

Adolescence, Sense of Identity and Female Risk Taking in a Senior Secondary School in Northern Tasmania

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Introduction

The focus for this study evolved during a search for a study which would be useful for educators and counsellors working with adolescents. Following discussions with researchers who had published their findings into adolescent risk taking in Southern Tasmanian Secondary Schools, the need for a Northern Tasmanian study, focusing solely on young females in a Senior College environment, was identified as being more appropriate for a researcher. (Abbott-Chapman & Denholm, 2001). The aims of such a study would be to provide the means for obtaining comparative information about this subject between the two disparate regions, gaining value for a select group of disciplinary views including psychology, sociology, education, counselling and health.

Background to the Study

This project also had its origins in my former study of women, *Women and Educational Leadership Early Life Experiences of Tasmanian Women Principals* (Wood, 1998), where leadership and the role of women principals and teachers were investigated and where the self of self and identity was a significant finding. In contrast this multi disciplinary study turns its emphasis to the risk taking behaviour of young adolescent women.

Questions, researchers suggest, could be posed as to whether the unique stage of adolescence actually exists. However, Palladino, (1996) suggests that there is overwhelming evidence that teenagers do exist (Jaffe, 1998, 3). In the light of this contention, this research justifies its intentions by providing knowledge for educators, teachers, coaches, social workers, justice personnel and any other co-workers with adolescents.

Theoretical and Conceptual Issues

Psychological researchers maintain that the central feature of female development included the tendency to seek out and maintain relationships with others (Bukatko & Dachler, 2004). Females are therefore not on a pathway to becoming independent, autonomous and self reliant, as with males, but on a journey to making connections with others. This is not to be viewed as “dependency” but as a source of discovering gratification and self –fulfilment (Miller 1991; Surrey 1991). It has also been established that boys receive more attention than girls from societal, parental and school perspectives.

(Diamant & McNulty, 1995,429).

Sociologists focus primarily on the social, economic and political contexts in which young people grow up and live. However, other studies of society are more concerned with the attitudes, expectations and views about young people, held by very powerful and influential adult groups. These views concern the sociologists who in turn examine adult attitudes to youth, their expectations of them and their place in society (Earle & Fopp, 1999, 404).

The literature on family influences on adolescents emphasises the potential climate within the dynamics of family life for adolescents to progress to identity achievement and an increase of “self” (Papini, Selby & Clark, 1998; Minchin, 1998). The emotional distance

which is experienced by parents with adolescents is not a rejection of family connectedness, but an essential prerequisite for adolescent achievement and the experience of “self” (Heaven, 2001, 37).

The peer group has both positive and negative effects on adolescents. The positive attributes of peer relationships improve their social and emotional identity, their independence, ability to relate to others, their levels of satisfaction and again the sense of identity (Hartup & Stevens, 1991; Heaven, 2001). Girls respond to the benefits of close peer and friendship relationships and are known for their preparedness to self disclosure and for being more mutually intimate and understanding (Heaven, 2001, 79).

Education professionals can view adolescents and their behaviours and needs as being more problematic, but adolescence can be a time of normal functioning. Because children of all ages now have legal rights, teachers and other professionals working with them have to be more aware of the views and wishes of their students, so subsequently there needs to be sophisticated models of counselling practices established in education facilities. Counsellors should be aware that friends are often consulted before they are approached, in situations where a degree of appropriateness is an issue (Branwhite, 2000, 18). Teachers should be aware that they are not social workers, yet they are very significant in the lives of their students. Their influence, Galbo (1994) contends is, surprisingly, associated with teachers' social characteristics as opposed to their cognitive and life skills (Branwhite, 2000, 15).

Risk Taking

The literature is definite about risk taking in adolescence being, not only normal, but an essential part of learning and personal development. Caution is added in that while risk-taking is exploratory, some adolescents will be motivated by poor self esteem and lack of confidence. Impulsive behaviours and recklessness are strategies used by some adolescents to gain the appeal of their peers. Social rejection, or not being “cool” is the suggested cause. The main problem is their seeming inability to evaluate the potential risks and consequences of everyday behaviour as 60% of adolescent deaths are caused by accidents-many of them being the result of risk taking (Corben, 2001, 1). This applies to the cases of alcohol and drug use and driving where adolescents do not perceive them to be as dangerous as do adults. Sensation-seeking individuals differ in their need for stimulation which underlies much risk taking behaviours. The peer group can provoke risk taking activities by providing models of risky behaviour and by competing for group dominance.

Parents and their parenting style, their lack of supervision, failure to set limits, modelling risk behaviours themselves and even parental encouragement can influence risk taking. The relative dominance of peers over parents also increases these behaviours. There are also genetic factors and neuroendocrine processes and the timing of puberty which have to be considered in this debate. Risk taking can also be a coping mechanism for dealing with anxiety, frustration, inadequacy and failure (Booth, 2005, 6). It is important to remember that not all risk taking is bad...risks pose very real dangers ... and tremendous benefits (Higbee, 1997, 1). Antisocial acts depend on the interaction between the individual and the environment). Personality traits such as sociability or impulsiveness and temperament are also factors in this behaviour A change in the management of health - related, risk taking is advocated by Cook (2005), whereby information is provided to students about the numbers who are not involved in these activities (Cook, 2005,1)

Risk and Health Issues

It has been recorded that many teenagers experiment with alcohol and illegal drugs and a proportion of them are regular users. Cannabis has been considered as harmless, but now there is good evidence that it can make mental health problems worse in adolescence and can double the risk of developing schizophrenia. Alcohol, despite publicity to the contrary, is the most common drug. Early sexual activity creates a greater risk of early pregnancy and health problems. Sexually transmitted diseases are common as is HIV infection and AIDS are becoming more common (Timms, 2004, 3). Multiple partners and risky, unprotected intercourse are often signs of underlying emotional problems, or they could indicate a risk taking lifestyle.

Social Capital

Adolescents, as with all other groups, operate within a social context and as such, there need to be an examination of the broader social influences on this group. Putman explains that “social capital is an important resource for individuals and it can greatly affect their ability to act and to perceive a quality of life” (Putman, 2000, 319). Parents and children develop social networks where one party is subordinate to the other and where one participant is more powerful than the other. Schools and students also fall into this type of networking social system which develops closure to strengthen the role of the more dominant participants- the parents and the school itself.

The dynamics of the family provide varying views of the characteristics of social capital. In one sense social capital can be seen as existing within “a collectively with people acting selflessly” (Coleman, 1990, 310). This type of social capital assists “ the development of nascent social movement, from a small group of dedicated, inward looking people who work on a common task”, this task being the raising of the children (Coleman, 1990, 310). Strong and effective sanctions and norms for behaviour can be imposed by parents which can assist in keeping the young adolescents from the desire to use adolescence as a time of experimentation and fun times which could include risk taking. From a negative viewpoint, the social capital inherent in the family can be restrictive, coming from the efforts of the “inward looking” group which influences the children. “Married couples are homebodies”, he observed and contact by family members with external groups and involvement in them is limited (Putman, 2000, 278).

Methodology

The Abbott-Chapman/Denholm (2000) study examined this phenomenon using a range of twenty - six (26) risk taking activities and their findings provided a useful model for further exploration by this researcher. This study had only been conducted in a capital city context (Hobart) in southern Tasmania and therefore the need to extend this type of study to other regional areas for comparative findings was identified and became the catalyst for this particular investigation which focused on four main areas - alcohol use, sexual activity, substance abuse and the influence of one aspect of the media, X-Rated videos – and a total of fourteen (14) activities.

Key Research Objectives

The former research of the writer and the literature review provided the bases for the following key objectives.

1. The objective is to examine the concept of “self” in adolescent girls?
2. The objective is to determine the amount of personal control evident in adolescent girls’ lives in their younger years?
3. The objective is to examine the need to “sensation seek” in adolescent

- years.
4. The objective is to determine how influential were the expectations which were placed on adolescent girls by themselves, the family, the school and the community in their early lives?
 5. The objective is to examine the attitudes prevalent amongst adolescent girls regarding the law and legal restrictions ?
 6. The objective is to gauge how informed adolescent girls are regarding their perception of risk taking activities?
 7. The objective is to examine the ways adolescent girls' aspirations for their futures impinge on their risk taking activities?
 8. The objective is to determine the resilience of adolescent girls to adversity in their lives

Sample

The senior secondary college, chosen as the setting for this survey, had a very suitable enrolment of over two hundred female students in the age group needed for this study. Because many of these students travelled from outlying districts to attend this college, a postal questionnaire survey was used to gain the required information. Each questionnaire was anonymous with no identification of the respondent indicated on the survey. As each one was received back – 91 from 211 in total (43 percent) - the researcher allocated a numerical identification to it and only referred to this number in the analyses and coding processes. The College Counsellors were aware that the survey was to be conducted and were cognisant with the personal nature of the questions, in the event that counselling may be sought by respondents as a consequence of the survey. There were opportunities in the questionnaire to include both qualitative and quantitative data.

A letter indicating the arrival of this survey was sent one week prior to the posting of the questionnaire, to allow for questions, explanations or refusals to participate. From the respondents' answers, a wide range of categories for analysis was compiled and coded for later recall and interpretation using a computer software programme named NUDIST 4 - Numerical Unstructured Data Indexing, Searching and Theorising - (Index Free Nodes 212, Free Nodes 378) To support this initial qualitative coding, a statistical approach was added by introducing SPSS-a Statistical Programme for Social Sciences-to recode the data for quantitative results - (221 categories). Deakin (1970) explains the validity of using a statistical approach to test one's theories gained by qualitative or other means. (Denzin, 1970, 45).

Design of Questionnaire

The first set of questions focussed on obtaining general background information regarding the females' ages, their residential location and family details such as the number of parents or guardians as well as siblings. To establish a socio-economic profile of the students, provisions were also made to record the educational levels of their parents. The accent then turned directly to the young women's interests and attitudes to religious beliefs, childhood experiences, school acceptance, enjoyment or rejection and the influences of parents other family members, significant others and peer groups. Questions about predicting the future involved the females in disclosing the goals they held for their future education, career and family aspirations. The levels of authority and control from the three spheres of family, school and community became the focus for the next set of questions. Resilience after traumatic experiences was another area of focus as were their opinions of the negative risk involved in the risk taking activities selected for the study, their frequency of engagement in them as well as their reasons for undertaking these negative actions. The

original questionnaire was posted to the designated audience of 219 respondents, 8 of which were not applicable.

Qualitative Findings from the Survey

a) Objectives

Objective 1 (“ Self”)

The females from both town and country indicated a multitude of positive personal qualities about their sense of “self” and their characteristics. Being positive, caring and kind were the most prevalent traits. As well they also identified being outgoing, friendly, happy and having a sense of fun. On the negative side there were only few characteristics noted, these including being stubborn, shy, talkative, moody and a few with low self esteem.

Objective 2 (Personal Control)

The participants wrote predominantly in favour of their parents’ level of authority over them. There was 63 percent of the total survey group, 35 percent from the town group and 28 percent from the country, who offered very positive comments about their parents’ level of control over their lives. Many from both these groups, 65 percent, were consistent with comments indicating that their parents were understanding, fair and that the students could reason with them. Other respondents added that their parents trusted them and treated them like adults. Several also commented that it was good to have advice and a town students indicated that there was no control by parents of their lives. There was also a group of respondents, 20 percent, twelve females from towns and six females from the country, who were very negative in their responses to the control their parents had over them.

Other controls on the participants in this survey included school restrictions with homework and school rules. There was 12 percent with school restrictions, 4 percent who indicated that work restricted the control on their lives and only 2 percent who indicated that their boarding arrangements in either the school hostel or in a private home reduced their freedom. The legal system caused problems for one student from a town and one from the country, while Centrelink (government benefits’ office) was nominated by a country student as being a controlling factor in her life.

Objective 3 (“Sensation Seeking”)

The responses made by the females, regarding their participation in risk taking, indicated that “sensation seeking” in the form of fun and excitement were the major reasons for choosing these activities. Of the fifty eight students (58) 63.7% who replied to this aspect, thirty three (33), (51.7%) indicated that these factors were the only reason for their participation. Some of the qualifying statements included the facts that becoming drunk reduced one’s inhibitions and that seeing others participate created curiosity which led to the initial involvement. For a few participants who found particular activities lacking in fun, caused the tendency for them to try even more dangerous activities to create the desired levels of fun and excitement. This “sensation seeking” created the credibility for the activity and assisted some of the respondents with their decisions. Others put curbs on certain aspects of risk taking such as drinking to excess, but approved of smoking sometimes. Some hated what they were doing, but still continued, even when they felt the activity was wrong, because they liked experimenting. A few females felt they knew the consequences or risk levels of their activities and therefore were confident with their decisions.

Objective 4 (Expectations)

Life long values were mentioned by both groups who expected that education and money would set them up for life. The town respondents remarked that they “would have achieved something” Marriage and family were important for some , but children was not always the aim.

Objective 5 (Legal Restrictions)

There was a 77 per cent response, forty one town, twenty nine country female to the question regarding the influence of the law and legal restrictions on the females’ risk taking activities. The two biggest factors affecting their compliance with the legal system were fear, (nine town, four country) and the possibility of extenuating consequences (eight town, four country) occurring as a result of their involvement in risk taking practices. Another sixteen (nine town, seven country) indicated that the law and the legal system were sometimes a consideration, depending on the context. Only five indicated that they did not consider the law or the legal system and knew immediately that they would engage in the activities.

Objective 6 (Informed Re Risk Taking)

It was quite alarming to discover that of the 74 percent of the students who offered responses to this question, only one mentioned the possibility of “death’ being a result of her risk taking activities. There was no other reference to any of the health implications that their risk taking activities may cause. Significantly, there were sixteen, (eleven town and five country females) who argued that their risk taking was checked against the fact as to whether it would hurt or affect others or themselves, while another seven (two town and five country females) considered the safety, danger or trouble inherent in the activities. Another nine females (five town and four country) looked at the consequences of their actions, whilst twelve (nine town and three country) considered whether the activities were right or wrong. Only nine females (five town and four country females) gave personal reasons such as valuing oneself, not wanting to have regrets and not wanting to “numb consciences.”

Objective 7 (Aspirations)

In the survey on Adolescence and Risk Taking conducted on the North-West Coast of Tasmania in 2001, the females’ education aspirations demonstrated their very high motivation levels. Eighty - one percent (74) replied positively to this aspect of the study, fifty eight (58) females from towns and sixteen (16) country respondents. Many of the girls concerned had multiple reasons for aspiring to higher levels of education, but they were mainly focused on careers and work.

Their educational endeavours were aimed at a wide range of professions. Only five (5) town females had their goals set on the more traditional careers associated with women – teaching and nursing 2 percent (2 each), and child studies , 1percent (1). Four 12.1% of the country females chose the traditional jobs of nursing, teaching, midwifery and child studies - all with one respondent in each category.

Finding work was a high priority for both groups of females. Only 4.3% percent (2) in the town group explained that their higher education involvement was to obtain work for its monetary reward. In the country group four 12.1%) (4)had money as an aim while 15 percent (5) wanted to find a good job. Overall this aspect of the survey was very inspirational and augers well for the respondents’ futures.

Objective 8 (Resilience)

The problems experienced by the respondents involved parental cancer, death of grandparents, parents and friends, attempted suicides, broken relationships and divorce, remarriage of parents and personal illness and depression. There was 32 percent of the total survey group, seventeen females from the town group and twelve from the country who indicated that they had coped well with the traumas in their lives. They had done this mainly by talking through their grief and problems with the support of family members and friends. Other methods had involved writing about their problems, putting more effort into their studies using positive thinking and religious teachings. Grieving and taking time were also mentioned, as was the reality of the trauma continuing longer than desired.

On the negative side of facing trauma with resilience, 24 percent, seventeen participants from the town and five from the country, experienced problems. These occurred because there was no one to trust with their difficulties or to talk to, so they kept to themselves, suffering depression, nervous breakdowns and suicidal attempts and becoming anorexic.

b) Risk Taking Findings

The females' perception of the risk factor in each category was compared to the females' actual risk taking activities with some surprising results.

Table 1: *Risk taking rating compared to risk participation rating.*

Activity	Risk Rating 1-7	Risk Participation 1-4			
	Mode	Mode			
Binge Drinking	4	3 (38)	2 (26)		4 (10)
Drinking Alcohol	2	3 (45)	2 (8)		4 (28)
Drink Driving	7	1 (85)	2 (2)	3 (1)	4 (1)
Sex –No Condom	7	1 (60)	2 (12)	3 (14)	4 (4)
Sex – No Pill	7	1 (63)	2 (7)	3 (14)	4 (5)
Sex – Strangers	7	1 (81)	2 (8)	3 (1)	4 (1)
Sharing Needles	7	1 (88)	2 (2)		
Smoking Hash	7	1 (38)	2 (25)	3 (24)	4 (4)
Sniffing Glue	7	1 (84)	2 (5)	3 (2)	
Cocaine Use	7	1 (89)	2 (1)	3 (1)	
Heroin Use	7	1 (85)	2 (1)		4 (2)
Speeding	7	1 (72)	2 (14)	3 (6)	
Taking Speed	7	1 (83)	2 (5)		4 (1)
X-Rated Videos	1	1 (39)	2 (31)	3 (19)	4 (3)

Whilst the risk ratings were high – at seven for eleven out of fourteen of the risk activities - risk participation has still occurred. These twelve incidences where the risk ratings are high and the risk participation is at one, means that there is no participation. However, there are still young females participating in dangerous risk activities at the three (occasionally) and four rating level (regularly) e.g. ten binge drinking and twenty eight drink driving on a regular basis. It was alarming to see that one participant had used cocaine occasionally and two were regular users of heroin. There was only one significant difference in the risk taking participation rates between the town and country females and that was in the frequency of viewing X Rated (pornographic) videos. This could be simply accounted for because of the lack of access to these or any types of videos in the country locations within this study.

c) Cross Tabulation Results

Table 2: *Parental/ Family Influences*

Parental Control	Frequency Binge Drinking
Parental Control	Frequency Sex with Strangers
Parental Control	Frequency Smoking Hash
Parental Influence	Frequency Binge Drinking
Parental Influence	Frequency Sex with Strangers
Parental Relationships	Frequency Binge Drinking
Control by Family	No Contraceptive Pill Use
Control by Family	Viewing X-Rated Videos

Table 3: *Sense of Identity*

Personal Description Favourable	Frequency of Sex with Strangers
Sense of Responsibility	Frequency Viewing X-Rated Videos
Aspirations	Frequency of No Condom Use
Trauma Reaction	Frequency of No Condom Use
Future Goals Family	Frequency No Condom Use
*Trauma Reaction	Frequency of No Contraceptive Pill Use

Table 4: *Religion*

Religion Current	Frequency Binge Drinking
Church Attendance	Frequency of Drinking Alcohol
Church Attendance	Frequency of No Contraceptive Pill Use
Church Attendance	Frequency No Condom Use
Church Attendance	Frequency of Smoking Hash

6. Health Issues

There is significant evidence in the literature that excesses with alcohol, drugs and sexual activity could lead to health related problems in later life. Because blood passes through the kidneys and is filtered by them, harmful drugs and chemicals act as poisons which are often returned to the body within urea which has not been successfully filtered. Although the kidneys are strong, they eventually stop filtering the blood and kidney failure occurs (North West Kidney Centre, 2006, 1). Women are more responsive to alcohol, “particularly with respect to alcohol related liver disease, cardiovascular disease and brain damage” (Petersen, 2003,1). Women are also more susceptible to other diseases caused by alcohol, diseases such as ‘degenerative diseases of the skeletal muscle (myopathy) and heart muscle (cardiomyopathy) ’(Petersen, 2003,3). There are also major liver conditions caused by alcohol consumption, including Hepatitis and Cirrhosis ((Petersen, 2003,9). Other serious conditions occur following sexual activity. These include venereal diseases such as Chlamydia, Genital Herpes, Gonorrhoea, Hepatitis B and HIV Aids these in turn can cause cervical and other cancers, liver disease , pelvic inflammatory disease, infertility and pregnancy problems (United States of America. Dept of Health. 2006,1-5).

7. Conclusion

There were many positive factors within this study. The young females were notable in that they had a strong sense of self and personal identity. Their aspirations were high for

education, careers and other opportunities. They were very resilient and coped with a wide variety of traumas in their lives. Mothers had a very positive affect on their lives and there was a good response to parental control and authority, but only a limited response to having families of their own. On the negative side, there was a surprising lack of social capital and a definite participation in dangerous, risk taking activities. Health issues were not considered and risk prevention was driven by fear, rather than knowledge. The females' attitudes about their fathers were not positive and religious influences were diminished. In some respects the females in this study reflected the opinion, often found in the literature, that adolescents in general are characterised by having a belief in their own immortality.

References

- Abbott-Chapman, J. & C. Denholm (2001) Adolescents' Risk Activities, Risk Hierarchies and the Influence of Religiosity, *Journal of Youth Studies*, Vol. 3, 2001 pp.279-297.
- Booth, M. (2005) Youthsafe, *Young People and Risk Taking*,
<http://www.youthsafe.org/forum/f3.htm> 20/06/2005
- Borman, K. & B. Schneider (eds) (1998) *The Adolescent Years: Social Influences and Educational Changes*. Uni. Of Chicago Press, Illinois.
- Branwhite, T. (2000) *Helping Adolescents in School*. USA: Praeger Publishers.
- Bukatko, D. & M. Daehler, (2004) *Child Development*, Houghton Mifflin, Boston.
- Cook, C. (2005) *The end of 'health terrorism'*, Dept. of Rural Health University of Tasmania, Launceston.
- Coleman, J. (1990) *Foundations of Social Theory*, Harvard Uni. Press.
- Corben, M. (2005), Reporter, RRisk Seminars, *Risk Taking in Adolescence*,
<http://www.abc.net.au/nothcoast/stories/s419571.htm> 2006/2005.
- Diamant, L. and R. McAnulty (eds) *Psychology of Sexual Orientation, Behaviour and Identity*. USA.
- Earle, L. and R. Fopp (1999) *Introduction to Australian Society*. Har/Brace Aust.
- Heaven, P. (2001) *The Social Psychology of Adolescence*. Palgrave, New York.
- Higbee, R., (1997) *Program to Tackle Issues Affecting Adolescent Girls*,
http://www.ucsf.edu/daybreak/1997/05/01_girls.htm .
- Jaffe, M.L. (1998) *Adolescence*. John Wiley, New York.
- North West Kidney Centre (2006), *How Do Drugs Affect Your Kidneys*,
<http://www.nwkidney.org/your health/druguse/index.html> (4/05/06).
- Petersen, L., (2003) *Alcohol Chemistry and You*. <http://chemcases.com/alcohol/ali-07.htm> (4/05/06)
- Putman, R. (2000) *Bowling Alone*. New York: Simon and Schuster,.
- Timms, P. (ed) (2004), *Surviving Adolescence – toolkit for parents*, Royal College of Psychiatrists, U.K. <http://www.rpsych.ac.uk/info/help/ado/index.asp> (4/06/05)
- United States Dept. Health & Human Services (2006) *Sexually Transmitted Diseases Overview*. <http://www.4women.gov/faq/statsgen.htm> (4/05/06).
- Wood, D. (1998) *Women and Leadership: Early Life Experiences of Women Principals*. Uni of Tasmania, Hobart.