may be in mental health crises.[web:22][web:55]

California passed a 2024 law requiring assisted living communities that allow firearms on their premises to centrally store all guns unloaded in locked safes, with ammunition stored separately.[web:17]

**Actionable GVP work:** CCRC GVP groups can advocate for Maryland to adopt similar safe-storage standards for senior residential facilities and can promote safe-storage awareness among residents who have firearms at home or with family.

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## 6. Gun Trafficking and Illegal Firearms in the DMV Region

Maryland is facing a serious crime-gun crisis — in 2023, law enforcement recovered and traced 10,332 guns connected to crimes in Maryland, with about 40% purchased less than three years before recovery (a key indicator of illegal trafficking).[web:36] In March 2026, three individuals were charged federally for trafficking at least 68 firearms from Georgia into the Maryland/D.C. area; 15 were recovered, some connected to drive-by shootings, and one was found loaded at a Maryland high school.[web:33][web:42]

Montgomery County Police seized five illegal guns in Silver Spring in March 2026.[web:45] The District of Columbia and Maryland jointly sued three Maryland gun stores in early 2026 for allegedly facilitating straw purchases that funneled guns into criminal hands across the metropolitan area.[web:39]

**Why it matters to CCRC residents:** Gun trafficking fuels the community violence that surrounds Silver Spring, Riderwood, and greater Montgomery County. Supporting stronger dealer accountability laws, state-border trafficking enforcement, and ATF resources directly reduces the supply of illegal weapons.

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## 7. Gun Violence in Schools and Among Children

Firearms are the leading cause of death for children and teens in the United States.[web:82] Maryland ranks among the higher states for school-shooting incidents per population.[web:49] In 2025, Baltimore City schools honored six

students killed by gun violence during the school year alone, including a 4-year-old pre-kindergarten student.[web:46]

Children exposed to gun violence experience serious lasting harm: PTSD, anxiety, elevated suicide risk, and substance-use issues.[web:54] An estimated millions of children in the U.S. are exposed to shootings every year.[web:52]

**Why it matters to CCRC residents:** Grandparents and great-grandparents in CCRCs live with the grief of knowing grandchildren attend schools where active-shooter drills are routine. Safe-storage laws, universal background checks, and community-violence interventions directly protect the next generation.

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## 8. Maryland's Public-Health Approach to Gun Violence

Maryland has made significant institutional progress on GVP. The Center for Firearm Violence Prevention and Intervention, established in October 2024 through legislation, released a preliminary state plan and a public Firearm Violence Data Dashboard in 2025.[web:6] The Center's "Three Pillar" framework covers (1) Prevention and Assessment, (2) Intervention and Response, and (3) Community Resilience and Healing.[web:7]

The Center is awarding grants of up to \$200,000 for state fiscal year 2027 to nonprofits and agencies implementing evidence-based programs aligned with these pillars.[web:10] Maryland also ranks relatively high for firearm homicides but lower for suicides, showing the dual nature of the state's GVP challenge.[web:1][web:11]

**Why it matters to CCRC residents:** The existence of a state Center with a data dashboard, prevention plan, and grant funding creates direct opportunities for GVP advocates to engage state processes, submit public comment, partner with grantees, and track outcomes. CCRC GVP groups are well-positioned to serve as community partners.

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## 9. Legislative Advocacy in the 2026 Maryland Session

The 2026 Maryland General Assembly session has seen active GVP legislation, including:

- **SB118:** Proposal to impose an 11% excise tax on firearm sales.[web:48]
- **SB20/HB83 (FLEPA):** Requires immediate firearm surrender upon issuance of a temporary protective order in domestic-violence cases.[web:3]
- **HB223:** Would expand the Center for Firearm Violence Prevention to create educational materials and public resources.[web:12]

Maryland has relatively strong gun laws but continues to have a gun-death rate near the national average, with much of the gun violence concentrated in Baltimore and Prince George's County.[web:11]

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### Social Determinants: Poverty, Housing, Health, and Mental Illness

Gun violence is deeply shaped by social and economic conditions:

- **Poverty and inequality:** Counties with higher poverty have significantly higher firearm homicide rates; between 2019 and 2020, firearm homicides increased most in the poorest counties, while barely rising in the wealthiest.[web:64][web:68] Income inequality and neighborhood disadvantage independently drive higher exposure to gun homicides, even after accounting for household poverty.[web:63][web:71]
- **Housing and neighborhood disinvestment:** Structural inequities such as inadequate housing, unemployment, and segregation create local conditions conducive to gun violence.[web:66][web:69] Housing-remediation interventions (e.g., fixing vacant housing) have been associated with substantial drops in weapons violations and shootings.[web:72]

- **Early-life health and chronic stress:** Children living in high-poverty counties are far more likely to die by gun suicide than peers in more affluent areas, reflecting chronic stress, limited mental-health care, and unsafe firearm storage.[web:65][web:68]
- **Hopelessness, youth disengagement, gangs:** Youth disengagement, unemployment, family disruption, and neighborhood disadvantage are recognized drivers of community firearm violence; outreach and employment programs reduce homicides by improving economic prospects.[web:66][web:71][web:75]
- **Mental illness and substance use:** Serious mental illness alone accounts for a small fraction of overall violence, but the combination of mental illness and substance use increases risk.[web:67][web:70] People with mental illness are more often victims than perpetrators; repeated exposure to gun violence worsens trauma and mental-health outcomes.[web:73]

These are properly understood as **social determinants of firearm injury risk** rather than as purely partisan talking points.

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## Non-Partisan Framing for a GVP List-Serve

Major public-health organizations explicitly frame firearm injury as a public-health problem caused by social and economic conditions and treat those conditions as risk factors to be reduced.[web:76][web:81][web:68] The public-health approach emphasizes describing the problem, identifying risk and protective factors, testing prevention strategies, and scaling what works — rather than praise or blame of political parties.[web:76][web:84]

A scoping review of income-support policies found that more generous income supports were associated with large reductions in interpersonal firearm violence; in one case, about 55% fewer firearm deaths and hospital visits.[web:71][web:83] Public-health funders highlight that social spending on housing, health, and income support is linked to lower homicide and firearm-violence rates.[web:81]

This allows a non-partisan, evidence-based discussion in which:

- Poverty, housing, healthcare, and mental-health access are described as *risk factors for firearm injury*;
  - Policies are evaluated by their measurable impact on shootings, injuries, and suicides;
  - The focus stays on **data, impacts, and prevention strategies**, not on parties or candidates.[web:68][web:71][web:81]
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### Suggested Framing Note for List-Serve Guidelines

Our list-serve is non-partisan, but not “non-political.” Many causes of gun violence — such as poverty, housing, health care, and mental health — are shaped by public policies. We encourage posts that treat these as *risk factors for firearm injury* and discuss evidence-based solutions (what reduces shootings, injuries, and suicides), without praising or blaming any political party or candidate. Please focus on data, impacts, and prevention strategies rather than campaign or partisan language.

If you would like to see a deeply partisan view of GVP see: [Mel's Amazon Books](#)