

WEAPON-CARRYING HIGH SCHOOL STUDENTS

TEENS WHO CARRY weapons are more likely to use them — the end result too often being injury or death. During 1994-96, an Oregon high school-aged youth was fatally shot about once every 10-11 days, either intentionally or unintentionally. Between 1984-86 and 1994-96, the gunshot death rate for Oregon 14 to 18 year-olds increased by 42%. Knives, clubs, and other weapons caused additional morbidity and mortality among youth.

This article describes the weapon-carrying behavior of Oregon adolescents, based on the results of a 1997 anonymous, self-report survey completed by 32,378 (21%) of Oregon's 157,769 public high school students.* Based on this survey, we estimate that during the 1997 school year no fewer than 30,000 (19%) Oregon high school-aged youth carried guns, knives, and/or clubs (at least once) for use as weapons. Of these, 31% carried guns.

Both male and female teens reported carrying weapons, but—as with many other risky behaviors—males did so more often (30% vs. 9%). By race, weapon-carrying occurred most frequently among American Indian youth (31%) and least often among Asian youth (16%). Nineteen percent of white teens carried weapons. By grade, freshman more often carried weapons than their older counterparts.

Adolescents who reported weapon-carrying were also more likely to engage in a constellation of other high-risk personal behaviors, such as substance abuse, sexual activity and suicidal behavior. Almost one-quarter (23%) of Oregon teens smoked cigarettes, and the more cigarettes a student smoked the

more likely he or she was to also carry weapons. Sixty-five percent of heavy smokers (20 cigarettes or more daily) carried weapons compared to 15% of non-smokers, a fourfold difference. Similarly, teens who reported drinking alcohol on 20 of the 30 days prior to the survey were more than four times more likely to carry weapons than were teens who abstained from alcohol (53% vs. 13%).

Almost one-third of adolescents (31%) used illicit drugs (including use of inhalants such as glue or paint). The substances most commonly associated with weapon-carrying were cocaine (reported by 3% of teens) and inhalants (reported by 5% of teens). Multiple drug abuse was especially strongly associated with weapon-carrying; adolescents who reported using four or more illicit drugs were almost five times more likely to carry weapons than were abstainers (73% vs. 15%).

Youth who had three or more sexual partners during the three months preceding the survey were also more likely to carry weapons during the previous month than youth who reported never having had intercourse (55% vs. 15%). In addition, teens who said they had attempted suicide were twice as likely to carry weapons than non-attempters (35% vs. 18%).

WHY YOUTHS CARRY WEAPONS

A Harris survey of students reported that when asked "What is the single most important reason some students carry a weapon?" 41% of students answered "for protection against possible attacks by other people"; 34% said to "show off and impress their friends"; 10% responded "because it makes them feel important"; 10% indicated "because they are angry and want to hurt someone"; and 4% answered "because their friends carry weapons."¹ Students who perceive their environment as dangerous may be more likely to feel the need for "protection." Many youths in the Oregon survey

reported that their home or school environment was dangerous. More than one in four teens said they were physically abused, and these teens were over twice as likely to carry weapons than teens who did not report such abuse (30% vs. 14%). Large percentages of teens reported a dangerous school environment, including: having their personal property stolen during the 12 months prior to the survey (33%), being harassed in the month prior to the survey (31%), being in physical fights in the 12 months prior to the survey (13%), being threatened or injured with a weapon during the 12 months prior to the survey (7%), and being so afraid to go to school that they stayed home at least once in the 30 days prior to the survey (3%).

Another aspect of a dangerous environment that may lead youth to carry weapons is that youth in dangerous or abusive environments may not have many opportunities to learn other, non-physical ways of settling disputes; weapon use may be the norm. Adults who could be important role models, demonstrating for teens how to resolve conflicts without physical violence, may not be accessible. In the Oregon survey, those who said they had no caring adult with whom they could discuss their problems were nearly twice as likely to carry weapons as those reporting adult support (28% vs. 17%).

The perception of danger in the environment, however, may not be the whole answer. Several researchers have demonstrated that weapon-carrying at school was more strongly associated with use of violence and use of substances at school than with previous victimization and fear of attending school.^{2,3} This suggests weapon-carrying may be due to other factors intrinsic to the student, rather than the environment. While many students may feel that weapons confer safety, it may be that in fact those students who actually carry weapons are more likely to fight. Carrying a weapon may embolden a student to be more physically aggressive.

* Data are from the 1997 Youth Risk Behavior Survey. Because this estimate is based on self-reported weapon-carrying during the 30 days prior to the survey, the true figure may be different—most likely higher. For further information on the survey, see *1997 Oregon Youth Risk Behavior Survey, Summary Report*, also published by the Health Division.



THE MEANING FOR CLINICIANS?

The clustering of risky behaviors suggests that when a clinician identifies a patient with one of these behaviors, he or she should inquire about other behaviors that may put that youth at risk. Once these high risk youth are identified, counseling or referral for additional counseling services can be provided. Even where options for referral are limited, the simple fact of asking about violence-related issues opens the door for a frank and practical discussion about these risks for youth who may not have other adults to whom they feel they can turn for such advice. While practitioners may be frustrated that such counseling will not reach a significant proportion of patients, weapon-carrying and other risky behaviors are so common among adolescents that even if one reaches only one out of 20 youth seen, the impact of such counseling can be substantial.

Most experts in public health and adolescent medicine endorse the idea that clinicians can play a pivotal role in promoting gun safety and violence prevention⁴—yet research has shown that the majority of clinicians never or rarely do.^{5,6} Clinicians may not feel comfortable asking questions and counseling patients in this area. Many resources are available to help clinicians learn how to ask these questions comfortably, and to guide practitioners in reducing the risk of violence among their patients. Two particularly useful resources include a concise summary of appropriate primary and secondary prevention strategies based on the age of the patient

and specific situations published in the *Pediatric Clinics of North America* last year,⁷ and an audiotape available from the American Academy of Pediatrics that models how to ask and respond to firearm safety issues.⁸ Oregon clinicians are encouraged to explore the risk of violence to/by their patients and to provide appropriate counseling and follow-up.

REFERENCES

- This article is based on the just-released Health Division report *Weapons and Oregon Teens*. The report is available at our web site, or can be obtained by calling 503/731-4354.
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 7. Stringham P. Violence anticipatory guidance. *Pedtr Clin North Am* 1998;45:439-48.
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Weapon Carrying by High School Students, Oregon YRBS, 1997		
<i>characteristic</i>	<i>% with characteristic</i>	<i>% with weapon</i>
TOTAL	100	19
GRADE		
9	30	22
10	28	20
11	23	18
12	19	17
RACE/ETHNICITY		
White	84	19
Black	2	23
Hispanic	5	21
Asian	3	16
Indian	2	31
Other	4	25
CARING ADULTS		
None	16	28
1	19	18
2+	65	17
EVER PHYSICALLY ABUSED		
No	73	14
Yes	27	30
NUMBER OF CIGARETTES ON DAYS SMOKED		
0	77	15
<1-5	16	26
6-20	6	35
20+	1	65
NUMBER OF DAYS DRANK ALCOHOL IN LAST MONTH		
0	54	13
1-5	32	21
6-19	13	35
20+	2	53
NUMBER OF DRUGS USED		
0	69	15
1	16	24
2	10	31
3	3	44
4+	1	73
NUMBER OF SEXUAL PARTNERS IN LAST 3 MONTHS		
Never had sex	65	15
0 in last 3 months	12	28
1	19	23
2	3	35
3+	2	55
NUMBER OF PHYSICAL FIGHTS AT SCHOOL		
0	87	15
1	9	38
2-3	3	49
4-7	1	74
8+	1	79
ATTEMPTED SUICIDE		
Yes	91	5
No	9	12

1. Based on 32,378 weighted interviews from 102 schools.
 2. Number of drugs used was measured with 6 questions, which asked about the use of injection drugs, cocaine, steroids (not under doc's supervision), marijuana, inhalant use (paint, glue, "huffing"), or "any other type of illegal drug."