Adolescence

Susan Ainsley McCarter

Chapter Outline

Opening Questions
Key Ideas
Case Study 6.1: David’s Coming-Out Process
Case Study 6.2: Carl’s Struggle for Identity
Case Study 6.3: Monica’s Quest for Mastery
The Social Construction of Adolescence Across Time and Space
The Transition From Childhood to Adulthood
Biological Aspects of Adolescence
Puberty
The Adolescent Brain
Nutrition, Exercise, and Sleep
Psychological Aspects of Adolescence
Psychological Reactions to Biological Changes
Changes in Cognition
Identity Development
Theories of Self and Identity
Gender Identity
Cultural Identity
Social Aspects of Adolescence
Relationships With Organizations, Communities, and Institutions
School
The Broader Community
Work
Information and Communication Technologies (ICTs)
Adolescent Spirituality/Religiosity
Adolescent Sexuality
Sexual Decision Making
Sexual Orientation
Pregnancy and Childbearing
Sexually Transmitted Infections
Potential Challenges to Adolescent Development
Substance Use and Abuse
Juvenile Delinquency
Bullying
School-to-Prison Pipeline
Community Violence
Dating Violence and Statutory Rape
Poverty and Low Educational Attainment
Obesity and Eating Disorders
Depression and Suicide
Risk Factors and Protective Factors in Adolescence
Implications for Social Work Practice
Key Terms
Active Learning
Web Resources
Opening Questions

• How do biological, psychological, social, cultural, and spiritual dimensions affect the adolescent phase of the life course?
• Why do social workers need to understand theories of identity formation when working with adolescents?
• What unique challenges do adolescents face when confronted with issues of sexuality, violence, and substance use and abuse?

Key Ideas
As you read this chapter, take note of these central ideas:

1. Adolescence is characterized by significant physical change, increased hormone production, sexual maturation, improved cognitive functioning, formative identity development, and increased independence.

2. During adolescence, increased hormone production results in a period called puberty, during which persons become capable of reproduction. Other visible physical changes during this period include skeletal, musculature, and fat distribution changes, as well as development of primary and secondary sex characteristics.

3. Unseen growth and pruning occurs in the adolescent brain.

4. Psychological changes during this period include reactions to physical, social, and cultural changes confronting the adolescent, as well as cognitive development, in which most individuals develop improved reasoning skills, abstract thinking, a sense of their own thinking, and the ability to consider potential future consequences of their actions.

5. The greatest task of adolescence is identity formation—determining who one is and where one is going.

6. Adolescents in the United States spend nearly a third of their waking hours at school, where they should receive skills and knowledge for their next step in life, but a school that follows a Eurocentric educational model without regard for other cultures, or one that “pushes” at-risk students out, may damage the self-esteem of students of color, those with disabilities, or sexual minority students.

7. Among the physical and mental health risks to today’s adolescents are substance abuse, juvenile delinquency, bullying, violence, poverty, low educational attainment, eating issues, and depression and suicide.

CASE STUDY 6.1

David’s Coming-Out Process

The social worker at Jefferson High School sees many facets of adolescent life. Nothing much surprises her—especially not the way some of the kids hem and haw when they’re trying to share what’s really on their mind. Take David Costa, for instance. When he shows up for his first appointment, he is simply asked to tell a bit about himself.
"Let's see, I'm 17," he begins. "I'm a center fielder on the varsity baseball team. What else do you want to know? My parents are from Bolivia and are as traditional as you can imagine. My dad, David Sr., teaches history and is the varsity soccer coach here at Jefferson. My mom is a geriatric nurse. I have a younger sister, Patti. Patti Perfect. She goes to the magnet school and is in the eighth grade."

"How are things at home?" his social worker asks.

"Whatever. Patti is perfect, and I'm a 'freak.' They think I'm 'different, arrogant, stubborn.' I don't know what they want me to be. But I don't think that's what I am. That may be because . . . because I'm gay. But I haven't come out to my parents. That's all I need!"

This is obviously a difficult confession for David to make to an adult, but with a little encouragement he continues: "There are a few other seniors at Jefferson who are out, but they aren't student athletes and so I don't really spend any time with them. Basically when the whole baseball team is together or when I'm with other kids from school, I just act straight. I talk about girls' bodies just like the other guys. I think that is the hardest, not being able to be yourself. It was really hard when I was about 13. I was so confused. I knew that men were supposed to be with women, not other men. What I was feeling was not 'normal,' and I thought I was the only one. I wanted to kill myself. That was a bad time."

David’s tone changes. "Let's talk about something good. Let me tell you about Theo. I think Theo is hot! He's got a great body. I wonder if he'd like to hang out together—get to know me. He's a junior, and if we got together, I would hear about it. But I keep thinking about him and looking at him during school. I just need to say something to him. There's a club downtown that has over-18 night, maybe I could get him in."

CASE STUDY 6.2

Carl's Struggle for Identity

Whereas David seeks out the social worker, Carl Fleischer, another 17-year-old, is sent to the social worker's office at the high school. He matter-of-factly shares that he is "an underachiever." He used to get an occasional B in his classes, but now it's mostly C's with an occasional D.

When Carl is asked what he likes to do in his spare time, he replies, "I get high and play Xbox." Further probing elicits one-word answers until the social worker asks Carl about relationships. His face contorts as he slaps his ample belly: "I'm not exactly a sex symbol. According to my doctor, I'm a fatso. He says normal boys my age and height weigh at least 50 pounds less than I do. He also tells me to quit smoking and get some exercise. Whatever. My mom says I'm big-boned. She says my dad was the same way. He left when my mom was pregnant. But you probably don't want to hear about that."

Carl won't say more on that topic, but with more prodding, he finally talks about his job, delivering pizzas two nights a week and on the weekends. "So if you need pizzas, call me at Antonio's. I always bring pies home for my mom on Tuesday and Friday nights. She works late those nights and so we usually eat pizza and catch the Tuesday and Friday night lineups on TV. She lets me smoke in the house—cigarettes, not weed. Although I have gotten high in the house a couple times. Anyway, I am not what you would call popular. I am just a fat, slow geek and a pizza guy. But there are some heads who come into Antonio's. I exchange pies for dope. Works out pretty well: They get the munchies, and the pies keep me in with the heads!"
The adolescent status has changed across time and cultures. Adolescence was invented as a psychosocial concept in the late 19th and early 20th centuries as the United States made the transition from an agrarian to an urban-industrial society (Choudhury, 2010). Prior to this time, adolescents worked beside adults, doing what adults did for the most part (Leeder, 2004). This is still the case for adolescents in many nonindustrial societies today, and in some cultures, adolescence is not recognized as a stage at all (Gardiner & Kosmitzki, 2011). As the United States and other societies became urbanized and industrialized, child labor legislation and compulsory education policies were passed, and adolescents were moved from the workplace to

CASE STUDY 6.3

Monica's Quest for Mastery

Monica Golden, a peer counselor at Jefferson High, hangs around to chat after a meeting of the peer counselors. Monica is the eldest and tallest daughter in a family of five kids. Monica’s mother is the assistant principal at Grover Middle School, and her father works for the Internal Revenue Service. This year, in addition to being a Jefferson peer counselor, Monica is the vice president of the senior class, the treasurer for the Young Republicans, a starter on the track team, and a teacher at Sunday school.

When the social worker comments on the scope of these activities, Monica replies, “I really do stay busy. I worked at the mall last year, but it was hard to keep my grades up. I’m trying to get into college, so my family and I decided I shouldn’t work this year. So I just babysit sometimes. A lot of my aunts and uncles have me watch their kids, but they don’t pay me. They consider it a family favor. Anyway, I am waiting to hear back from colleges. They should be sending out the letters this week. You know, the fatter the envelope the better. It doesn’t take many words to say, ‘No. We reject you.’ And I need to either get into a state school or get a scholarship so that I can use my savings for tuition.”

Next they talk a little about Monica’s options, and she shares that her first choice is Howard University. “I want to surround myself with Black scholars and role models, and my dream is to be a pediatrician, you know. I love kids,” Monica says. “I tried tons of jobs—that’s where I got the savings. And, well, those with kids I enjoyed the most. Like I said, I’ve worked retail at the mall. I’ve worked at the supermarket as a cashier. I’ve worked at the snack bar at the pool. And I’ve been babysitting since I was 12. That’s what I like the most.”

“I’d love to have kids someday. But I don’t even have a boyfriend. I wear glasses. My parents say I don’t need contacts; they think I’m being vain. Not that I don’t have a boyfriend because I wear glasses. Guys think I’m an overachiever. They think I’m driven and demanding and incapable of having fun. That’s what I’ve been told. I think I’m just ambitious and extroverted. But really, I just haven’t had much time to date in high school. I’ve been so busy. Well, gotta run.”

If we were asked to describe David Costa, Carl Fleischer, and Monica Golden, attention would probably be drawn to their status as adolescents. Worldwide, the current generation of adolescents is the largest in history, and youth ages 10 to 24 comprise one quarter of the world’s population. Nearly 90% of these youth live in low-income and middle-income countries, where they comprise a much larger proportion of the population than they do in high-income countries (Sawyer et al., 2012).
the school and became economically dependent on parents. The juvenile justice system was created in the United States in 1899 because youthful offenders had come to be regarded as different from adult offenders, with less culpability for their crimes because of their immaturity.

In 1904, G. Stanley Hall, an American psychologist, published *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education*. Hall proposed that adolescence is a period of “storm and stress,” a period when hormones cause many psychological and social difficulties. Hall was later involved in the eugenics movement, a movement that intended to improve the human population by controlled selective breeding, and there seems to be racist and classist bias in his work on adolescence, which was not unusual in his time. His discussion suggests that poor youth are at risk of trouble because of their heredity whereas middle-class youth are at risk of being corrupted by the world around them (Finn, 2009). Janet Finn argues that the public, professional, and scholarly conversations about adolescence in the 20th and beginning of the 21st century have focused on adolescents as “trouble.”

Jane Kroger (2007) suggests that many societies are clear about what they want their adolescents to avoid (alcohol and other drugs, delinquency, and pregnancy) but not as clear about what positive things they would like their youth to achieve. There is growing agreement that the societal context in which adolescence is experienced in the United States and other wealthy nations is becoming increasingly less supportive for adolescent development (Choudhury, 2010). This concern has led, in recent years, to the construction of a positive youth development movement, which has focused on youth “as resources to be developed, and not as problems to be managed” (Silbereisen & Lerner, 2007a, p. 7).

Perhaps no life course phase has been the subject of more recent empirical research than adolescence. Most prominently, the National Longitudinal Study of Adolescent Health (Add Health) was initiated at the Carolina Population Center in 1994. It is a study of a representative sample of adolescents in Grades 7 through 12 during the 1994–1995 school year. This cohort was followed into young adulthood in 2008, when the sample was 24 to 32 years of age. The Add Health study includes measures of social, economic, psychological, and physical well-being as well as contextual information on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships. Add Health data are now generating large numbers of research reports, a partial list of which can be retrieved at the website listed at the end of this chapter.

THE TRANSITION FROM CHILDHOOD TO ADULTHOOD

In many countries, adolescence is described as the transitional period between childhood and adulthood. It is more than that, of course. It is a very rich period of the life course in its own right. For many, it is a thrilling time of life full of new experiences. The word *adolescence* originates from the Latin verb *adolescere*, which means “to grow into maturity.” It is a period of life filled with transitional themes in every dimension of the configuration of person and environment: biological, psychological, social, and spiritual. These themes do not occur independently or without affecting one another. For example, David Costa’s experience may be complicated because he is gay and because his family relationships are strained, but it is also strengthened by his supportive friendships and his participation in sports. Carl Fleischer’s transition is marked by several challenges—his weight, his substance use, his lack of a relationship with his father, his academic performance—but also by the promise of his developing computer expertise and entrepreneurial skills. Monica Golden’s movement through adolescence may be eased by her academic, athletic, and social success, but it also could be taxed by her busy schedule and high expectations for herself.
Many cultures have specific rites of passage—ceremonies that demarcate the transition from childhood to adulthood. Often these rites include sexual themes, marriage themes, themes of becoming a man or a woman, themes of added responsibility, or themes of increased insight or understanding. Such rites of passage are found in most nonindustrialized societies (Gardiner & Kosmitzki, 2011). For example, among the Massai ethnic group in Kenya and Tanzania, males and females are both circumcised at about age 13, and males are considered junior warriors and sent to live with other junior warriors (Leeder, 2004). For the most part, the transition from adolescence to adulthood is not marked by such clearly defined rituals in North America and many other Western countries (Gardiner & Kosmitzki, 2011). Some scholars who study adolescence have suggested that where there are no clear-cut puberty rituals, adolescents will devise their own rituals, such as “hazing, tattooing, dieting, dress, and beautification rituals” (Kroger, 2007, p. 41).

Some groups in North America continue to practice rites of passage, however. In the United States, some Jews celebrate the bar mitzvah for boys and bat mitzvah for girls at the age of 13 to observe their transition to adulthood and to mark their assumption of religious responsibility. Many Latino families, especially of Mexican heritage, celebrate quinceañera, during which families attend Mass with their 15-year-old daughter, who is dressed in white and then presented to the community as a young woman. Traditionally, she is accompanied by her padrinos, or godparents, who agree to support her parents in guiding her during this time. The ceremony is followed by a reception at which...
her father dances with her and presents her to the family’s community of friends (Garcia, 2001; Roma, Mireless-Rios, & Lopez-Tello, 2014). Among many First Nations/Native American tribes in North America, boys participate in a vision quest at age 14 or 15. The boy is taken into a “sweat lodge,” where his body and spirit are purified by the heat. He is assisted by a medicine man who advises him and assists with ritual prayers. Later he is taken to another place where he is left alone to fast for 4 days. Similarly, some First Nations/Native American girls take part in a ritual that involves morning running and baking a ceremonial cake (see Gardiner & Kosmitzki, 2011).

Mainstream culture in the United States, however, has few such rites. Many young adolescents go through confirmation ceremonies in Protestant and Catholic churches. Otherwise, the closest thing to a rite of passage may be getting a driver’s license, graduating from high school, registering to vote, graduating from college, or getting married. But these events all occur at different times and thus do not provide a discrete point of transition. Moreover, not all youth participate in these rites of passage. Even without a cultural rite of passage, all adolescents experience profound biological, psychological, social, and spiritual changes. In economically advanced societies, these changes have been divided into three phases: early adolescence (ages 11 to 14), middle adolescence (ages 15 to 17), and late adolescence (ages 18 to 22). Exhibit 6.1 summarizes the typical biological, psychological, and social developments in these three phases.

Exhibit 6.1 Typical Adolescent Development

<table>
<thead>
<tr>
<th>Stage of Adolescence</th>
<th>Biological Changes</th>
<th>Psychological Changes</th>
<th>Social Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (11–14)</td>
<td>Hormonal changes</td>
<td>Reactions to physical changes, including early maturation</td>
<td>Changes in relationships with parents and peers</td>
</tr>
<tr>
<td></td>
<td>Beginning of puberty</td>
<td>Concrete/present-oriented thought</td>
<td>Less school structure</td>
</tr>
<tr>
<td></td>
<td>Physical appearance changes</td>
<td>Body modesty</td>
<td>Distancing from culture/tradition</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Moodiness</td>
<td>Seeking sameness</td>
</tr>
<tr>
<td>Middle (15–17)</td>
<td>Completion of puberty and physical appearance changes</td>
<td>Reactions to physical changes, including late maturation</td>
<td>Heightened social situation decision making</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Increased autonomy</td>
<td>Continue to renegotiate family relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased abstract thought</td>
<td>More focus on peer group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beginning of identity development</td>
<td>Beginning of one-to-one romantic relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparation for college or career</td>
<td>Moving toward greater community participation</td>
</tr>
<tr>
<td>Late (18–22)</td>
<td>Slowing of physical changes</td>
<td>Formal operational thought</td>
<td>Very little school/life structure</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Continuation of identity development</td>
<td>Beginning of intimate relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moral reasoning</td>
<td>Renewed interest in culture/tradition</td>
</tr>
</tbody>
</table>
Of course, adolescent development varies from person to person and with time, culture, and other aspects of the environment. Yet deviations from the normative patterns of adolescent change may have psychological ramifications, because adolescents are so quick to compare their own development with that of their peers and because of the cultural messages they receive about acceptable appearance and behavior.

**BIOLOGICAL ASPECTS OF ADOLESCENCE**

Adolescence is a period of great physical change, marked by a rapid growth spurt in the early years, maturation of the reproductive system, redistribution of body weight, and continuing brain development. Adequate care of the body during this exciting time is of paramount importance.

**Puberty**

**Puberty** is the period of the life course in which the reproductive system matures. It is a process that begins before any biological changes are visible and occurs through interrelated neurological and endocrinological changes that affect brain development, sexual maturation, levels and cycles of hormones, and physical growth. The hypothalamus, pituitary gland, adrenal glands, and gonads (ovaries and testes) begin to interact and stimulate increased hormone production. It is the increase of these hormones that leads to the biological changes. Although androgens are typically referred to as male hormones and estrogens as female hormones, males and females in fact produce all three major sex hormones: androgens, progestins, and estrogens. Sex hormones affect the development and functioning of the male reproductive system; increased levels of progestins and estrogens in females stimulate the development and functioning of the female reproductive system. Specifically, the androgen testosterone, which is produced in males by the testes, affects the maturation and functioning of the penis, prostate gland, and other male genitals; the secondary sex characteristics; and the sex drive. The estrogen estradiol, which is produced in females by the ovaries, affects the maturation and functioning of the ovaries, uterus, and other female genitals; the secondary sex characteristics; and child-caring behaviors.

**Primary sex characteristics** are those directly related to the reproductive organs and external genitalia. For boys, these include growth of the penis and scrotum. During adolescence, the penis typically doubles or triples in length. Girls’ primary sex characteristics are not so visible but include growth of the ovaries, uterus, vagina, clitoris, and labia.

**Secondary sex characteristics** are those not directly related to the reproductive organs and external genitalia. Secondary sex characteristics are enlarged breasts and hips for girls, facial hair and deeper voices for boys, and hair and sweat gland changes for both sexes. Female breast development is distinguished by growth of the mammary glands, nipples, and areolae. The tone of the male voice lowers as the larynx enlarges and the vocal cords lengthen. Both boys and girls begin to grow hair around their genitals and then under their arms. This hair begins with a fine texture and light color and then becomes curlier, coarser, and darker. During this period, the sweat glands also begin to produce noticeable odors.

Puberty is often described as beginning with the onset of menstruation in girls and production of sperm in boys, but these are not the first events in the puberty process. Menstruation is the periodic sloughing off of the lining of the uterus. This lining provides nutrients for the fertilized egg. If the egg is not fertilized, the lining sloughs off and is discharged through the vagina. However, for a girl to become capable of reproduction, she must not only menstruate but also ovulate. Ovulation,
the release of an egg from an ovary, usually does not begin until several months after menarche, the onset of menstruation. For boys to reproduce, spermarche—the onset of the ability to ejaculate mobile sperm—must occur. Spermarche does not occur until after several ejaculations.

Girls typically first notice breast growth, then growth of pubic hair, and then body growth, especially hips. They then experience menarche; then growth of underarm hair; and finally, an increase in production of glandular oil and sweat, possibly with body odor and acne. Boys typically follow a similar pattern, first noticing growth of the testes; then growth of pubic hair; body growth; growth of penis; change in voice; growth of facial and underarm hair; and finally, an increase in the production of glandular oil and sweat, possibly with body odor and acne. Girls experience the growth spurt before they have the capacity for reproduction, but the opposite is the case for boys (Kroger, 2007).

Pubertal timing varies greatly. Generally, girls begin puberty about 2 years earlier than boys. Normal pubertal rates (meaning those experienced by 95% of the population) are for girls to begin menstruating between the ages of 9 and 17 and for boys to begin producing sperm between the ages of 11 and 16 (Rew, 2005). The age at which puberty begins has been declining in this century, but there is some controversy about the extent of this shift. There is evidence that puberty arrives earlier in economically advanced countries than in low-income countries and that nutrition and other living conditions play a role (Newman & Newman, 2012).

In addition to changes instigated by sex hormones, adolescents experience growth spurts. Bones are augmented by cartilage during adolescence, and the cartilage calcifies later, during the transition to adulthood. Typically, boys develop broader shoulders, straighter hips, and longer forearms and legs; girls typically develop narrower shoulders and broader hips. These skeletal differences are then enhanced by the development of additional upper body musculature for boys and the development of additional fat deposits on thighs, hips, and buttocks for girls. These changes account for differences in male and female weight and strength.

The Adolescent Brain

As recently as 30 years ago, it was thought that human brain development was finalized by early childhood (Choudhury, 2010). In the past 15 years, however, neuroimaging techniques have allowed researchers to study how the brain changes across the life course, and there is no doubt that the brain changes a great deal during adolescence (Colver & Longwell, 2013). Researchers are now able to study the adolescent brain using both magnetic resonance imaging (MRI), which provides an image of brain structure, and functional magnetic resonance imaging (fMRI), which provides a picture of metabolic function under specific circumstances (Blakemore, 2012). As discussed in earlier chapters, researchers have known for some time that the brain overproduces gray matter from development in the womb to about the age of 3 years, is highly plastic and thus shaped by experience, and goes through a pruning process. The neural connections or synapses that get exercised are retained during pruning, whereas the ones that are not exercised are eliminated. New brain research suggests that the adolescent brain undergoes another period of overproduction of gray matter just prior to puberty, peaking at about 11 years of age for girls and 12 years for boys, followed by another round of pruning. This process, like the infant’s, is also affected by the individual’s interactions with the outside world (Colver & Longwell, 2013).

Much interest surrounds recent findings about frontal lobe development during adolescence. The pruning process just described allows the brain to be more efficient to change in response to environmental demands and also facilitates improved integration of brain activities. Recent research indicates that pruning occurs in some parts of the brain earlier than in others, in general progressing from the back to the front part of brain, with the frontal lobes among the latest to show the structural changes. The frontal lobes are key players in the “executive
functions” of planning, working memory, and impulse control, and the latest research indicates that they may not be fully developed until about age 25 (Blakemore & Robbins, 2012). Because of the relatively late development of the frontal lobes, particularly the prefrontal cortex, different neuronal circuits are involved in the adolescent brain under different emotional conditions. The researchers make a distinction between “cold cognition” problem solving and “hot cognition” problem solving during adolescence. Cold-cognition problem solving occurs when the adolescent is alone and calm, as he or she typically would be in the laboratory. Conversely, hot-cognition problem solving occurs in situations where teens are with peers, emotions are running high, they are feeling sexual tension, and so on. The research indicates that in situations of cold cognition, adolescents or even preadolescents as young as 12 or 13 can reason and problem solve as well as or better than adults. However, in situations of hot cognition, adolescent problem solving is much more impulsive (Blakemore & Robbins, 2012).

Similar to all social mammals, human adolescents tend to demonstrate increased novelty seeking, increased risk taking, and greater affiliation with peers (Colver & Longwell, 2013). Yet, for most individuals, these activities peak in adolescence and then taper off as newly formed identities set and youth mature out of these tendencies (Spear, 2010; Steinberg, 2009). Brain research does not yet allow researchers to make definitive statements about the relationship between these adolescent behavior changes and changes in the brain, but these connections are being studied. Overall, as compared with adults, three themes have emerged: (1) adolescents do not yet have adult levels of maturity, responsibility, impulse control, and self-regulation; (2) adolescents are less autonomous and more susceptible to outside pressures (such as those from their peers) than adults; and (3) adolescents are less capable than adults of weighing potential consequences and considering future implications of their behavior (McCarter & Bridges, 2011; Spear, 2010). The emerging research on the adolescent brain is raising issues about social policy related to adolescents and is being used in ways that may be both helpful and hurtful to adolescent development (Steinberg, 2009). This is illustrated by two examples from the past 10 years. In 2005, the U.S. Supreme Court heard the case of Roper v. Simmons (543 U.S. 551), involving 17-year-old Christopher Simmons, who had been convicted of murdering a woman during a robbery. He had been sentenced to death for his crime. His defense team argued that his still developing adolescent brain made him less culpable for his crime than an adult, and therefore he should not be subject to the death penalty. The neuroscience evidence may have tipped the scales in the Supreme Court’s decision to overturn the death penalty for Simmons and all other juveniles (Haider, 2006).

In another example, in 2006, the state of Kansas used an interpretation of neuroscience research to stipulate that “sexual acts with individuals under 16 years of age are illegal regardless of the age of the defendant.” This would include any consensual touching by youth and classify such as criminal statutory rape except in instances where the individuals are married (Kansas Statutes, § 21-3502 and § 21-3504; Johnson, Blum, & Giedd, 2009).

The question being raised is, what is the extent of human agency, the capacity for decision making, among adolescents? The answer to that question will vary from adolescent to adolescent. There is great risk that neuroscience research will be overgeneralized to the detriment of adolescents. Johnson et al. (2009) caution that it is important to put the adolescent brain in context, remembering that there are complex interactions of the brain with other biological systems as well as with “multiple interactive influences including experience, parenting, socioeconomic status, individual agency and self-efficacy, nutrition, culture, psychological well-being, the physical and built environments, and social relationships and interactions” (p. 219). Johnson and colleagues also recommend that we avoid focusing on pathology and deficits in adolescent development and
use neuroscience to examine the unique strengths and potentials of the adolescent brain. Colver and Longwell (2013) argue that though the adolescent brain leads to greater risk taking, it supports the challenges specific to adolescence and allows adolescents to “push ideas and boundaries to the limit” (p. 905). That perspective is in keeping with the increasing focus on positive psychology and the related positive youth development movement. Researchers at Duke University have created an interdisciplinary team whose mission is to educate society, especially young people, about the brain—how to use it effectively and how to keep it healthy. (A link to DukeLearn appears with the web resources at the end of this chapter.) Knowing more about the neurodevelopment of their own bodies may change the behaviors of some adolescents.

Nutrition, Exercise, and Sleep

At any stage along the life course, the right balance of nutrition, exercise, and sleep is important. As the transition from childhood to adulthood begins, early adolescent bodies undergo significant biological changes from their brains to the hair follicles on their legs and everywhere in between. Yet it appears that few adolescents maintain a healthy balance during their time in adolescent flux.

In many parts of the world, adolescents simply cannot get access to an adequate diet, resulting in high levels of anemia and youth who are underweight and overweight (Sawyer et al., 2012). In economically advanced nations, there is enough to eat, but adolescents often do not have a satisfactory diet to support the adolescent growth and development. In the United States, the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) worked together to develop the Dietary Guidelines for Americans (which is to be updated every 5 years; see www.dietaryguidelines.gov). For older children and adolescents (ages 4 to 18), they recommend that 45% to 65% of one's diet be from carbohydrates, 10% to 30% be from proteins, and 25% to 35% be from fats. Additionally, adolescents should consume 2 cups of fruit (not from juice) and 2½ cups of vegetables a day (for a 2,000-calorie intake); choose a variety of fruits and vegetables each day; choose from all five vegetable subgroups—dark green, orange, legumes, starchy vegetables, and other vegetables—several times a week; consume 3 or more ounce equivalents of whole-grain products per day; consume 3 cups per day of fat-free or low-fat milk or equivalent milk products; consume most of their fat intake from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils; and consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day (U.S. Department of Agriculture & U.S. Department of Health and Human Services [USDA/USDHHS], 2010).

With obesity rates at profound proportions, food choices are being evaluated more seriously in the United States than ever before, and social workers can certainly help with this. Consider all of the factors that affect what you have for breakfast, lunch, and dinner. What factors might affect David Costa, Carl Fleischer, and Monica Golden’s food choices?

The National Youth Risk Behavior Survey (YRBS) for 2011 (Eaton et al., 2012) suggests that in the United States only 22.4% of young people in Grades 9 to 12 had eaten at least five fruits and vegetables a day in the past 7 days, and 13.1% of students had not eaten breakfast at least once in the past 7 days. This is unfortunate, given the need for well-balanced diets and increased caloric intake during a period of rapid neurobiological and physical growth. Many U.S. youth say they don’t have time to eat breakfast or that they aren’t hungry in the morning. Yet the research is rather convincing, indicating that adolescent students who eat breakfast report higher energy and less fatigue and perform better on cognitive tests than students who do not eat breakfast (Cooper, Bandelow, & Nevill, 2011).

The recommendation is for most people of every age to engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight. Physical fitness should be achieved by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.
The specific recommendation for adolescents (6 to 17 years old) is to engage in at least 60 minutes of physical activity on most, preferably all, days of the week (USDA/USDHHS, 2010).

Again, the data are not promising. Nationwide, 49.5% of high school students reported being physically active for a total of at least 60 minutes a day on at least 5 of the 7 days preceding the survey. Conversely, 31.1% of students played video or computer games, or used the computer for something other than school work, for 3 hours or more on an average school day, and 32.4% watched television for 3 hours or more on an average school day (Eaton et al., 2012).

Along with other changes of puberty, there are marked changes in sleep patterns (National Sleep Foundation, 2013). Changes in circadian rhythms create a tendency to be more alert late at night and to wake later in the morning. Given the mismatch of these sleep patterns with the timing of the school day, adolescents often doze off during the school day. Sleep researchers suggest that adolescents require 8½ to 9¼ hours of sleep each night (National Sleep Foundation, 2013).

Researchers have found that typical adolescents in the United States are chronically sleep-deprived (Moreno, Furtner, & Rivara, 2010). Survey data show that only 15% of U.S. adolescents get at least 8½ hours of sleep on school nights (National Sleep Foundation, 2013).

Moreover, sleep deprivation has recently been linked to poor food choices. In their 2013 study of 13,284 teens, Krueger, Reither, Peppard, Krueger, and Hale found that 18% of youth slept less than 7 hours a night. Adolescents with sleep deprivation were less likely than well-slept adolescents to eat healthy food throughout the week and were more likely to eat fast food at least twice a week (Krueger et al., 2013). School performance is affected by insufficient sleep (Wong et al., 2013). One research team found that cognitive performance was impaired in Spanish male adolescents who slept less than 8 hours a day, but this was not found to be the case for female adolescents (Ortega et al., 2010). Mood is also improved by sufficient sleep (Wong et al., 2013). As suggested, the risks of sleep deprivation are varied, and they can be serious (National Sleep Foundation, 2013). Drowsiness or falling asleep at the wheel is a principal cause of at least 100,000 U.S. police-reported traffic collisions annually. Sleep deficit contributes to acne, aggressive behavior, eating too much or unhealthy foods, illness, and unsafe use of equipment. It also heightens the effects of alcohol and can lead to increased use of caffeine and nicotine (National Sleep Foundation, 2013).

**Critical Thinking Questions 6.1**

What are the implications of recent research findings about the adolescent brain for social policy?

This research is leading to a number of policy discussions about several issues, including the timing of the school day; regulations for adolescent driving, including the legal age of driving, whether evening driving should be allowed, whether other adolescents can be present in the car of an adolescent driver, and so on; the drinking age; and the age when a juvenile can be tried as an adult in a court of law. What opinions do you hold about these issues? How are those opinions shaped by recent brain research?

**PSYCHOLOGICAL ASPECTS OF ADOLESCENCE**

Psychological development in adolescence is multifaceted. Adolescents have psychological reactions, sometimes dramatic, to the biological, social, and cultural dimensions of their lives. They become capable of and interested in discovering and forming their psychological selves. They may show heightened creativity as well as interest in humanitarian issues; ethics; religion; and reflection and record keeping, as in a diary (Rew, 2005). There is evidence that adolescence is a time of increased emotional complexity and a growing capacity to understand and express a wider range of emotions and to gain insight into one’s own emotions (Silvers et al., 2012). Three areas of psychological development are
particularly noteworthy: psychological reactions to biological changes, changes in cognition, and identity development.

**Psychological Reactions to Biological Changes**

“Will my body ever start changing? Will my body ever stop changing? Is this normal? Am I normal? Why am I suddenly interested in girls? And why are the girls all taller (and stronger) than me? How can I ask Mom if I can shave my legs?” These are some of the questions mentioned when Jane Kroger (2007, pp. 33–34) asked a class of 12- and 13-year-old adolescents what type of questions they think most about. As you can see, themes of biological changes were pervasive. If you can remember your own puberty process, you probably are not surprised that researchers have found that pubertal adolescents are preoccupied with physical changes and appearances (Price, 2009). Young adolescents are able to reflect on and give meaning to their biological transformations. Of course, responses to puberty are influenced by the way other people, including parents, siblings, teachers, and peers, respond to the adolescent’s changing body. In addition, reactions to puberty are influenced by other events in the adolescent’s life, such as school transition, family conflict, and peer relationships. Media images also play an important role (Krayer, Ingledew, & Iphofen, 2008).

It appears that puberty is usually viewed more positively by boys than by girls, with boys focused on increased muscle mass and physical strength and girls focused on increased body weight and fat deposits (Price, 2009). These reactions are rooted in European culture that values muscular males and petite, shapely females. For girls, body dissatisfaction and self-consciousness peaks from ages 13 to 15. There is evidence that African American adolescent girls are more satisfied with their body image and less inclined to eating disorders than Caucasian American girls, most likely due to a different cultural valuing of thinness in females (Franko & Striegel-Moore, 2002). Reactions to menstruation are often mixed (Uskul, 2004). One study of Chinese American adolescent girls found 85% reported that they were annoyed and embarrassed by their first menstruation, but 66% also reported positive feelings (Tang, Yeung, & Lee, 2003). In a focus group of 53 women from 34 different countries, most of the participants had vivid memories of their first menstruation. They reported both positive and negative emotions, but negative reactions (such as embarrassment, shame, fear, shock, and confusion) were more often noted. Reactions to menarche were greatly affected by the type of information and level of support that the young women received from their mothers (Uskul, 2004). Research shows that pubescent girls talk with parents and friends about their first menstruation, but pubescent boys do not discuss with anyone their first ejaculation, an event sometimes seen as the closest male equivalent to first menstruation (Kroger, 2007). Pubescent boys may receive less information from adults about nocturnal ejaculations than their sisters receive about menarche.

Because the onset and experience of puberty vary greatly, adolescents need reassurance regarding their own growth patterns. Some adolescents will be considered early maturers, and some will be considered late maturers. Timing and tempo of puberty are influenced by genetics, and there are ethnic differences, as well. On average, African American adolescents enter puberty earlier than Mexican American adolescents, who enter puberty earlier than Caucasian Americans (Chumlea et al., 2003). There are psychological and social consequences of early maturing for both male and female adolescents, but the research findings are not always consistent. A recent longitudinal study of Australian children found that those who experienced early puberty had more adjustment problems than their age peers; this was true for both boys and girls (Mensah et al., 2013). The researchers found, however, that the children who entered puberty early demonstrated more adjustment problems from early childhood through early adolescence. They concluded that the data support a “life course hypothesis that differences in pubertal timing and childhood adjustment may at least in part result from genetic and environmental...
factors early in life” (p. 122). Further longitudinal research is needed to provide better understanding of the early risk factors for a difficult transition to puberty.

**Changes in Cognition**

Adolescence is considered to be a crucial phase in cognitive development, with development occurring in three main areas (Sanders, 2013):

1. **Improved reasoning skills**: the ability to consider a range of possibilities, to think hypothetically, and to engage in logical analysis
2. **Abstract thinking**: the ability to imagine things not seen or experienced
3. **Meta-cognition**: the ability to think about thinking

These abilities are components of Jean Piaget’s fourth stage of cognitive development called formal operational thought (see Exhibit 3.5 for an overview of Piaget’s stages of cognitive development). **Formal operational thought** suggests the capacity to apply hypothetical reasoning to various situations and the ability to use symbols to solve problems. David Costa, for example, demonstrated formal operational thought when he considered the possibility of getting to know Theo. He considered the reactions from his other friends if he were to get together with Theo, he examined his thoughts, and he formulated a strategy based on the possibilities and on his thoughts.

Whereas younger children focus on the here-and-now world in front of them, the adolescent brain is capable of retaining larger amounts of information. Thus, adolescents are capable of hypothesizing beyond the present objects. This ability also allows adolescents to engage in decision making based on a cost-benefit analysis. As noted, brain research indicates that adolescent problem solving is as good as adult problem solving in cold-cognition situations but is not equally sound in hot-cognition situations. Furthermore, brain development alone does not result in formal operational thinking. The developing brain needs social environments that encourage hypothetical, abstract reasoning and opportunities to investigate the world (Cohen & Sandy, 2007; Gehlbach, 2006). Formal operational thinking is more imperative in some cultures than in others but is most imperative in many fields in the changing economic base of postindustrialized societies. One research team found that Taiwanese adolescents, who are reared in a collectivist culture, exercise formal operational thinking but rely on parents and other important people to validate their thoughts (Lee & Beckert, 2012). More research is needed to explore cultural variations in cognitive autonomy. It is also important to remember that although contemporary education is organized to facilitate formal operational thinking, students in the United States and around the world do not have equal access to sound curriculum and instruction.

Recent research is suggesting that adolescence is a period of profound advancements in social cognition, which is the processing, storing, and using of information about other people. Brain researchers are identifying the brain regions that are involved in **mentalizing**, or the ability to think about the mental states and intentions of others, and finding that these regions of the brain continue to develop throughout adolescence (Blakemore & Robbins, 2012). They argue that this helps to explain why adolescents are more sociable, form more complex peer relationships, and are more sensitive to peer acceptance and rejection than younger children (Blakemore, 2012). One research team has investigated another way of thinking about changes in social cognition during adolescence. They found that group identity becomes a dominant theme in early adolescence, and automatic evaluations develop based on in-group and out-group memberships, with a tendency for positive evaluation of in-group members and negative evaluation of out-group members. They found that although younger children are aware of group identities, they do not develop automatic evaluations based on them (Degner & Wentura, 2010). This would suggest that early adolescence is a good time to help young
people think about their automatic evaluations related to group identity.

Identity Development

There is growing agreement that identity is a complex concept. Psychological identity is a “person’s self-definition as a separate and distinct individual” (Gardiner & Kosmitzki, 2011, p. 165). Social identity is the part of the self-concept that comes from knowledge of one’s membership in a social group and the emotional significance of that membership (Gardiner & Kosmitzki, 2011). Lene Arnett Jensen (2003) suggests that adolescents increasingly develop multicultural identities as they are exposed to diverse cultural beliefs, either through firsthand experience or through the media. She argues that the process of developing an identity presents new challenges to adolescents in a global society. Jensen gives the example of arranged marriage in India, noting that on the one hand, Indian adolescents grow up with cultural values favoring arranged marriage, but on the other hand, they are increasingly exposed to values that emphasize freedom of choice. But identity is even more complex than that; it is increasingly examined from an intersectional perspective that recognizes the multiple social identities we must integrate, including gender identity, ethnic/racial identity, religious identity, social class identity, national identity, regional identity, and so on (see Shade, Kools, Weiss, & Pinderhughes, 2011).

Theories of Self and Identity

A number of prominent psychologists have put forward theories that address self or psychological identity development in adolescence. Exhibit 6.2 provides an overview of six theorists: Freud, Erikson, Kegan, Marcia, Piaget, and Kohlberg. All six help to explain how a concept of self or identity develops, and all six suggest that it cannot develop fully before adolescence. Piaget and Kohlberg suggest that some individuals may not reach these higher levels of identity development at all.

Exhibit 6.2 Theories of Self or Identity in Adolescence

<table>
<thead>
<tr>
<th>Theorist</th>
<th>Developmental Stage</th>
<th>Major Task or Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freud</td>
<td>Genital stage</td>
<td>To develop libido capable of reproduction and sexual intimacy</td>
</tr>
<tr>
<td>Erikson</td>
<td>Identity versus role diffusion</td>
<td>To find one’s place in the world through self-certainty versus apathy, role experimentation versus negative identity, and anticipation of achievement versus work paralysis</td>
</tr>
<tr>
<td>Kegan</td>
<td>Affiliation versus abandonment (early adolescence)</td>
<td>To search for membership, acceptance, and group identity, versus a sense of being left behind, rejected, and abandoned</td>
</tr>
<tr>
<td>Marcia</td>
<td>Ego identity statuses</td>
<td>To develop one of these identity statuses: identity diffusion, foreclosure, moratorium, or identity achievement</td>
</tr>
<tr>
<td>Piaget</td>
<td>Formal operational thought</td>
<td>To develop the capacity for abstract problem formulation, hypothesis development, and solution testing</td>
</tr>
<tr>
<td>Kohlberg</td>
<td>Postconventional morality</td>
<td>To develop moral principles that transcend one’s own society: individual ethics, societal rights, and universal principles of right and wrong</td>
</tr>
</tbody>
</table>
Sigmund Freud (1905/1953) thought of human development as a series of five psychosexual stages in the expression of libido (sensual pleasure). The fifth stage, the genital stage, occurs in adolescence, when reproduction and sexual intimacy become possible.

Building on Freud's work, Erik Erikson (1950, 1959, 1963, 1968) proposed eight stages of psychosocial development (refer back to Exhibit 3.7 for a summary of Erikson's eight stages). He viewed psychosocial crisis as an opportunity and challenge. Each Eriksonian stage requires the mastery of a particular developmental task related to identity. Erikson's fifth stage, identity versus role diffusion, is relevant to adolescence. The developmental task is to establish a coherent sense of identity; failure to complete this task successfully leaves the adolescent without a solid sense of identity.

Robert Kegan (1982, 1994) asserts that there should be another stage between middle childhood and adolescence in Erikson's model. He suggests that before working on psychological identity, early adolescents face the psychosocial conflict of affiliation versus abandonment. The main concern is being accepted by a group, and the fear is being left behind or rejected. Successful accomplishment of group membership allows the young person to turn to the question of “Who am I?” in mid- and late adolescence.

James Marcia (1966, 1980) expanded on Erikson's notion that adolescents struggle with the issue of identity versus role diffusion, and his theory is the most researched of adolescent identity. Marcia proposed that adolescents vary in how easily they go about developing a personal identity, and he described four identity statuses based on two aspects of identity development—the amount of exploration being done toward identity development and the amount of commitment to a particular identity:

1. **Identity diffusion**: no commitment made to roles and values, with or without exploration
2. **Foreclosure**: commitment made to roles and values without exploration
3. **Moratorium**: exploration of roles and values without commitment
4. **Identity achievement**: exploration of roles and values followed by commitment

Jean Piaget proposed four major stages leading to adult thought (refer back to Exhibit 3.5 for an overview of Piaget's stages). He expected the last stage, the stage of formal operations, to occur in adolescence, enabling the adolescent to engage in more abstract thinking about “who I am.” Piaget (1972) also thought that adolescents begin to use formal operational skills to think in terms of what is best for society.

Lawrence Kohlberg (1976, 1984) expanded on Piaget's ideas about moral thinking to describe three major levels of moral development (refer back to Exhibit 4.2 for an overview of Kohlberg's stage theory). Kohlberg thought that adolescents become capable of postconventional moral reasoning, or morality based on moral principles that transcend social rules, but that many never go beyond conventional morality, or morality based on social rules.

These theories have been influential in conceptualizations of identity development. Morris Rosenberg (1986) provides another useful model of identity to keep in mind while working with adolescents—or perhaps to share with adolescents who are in the process of identity formation. His model includes both social identity and psychological identity but also incorporates physical traits, which taps into the important role that body image plays in adolescent development. Rosenberg suggests that identity comprises three major parts, outlined in Exhibit 6.3:

- **Social identity** is made up of several elements derived from interaction with other people and social systems, including social statuses, membership groups, and social types.
- **Dispositions** are self-ascribed aspects of identity.
- **Physical characteristics** are simply one's physical traits, which all contribute a great deal to sense of self.
Exhibit 6.4 uses Rosenberg’s model to analyze the identities of David Costa, Carl Fleischer, and Monica Golden. Notice that disposition is an element of identity based on self-definition. In contrast, a label is determined by others, and physical characteristics are genetically influenced. David has an athletic body and thinks of himself as athletic, but his parents—and perhaps others—label him as a freak. He is working to incorporate the fact that he is different into his identity. Carl has been labeled as a fatso, an underachiever, and a smoker. He seems to have incorporated these negative labels into his identity. Monica has been labeled as an overachiever, but she does not absorb the negative label, reframing it instead as ambitious.

Scholars generally agree that identity formation is structured by the sociocultural context (see Gardiner & Kosmitzki, 2011; Kroger, 2007). Thus, the options offered to adolescents vary across cultures. Societies such as North American and other Western societies that put a high value on autonomy offer more options for adolescents than more collectivist-oriented societies. Some writers suggest that having a large number of options increases stress for adolescents (Gardiner & Kosmitzki, 2011). Think about the case studies of David Costa, Carl Fleischer, and Monica Golden. What is the sociocultural context of their identity struggles? What choices do they have, given their sociocultural contexts?
For those aspects of identity that we shape ourselves, individuals have four ways of trying on and developing a preference for certain identities:

1. **Future orientation.** By adolescence, youth have developed two important cognitive skills: They are able to consider the future, and they are able to construct abstract thoughts. These skills allow them to choose from a list of hypothetical behaviors based on the potential outcomes resulting from those behaviors. David Costa demonstrates future orientation in his contemplation regarding Theo. Adolescents also contemplate potential future selves.

2. **Role experimentation.** According to Erikson (1963), adolescence provides a psychosocial moratorium—a period during which youth have the latitude to experiment with social roles. Thus, adolescents typically sample membership in different cliques, build relationships with various mentors, take various academic electives, and join assorted groups and organizations—all in an attempt to further define themselves. Monica Golden, for instance, sampled various potential career paths before deciding on becoming a pediatrician.

3. **Exploration.** Whereas role experimentation is specific to trying new roles, exploration refers to the comfort an adolescent has with trying new things. The more comfortable the individual is with exploration, the easier identity formation will be.

4. **Self-evaluation.** During the quest for identity, adolescents are constantly sizing themselves up against their peers. Erikson (1968) suggested that the development of identity is a process of personal reflection and observation of oneself in relation to
others. George Herbert Mead (1934) suggested that individuals create a generalized other to represent how others are likely to view and respond to them. The role of the generalized other in adolescents' identity formation is evident when adolescents act on the assumed reactions of their families or peers. For example, what Monica Golden wears to school may be based not on what she thinks would be most comfortable or look the best but rather on what she thinks her peers expect her to wear. Thus, she does not wear miniskirts to school because “everyone” (generalized other) will think she is “loose.” Recent attention has been paid to identity as a life story that begins to be told in late adolescence, a story one tells oneself about one’s past, present, and anticipated future (see McLean & Mansfield, 2012). This is called narrative identity.

**Gender Identity**

Adolescence, like early childhood, covered in Chapter 4, is a time of significant gender identification. Gender identity, the internalized understanding of one’s gender, begins in early childhood but is elaborated on and revised during adolescence (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). Efforts are made to integrate the biological, psychological, and social dimensions of sex and gender. Gender expression refers to how individuals express their socially constructed gender and may include how they dress, their general appearance, the way they speak, or the way they carry themselves. Gender roles are societal expectations of how individuals should act, think, or feel based on their assigned gender or biological sex (and based on the predominant binary system: male/female). Culture plays a large role in gender identity, gender expression, and gender roles. Gender roles can be a source of painful culture clash for some immigrant groups who are migrating to North America and Europe, harder for some ethnic groups than for others. But there is evidence that many immigrant families and individuals learn to be bicultural in terms of gender expectations, holding on to some traditional expectations while also innovating some new ways of doing gender roles (see Denner & Dunbar, 2004).

In the majority of cases, gender identity develops in accordance with physical characteristics, but this does not always happen. Surprisingly little is known about the influences on adolescent gender identity development (Steensma et al., 2013). In recent years, the term cisgender has been used to describe situations in which people’s gender identity matches their assigned gender or biological sex. Trans is an umbrella term used to include transgender, transsexual, and transvestite persons as well as other gender nonconformists. Transgender describes youth who have been assigned a gender (based on their biological sex) and identify as the “opposite” gender. These individuals may or may not alter their bodies through surgery or hormones. Transsexuals are folks who wish to alter their physical bodies through surgery and/or hormones to have their bodies match their internalized gender identities. Transvestite refers to people who wear the clothing of the “opposite” gender and may also identify as cross-dressers or drag kings/queens. One study followed the adjustment of 20 adolescent transsexuals who had sex-reassignment surgery. In the 1 to 4 years of follow-up, the adolescents were doing well, and none of them had regrets about the decision to undergo the sex change (Smith, van Goozen, & Cohen-Kettenis, 2001).

Gender identity is not the same as sexual orientation. Gender identity is how I consider myself, man, woman, somewhere in between or neither; and sexual orientation refers to whether I am sexually attracted to members of the same sex, the opposite sex, or both. As we work with adolescents and strive to be responsive to their stories, we must allow youth to share their identities (if they are known) with us and not assume that they are cisgender or heterosexual. Some adolescents will still be questioning and, thus, are unsure about their sexual orientation or gender identity. Sexual orientation is discussed later under the Adolescent Sexuality section.

**Cultural Identity**

Research indicates that ethnic origin is not likely to be a key ingredient of identity for Caucasian
North American adolescents, but it is often central to identity in adolescents of ethnic minority groups (Branch, Tayal, & Triplett, 2000). Considerable research indicates that adolescence is a time when young people evaluate their ethnic background and explore ethnic identity (see French, Seidman, Allen, & Aber, 2006; Phinney, 2006). The development of ethnic identity in adolescence has been the focus of research across Canada, the United States, and Europe in recent years as ethnic diversity increases in all of these countries (see, e.g., Street, Harris-Britt, & Walker-Barnes, 2009). Ethnic minority youth are challenged to develop a sense of themselves as members of an ethnic minority group while also coming to terms with their national identity (Lam & Smith, 2009). Adolescents tend to have wider experience with multicultural groups than when they were younger and may be exposed to ethnic discrimination, which can complicate the development of cultural pride and belonging (Costigan, Su, & Hua, 2009).

Consider Monica Golden, who is an upper-middle-class, African American teenager in a predominantly White high school. What are some of the potential added challenges of Monica’s adolescent identity formation? Is it any wonder she is hoping to attend Howard University, a historically Black school, where she could surround herself with African American role models and professional support networks?

Researchers have found that ethnic minority adolescents tend to develop strong ethnic identity, but there is also variability within ethnic groups in terms of extent of ethnic identity. Costigan and colleagues (2009) reviewed the literature on ethnic identity among Chinese Canadian youth and concluded that the evidence indicates a strong ethnic identity among these youth. Conversely, there was much variability in the extent to which these youth reported a Canadian national identity. Adolescents negotiated ethnic identity in diverse ways across different settings, with different approaches being used at home versus in public settings. Lam and Smith (2009) studied how African and Caribbean adolescents (ages 11 to 16) in Britain negotiate ethnic identity and national identity and had similar findings to those for Chinese Canadian youth. They found that both groups of adolescents, African and Caribbean, rated their ethnic identity higher than their national identity and reported more pride in their ethnic heritage than in being British. The researchers found, however, that girls reported stronger ethnic identity than boys. Using in-depth interviews rather than standardized instruments, Rivas-Drake (2008) found three different styles of ethnic identity among Latinos in one public university in the United States. One group reported high individualistic achievement motivation and alienation from other Latinos. A second group reported strong identification with Latinos and was motivated to remove perceived barriers for the group. A third group reported strong connection to Latinos but was not motivated to work to remove barriers for the group.

Cultural identity usually develops within the context of the family, and there has been a general belief that children of immigrants acculturate more quickly than their parents do, leaving parents with a stronger ethnic identity than their children. Some research in Canada questions that belief. Costigan and Dokis (2006) found that Chinese Canadian mothers and children indicated stronger ethnic identity than the fathers, and mothers and children did not differ from each other. Interestingly, they found that the adolescents tended to report stronger ethnic identity than their parents in families characterized by high levels of warmth. This finding may reflect the Canadian cultural context: Canada has an official policy of multiculturalism, which promotes the maintenance of one’s cultural heritage. Conversely, researchers in the United States have found that African American parents are more likely than parents in other ethnic groups to feel the need to prepare their adolescents for racial bias as a part of their racial and ethnic socialization (Hughes, Hagelskamp, Way, & Foust, 2009). This most likely reflects a more hostile environment for African American youth in the United States than for the Chinese Canadian youth.

How can social workers use research like this to understand risk and protection in minority youth?
The available research on cultural identity among ethnic minority youth indicates that most of these youth cope by becoming bicultural, developing skills to operate within at least two cultures. Research indicates that family conflict can arise when there are discrepancies in cultural identity between adolescents and their parents. One research team found that a sample of ethnic minority male and female adolescents had similar levels of disparity with their parents regarding ethnic identity. However, parent-adolescent discrepancies in ethnic identity were associated with elevated depression and social stress in female adolescents but not in male adolescents (Ansary, Scorpio, & Catanzariti, 2013). This research should alert social workers to tune in to the process of ethnic identity development when they work with ethnic minority youth. It appears that ethnic identity is a theme for both David Costa and Monica Golden. They both appear to be developing some comfort with being bicultural, but they are negotiating their bicultural status in different ways. Discussion about their ethnic identity might reveal more struggle than we expected. Some youth may be more likely to withdraw from the challenges of accessing mainstream culture rather than confronting these challenges and seeking workable solutions. We must be alert to this possibility.

**Critical Thinking Questions 6.2**

What do you recall about your own psychological reactions to your changing body during puberty? What factors do you think influenced your reactions? With which groups did you identify during adolescence? What were your multiple social identities? Which identities were most important to you during adolescence? Which identities are important to you now?

**SOCIAL ASPECTS OF ADOLESCENCE**

The social environment—family, peers, organizations, communities, institutions, and so on—is a significant element of adolescent life. For one thing, as already noted, identity develops through social transactions. For another, as adolescents become more independent and move into the world, they develop their own relationships with more elements of the social environment.

**Relationships With Family**

Answering the question “Who am I?” includes a consideration of the question “How am I different from my brothers and sisters, my parents, and other family members?” For many adolescents, this question begins the process of individuation—the development of a self or identity that is unique and separate. David Costa seems to have started the process of individuation; he recognizes that he may not want to be what his parents want him to be. He does not yet seem comfortable with this idea, however. Carl Fleischer is not sure how he is similar to and different from his absent father. Monica Golden has begun to recognize some ways that she is different from her siblings, and she is involved in her own personal exploration of career options that fit her disposition. It would appear that she is the furthest along in the individuation process.

The concept of independence is largely influenced by culture, and mainstream culture in the United States places a high value on independence. However, as social workers, we need to recognize that the notion of pushing the adolescent to develop an identity separate from family is not acceptable to all cultural groups in the United States or other places around the world (Gardiner & Kosmitzki, 2011). One research team found that African American adolescents have less decision-making autonomy in middle adolescence than European American adolescents (Gutman & Eccles, 2007). Peter Nguyen (2008; Nguyen & Cheung, 2009) has studied the relationships between Vietnamese American adolescents and their parents and found that a majority of the adolescents perceived their fathers as using a traditional authoritarian parenting style and see this as posing problems for the adolescents’ mental health in the context of the multicultural society in the
United States. Latino families in the United States have been found to keep very close boundaries around the family during adolescence (Garcia-Preto, 2011). Filial piety, respect for parents and ancestors, is a strong value in East Asian cultures (Schneider, Lee, & Alvarez-Valdivia, 2012). Our assessments of adolescent individuation should be culturally sensitive. Likewise, we must be realistic in our assessments of the ability of adolescents with cognitive, emotional, and physical disabilities to function independently.

Overall, families tend to respond to the adolescent desire for greater independence by renegotiating family roles and opening family boundaries to allow for the adolescent's greater participation in relationships outside the family (Garcia-Preto, 2011). The research literature on the relationships between parents and their adolescents indicates that, in general, these relationships are “close, supportive, and warm” (Galambos & Kotylak, 2012). However, many families with adolescents have a high level of conflict. Conflict is particularly evident in families experiencing additional stressors, such as divorce and economic difficulties (Fine et al., 2010). Conflict also plays out differently at different points in adolescence. Research suggests that conflicts with parents increase around the time of puberty but begin to decrease after that (Galambos & Kotylak, 2012). Both parents and adolescents need some time to adjust to this new life stage.

Adolescent struggles for independence can be especially potent in multigenerational contexts (Garcia-Preto, 2011). These struggles typically come at a time when parents are in midlife and grandparents are entering late adulthood and both are facing stressors of their own. Adolescent demands for independence may reignite unresolved conflicts between the parents and the grandparents and stir the pot of family discord. Sibling relationships may also change in adolescence. Longitudinal research indicates that, compared with middle childhood, adolescents report lower levels of positive sibling relationships during early adolescence, followed by increased intimacy in midadolescence (Shanahan, Waite, & Boyd, 2012).

The Society for Research on Adolescence prepared an international perspective on adolescence in the 21st century and reached three conclusions regarding adolescents and their relationships with their families:

- Families are and will remain a central source of support to adolescents in most parts of the world. Cultural traditions that support family cohesion, such as those in the Middle East, South Asia, and China, remain particularly strong, despite rapid change. A great majority of teenagers around the world experience close and functional relationships with their parents.

- Adolescents are living in a wider array of diverse and fluid family situations than was true a generation ago. These include divorced, single-parent, remarried, gay and lesbian, and multilocal families. More adolescents live in households without men. As a result of AIDS, regional conflicts, and migratory labor, many adolescents do not live with their parents.

- Many families are becoming better positioned to support their adolescents' preparation for adulthood. Smaller family sizes result in adults devoting more resources and attention to each child. Parents in many parts of the world are adopting a more responsive and communicative parenting style, which facilitates development of interpersonal skills and enhances mental health (Larson, Wilson, & Mortimer, 2002).

**Relationships With Peers**

In the quest for autonomy and identity, adolescents begin to differentiate themselves from their parents and associate with their peers. Peer influence is strongest in early adolescence (Hafen, Laursen, & DeLay, 2012). Early adolescents are
likely to select friends that are similar to them in gender and interests, but by middle adolescence, the peer group often includes opposite-sex friends as well as same-sex friends (Seiffge-Krenge & Shulman, 2012). Most early adolescents have one close friend, but the stability of these friendships is not high. In early adolescence the peer group tends to be larger than in middle childhood; these larger peer groups are known as cliques. By midadolescence, the peer group is organized around common interests; these groups tend to be even larger than cliques and are generally known as crowds (Brown & Klute, 2003). David Costa hangs out with the athletic crowd but seeks support from gay peers. Carl Fleischer is making contact with the “heads” crowd. Monica Golden’s crowds would include peer counselors and the Young Republicans. Peer relationships contribute to adolescents’ identities, behaviors, and personal and social competence.

Peer relationships are a fertile testing ground for youth and their emerging identities. Many adolescents seek out a peer group with compatible members, and inclusion or exclusion from certain groups can affect their identity and overall development. For some adolescents, participation in certain peer groups influences their behavior negatively. Peer influence may not be strong enough to undo protective factors, but if the youth is already at risk, the influence of peers becomes that much stronger. Sexual behaviors and pregnancy status are often the same for same-sex best friends. Substance use is also a behavior that most often occurs in groups of adolescents. The same is true
for violent and delinquent behaviors. Researchers debate whether selection (choosing friends based on shared delinquent behaviors) or socialization (peer influence) plays a more important role here (Hafen et al., 2012).

Romantic Relationships

Until recently, adolescent romantic relationships received little or no attention from researchers. Since the beginning of the 21st century, theories of adolescent romantic relationships have been developed and a great number of studies have been conducted. Both the theories and the research have typically focused on heterosexual romantic relationships. The following discussion of heterosexual romantic relationships in adolescence is based on a recent review of the research on the topic by Seiffge-Krenge and Shulman (2012). Although same-sex romantic relationships are becoming more visible, there is very little research on same-sex romantic relationships in adolescence. What research there is has tended to focus on same-sex attractions in adolescence from a risk perspective. The following discussion of same-sex romantic relationships in adolescence is based on a recent review of research on the topic by Russell, Watson, and Muraco (2012).

With the hormonal changes of adolescence, youth begin to be interested in sexual gratification and emotional union with a partner. This typically begins with romantic fantasies in early adolescence, fantasies that are often shared in same-gender friendship groups. As they move into mixed-gender groups in midadolescence, heterosexual youth have an opportunity to meet potential romantic partners. Researchers in the United States have found that nearly all 13- and 14-year-old adolescents report romantic fantasies and a desire to date. By late adolescence, most youth in the United States have been involved in some kind of romantic relationship, and the rates are similar in other economically advanced countries. The duration of romantic relationships is about 3 months in early adolescence and from 1 to 2 years in middle and late adolescence. Research indicates that most people have at least one romantic breakup during adolescence, and that a breakup is a highly stressful event. (See Seiffge-Krenge & Shulman, 2012, for a fuller discussion of the research on adolescent heterosexual romantic relationships.) It is important to remember that in the United States and many other societies, romantic relationships develop through a dance of flirtation and dating, but in some cultures, the romantic relationship develops in the context of an arranged marriage.

In contrast to the burgeoning research on adolescent heterosexual romantic relationships, there is very little research on adolescent same-sex romantic relationships. There are a number of reasons why that research is hard to do, but an important reason is that, because of stigma and internalized homophobia, many youth with same-sex attractions do not “come out.” Most of the research on this topic is based on small samples. Research is indicating, however, that as society becomes more accepting, U.S. youth with same-sex attractions are becoming more likely to act on those attractions. One longitudinal study of a cohort born in the mid-1990s found that less than 10% of youth with same-sex attractions reported ever having a same-sex romantic relationship, and a majority of these youth reported ever having a heterosexual romantic relationship. Another study, conducted 10 years later, found that a majority of same-sex-attracted youth were currently or had recently been in a same-sex romantic relationship. Research finds that one issue for youth with same-sex attractions is the relatively small pool of potential romantic partners. One study found that gay male youth typically begin the romantic relationship with a sexual experience, and lesbian youth typically begin as close friends. Another study found that youth with same-sex attractions who reported heterosexual dating had higher levels of internalized homophobia than similar youth who did not engage in heterosexual dating. (See Russell et al., 2012, for a fuller discussion of the research on adolescent same-sex romantic relationships.)
Relationships With Organizations, Communities, and Institutions

As adolescents loosen their ties to parents, they develop more direct relationships in other arenas such as school, the broader community, employment, and social media/technology.

School

In the United States, as well as in other wealthy nations, youth are required to stay in school through a large portion of adolescence. The situation is quite different in many poor nations, however, where children may not even receive a primary school education. In their time spent at school, adolescents are gaining skills and knowledge for their next step in life, either moving into the workforce or continuing their education. In school, they also have the opportunity to evolve socially and emotionally; school is a fertile ground for practicing future orientation, role experimentation, exploration, and self-evaluation.

Middle schools in the United States usually have a structured format and environment; high schools are less structured in both format and environment, allowing a gradual transition to greater autonomy. The school experience changes radically, however, at the college level. Many college students are away from home for the first time and are in very unstructured environments. David Costa, Carl Fleischer, and Monica Golden have had different experiences with structure in their environments to date. David's environment has required him to move flexibly between two cultures. That experience may help to prepare him for the unstructured college environment. Carl has had the least structured home life. It remains to be seen whether that has helped him to develop skills in structuring his own environment or left him with insufficient models for doing so. Monica is accustomed to juggling multiple commitments and expectations. Time management skills will help with the transition to college, but she may struggle with having freedom from pressing family and community expectations for the first time.

School is also an institutional context in the United States where cultures intersect, which may create difficulties for students whose appearance or behavior is different from the Eurocentric, female-centered education model. You may not realize how biased the educational model in the United States is until you view it through a different cultural lens. We can use a Native American lens as an example. Michael Walkingstick Garrett (1995) uses the experiences of the boy Wind-Wolf as an example of the
incongruence between Native American culture and the typical education model:

Wind-Wolf is required by law to attend public school. . . . He speaks softly, does not maintain eye contact with the teacher as a sign of respect, and rarely responds immediately to questions, knowing that it is good to reflect on what has been said. He may be looking out the window during class, as if daydreaming, because he has been taught to always be aware of changes in the natural world. These behaviors are interpreted by his teacher as either lack of interest or dumbness. (p. 204)

Children in the United States spend less time in school-related activities than do German, Korean, and Japanese children and have been noted to put less emphasis on scholastic achievement. Some researchers attribute oft-noted cross-cultural differences in mathematics achievement to these national differences in emphasis on scholastics (D. Newman, 2012). For adolescents, scholastic interest, expectations, and achievements may also vary, based not only on nationality but also on gender, race, ethnicity, economic status, and expectations for the future.

Most youth who drop out in the United States do so in high school, but worldwide, the concern is for youth who leave school before completing primary school, or who fail to enroll in school at all. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) compiles global education statistics. They report that in 2010, there were 31.2 million “early school leavers” in the world, a drop-out rate of 42% in Sub-Saharan Africa, 35% in South and West Asia, 17% in Latin America and the Caribbean, and 13% in Arab states (UNESCO, 2012). Worldwide, girls are less likely than boys to enter primary school, but boys are more likely to repeat grades or leave school early once enrolled. Also, compared with youth who attend the appropriate grade for their age, overage pupils are more likely to leave school early. Finally, children from poor and rural households are also at an increased risk of leaving school before completing primary education (UNESCO, 2012).

The Broader Community

Recent studies have considered the ways adolescents attempt to make a contribution to society and found that they are increasingly using technology to engage in such activities as signing petitions and expressing opinions about societal issues (van Goethem et al., 2012). Adolescents and young adults were on the forefront of social unrest across North Africa and the Middle East in 2010 and 2011 and were able to use communication technologies to organize protest activities. Although they experienced success in their activism, they also faced serious threats to their lives (Sawyer et al., 2012).

In the United States, the participation of high school students in volunteer work in the community is becoming common, much more so than in Europe. Indeed, community service is required in many U.S. high schools. Flanagan (2004) argues that community volunteer service provides structured outlets for adolescents to meet a wider circle of community people and to experiment with new roles. The community youth development movement is based on the belief that such community service provides an opportunity to focus on the strengths and competencies of youth rather than on youth problems (see Villarruel, Perkins, Borden, & Keith, 2003). One research team found that participation in community service and volunteerism assisted in identity clarification and in the development of political and moral interests (McIntosh, Metz, & Youniss, 2005).

Another way adolescents can have contact with the broader community is through a mentoring relationship with a community adult. The mentoring relationship may be either formal or informal. The mentor becomes a role model and trusted adviser. Mentors can be found in many places: in part-time work settings, in youth-serving organizations, in religious organizations, at school, in the neighborhood, and so on. There is unusually strong evidence for the positive value
of mentoring for youth. Here are some examples of research in this area. Longitudinal research found that natural mentoring relationships with nonparental adults were associated with greater psychological well-being (DuBois & Silverhorn, 2005). Another study found that perceived mentoring from an unrelated adult in the work setting was associated with psychosocial competencies and adjustment in both U.S. and European samples (Vazsonyi & Snider, 2008). Longitudinal research with foster care youth has found that youth who had been mentored had better overall health, less suicidal ideation, fewer sexually transmitted infections (STIs), and less aggression in young adulthood than foster care youth who had not been mentored (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008). Another study investigated the mentor relationship between an adolescent survivor of acquired brain injury and an adult mentor who was also a survivor of this injury. The researchers found that both the mentors and the adolescents derived benefit from the relationship, with the adolescents reporting gains in social and emotional well-being and identity development (Fraas & Bellerose, 2010). One last study of adolescents identified as “at risk” and involved in an 8-month mentoring program designed to prevent substance abuse found that the mentors helped the youth to improve relationships with family and at school and to increase their overall life skills (Zand et al., 2009).

Work

Like many adolescents, Carl Fleischer and Monica Golden also play the role of worker in the labor market. Limited employment, no more than 20 hours per week, can provide an opportunity for social interaction and greater financial independence. It may also lead to personal growth by promoting notions of contribution, responsibility, egalitarianism, and self-efficacy and by helping the adolescent to develop values and preferences for future jobs—answers to questions like “What kind of job would I like to have in the future?” and “What am I good at?” (Mortimer, 2004). For example, Monica tried many jobs before deciding that she loves working with children and wants to become a pediatrician. In addition, employment may also offer the opportunity to develop job skills, time management skills, customer relation skills, money management skills, market knowledge, and other skills of value to future employers.

In July 2013, 19.7 million U.S. youth ages 16 to 24 were employed, for an employment rate of 50.7% of the civilian noninstitutional population (U.S. Bureau of Labor Statistics, 2013a). For that same month, the employment-population ratios were 51.7% for young men and 49.6% for young women; 54.3% for White youth, 38.6% for Black youth, 39.2% for Asian youth, and 47.4% for Hispanic youth. Being in the labor force means the individual is working either full-time or part-time as a paid employee in an ongoing relationship with a particular employer, such as working in a supermarket. Individuals are not considered to be in the labor force if they work in certain “freelance jobs” that involve doing tasks without a specific employer, such as babysitting or mowing lawns.

The U.S. Department of Labor has launched an initiative called YouthRules! that seeks to promote positive and safe work experiences for young workers (www.youthrules.dol.gov). These guidelines are the social policy result of research that suggests that for youth, work, in spite of some positive benefits, may also detract from development by cutting into time needed for sleep, exercise, maintenance of overall health, school, family relations, and peer relations. Unfortunately, the types of work available to adolescents are usually low-skill jobs that offer little opportunity for skill development. Some researchers have found that working more than 10 hours per week puts adolescents at risk for a number of physical and mental health problems (see Entwisle, Alexander, & Olson, 2005; Marsh & Kleitman, 2005), but as noted, longitudinal research suggests that working less than 20 hours per week is not detrimental (Mortimer, 2004). Although we cannot draw causal conclusions, Carl Fleischer works more than 10 hours a week and also has declining grades and uses tobacco and marijuana.
Information and Communication Technologies (ICTs)

According to Teens and Technology 2013, research produced by the Pew Research Center and the Berkman Center for Internet and Society at Harvard University, since 2006, over 95% of U.S. teens consistently report using the Internet and being “online” (Madden, Lenhart, Duggan, Cortesi, & Gasser, 2013). The mechanisms teens use to go online have changed over time, however. In the early 2000s, Internet usage was mostly obtained through desktop computers, and it is now through ICTs (information and communication technologies), primarily smartphones. In 2011, 23% of U.S. youth owned smartphones as compared with 37% in 2013. Thirty-four percent of girls ages 14 to 17 report that they mostly go online using their cell phone as compared with 24% of boys the same age. This is a significant difference since girls and boys are equally likely to own smartphones (Madden et al., 2013). Overall, in 2011, 78% of adolescents ages 12 to 17 had cell phones and used them to text a median number of 60 times a day, an increase over the 50 times a day median in 2009 (Lenhart, 2012). Here are other findings about how adolescents, ages 12 to 17, use ICTs to communicate every day, compared with the 35% who engage in face-to-face socializing outside of school (Lenhart, 2012):

- 63% exchange text messages every day
- 39% make cell phone calls
- 29% engage in social network site messaging
- 22% engage in instant messaging
- 19% make landline calls
- 6% use e-mail

The 2011 YRBS reports that 32.8% of students had texted or e-mailed while driving a car or other vehicle on at least 1 day during the last 30 days. This rate was higher for boys (35%) than girls (30%), higher for White youth (36%) than Hispanic (30%) or Black youth (24%), and highest for 12th graders (58%), followed by 11th graders (43%), 10th graders (23%), and 9th graders (12%) (Eaton et al., 2012).

These technologies are bringing both benefit and risk to adolescent development. They offer another level of connectedness, with potential benefits such as maintaining distant relationships, keeping parents updated on their child’s whereabouts or needs, and providing broader social networks. They also introduce potential risks, such as driving while texting, mental and physical (primarily thumbs) fatigue, social disconnectedness, and instant gratification. Sherry Turkle (2011), professor of social studies of science and technology at the Massachusetts Institute of Technology, has been studying the impact of ICTs on human behavior since the 1990s. She acknowledges that the Internet fosters social connections, identity development, and access to information of almost any kind. She also suggests that, like adults, today’s adolescents are
tethered to their technologies, living in a constant state of waiting for connection and endangering themselves by texting while walking or driving. Some adolescents complain that their technologies mean they are always “on call” to parents and friends alike. They work on identity development in an era when photos or messages can be sent to audiences they did not select. They are often physically present in one setting while mentally present in one or more other settings, and they interact with both parents and friends who are physically present while being mentally present elsewhere.

Parents, school officials, and legislators have become increasingly concerned that adolescents will see sexually explicit material on the Internet and be sexually exploited or otherwise harassed via the Internet. The Crimes Against Children Research Center reports that Internet sex crimes are more often cases of statutory rape where adult offenders meet, develop relationships with, and openly seduce teenagers (Wolak, Finkelhor, Mitchell, & Ybarra, 2008).

**Critical Thinking Questions 6.3**

Children and adolescents in the United States spend less time on school-related activities than students in most other industrialized countries. Do you think children and adolescents in the United States should spend more time in school? How would you support your argument on this issue? How could high schools in the United States do a better job of supporting the cognitive development of adolescents? Should the high school be concerned about supporting emotional and social development of adolescents? Why or why not?
As adolescents develop greater capacity for abstract thinking, they often search for meaning in life experiences, and some researchers consider adolescence to be the most sensitive life stage for spiritual exploration (Kim & Esquivel, 2011; Magaldi-Dopman & Park-Taylor, 2010). In recent years, behavioral scientists and mental health professionals have developed an interest in spirituality/religiosity (S/R) as a source of resilience for adolescents (Kim & Esquivel, 2011). Spirituality is a personal search for meaning and relationship with the sacred, whether that is found in a deity or some other life force. Religiosity comprises beliefs and actions associated with an organized religious institution (Good, Willoughby, & Busseri, 2011). S/R includes both personal and institutional ways of connecting with the sacred.

Research on adolescent S/R is still in its infancy, and very little is known. In an attempt to fill this gap, a Canadian research team undertook a longitudinal study to explore multiple dimensions of S/R. They studied 756 students in Grade 11 and the same students again in Grade 12 and found that at both time periods, the youth fell into a five-cluster typology of S/R:

1. Neither spiritual nor religious (14.2% of 11th graders and 13.4% of 12th graders)
2. Disconnected wonderers (35.9% of 11th graders and 44.6% of 12th graders)
3. High spirituality/high religiosity (16.7% of 11th graders and 8.3% of 12th graders)
4. Primarily spiritual (24.3% of 11th graders and 25.8% of 12th graders)
5. Meditators (9.0% of 11th graders and 7.9% of 12th graders)

The largest cluster at both time periods was the disconnected wonderers, a group that was not involved in any form of spiritual or religious practices but reported often wondering about spiritual issues. The meditators may or may not have been meditating as a spiritual practice; meditating may have been related to a physical fitness or other type of physical and/or mental health regimen.

The National Study of Youth and Religion (NSYR) is the most comprehensive longitudinal study of spirituality and religion among U.S. adolescents. Supported by the Lilly Endowment, this study began in August 2001 and was funded through December 2013. The NSYR’s study found that the vast majority of U.S. teenagers (aged 13 to 17) identify themselves as Christian (56.4% Protestant [various denominations], 19.2% Catholic). Fifteen percent are not religious. In addition, 2.3% are Mormon/Latter-Day Saints, 1.5% are Jewish, and other minority faiths (Jehovah’s Witness, Muslim, Eastern Orthodox, Buddhist, Pagan or Wiccan, Hindu, Christian Science, Native American, Unitarian Universalist, or two affiliations) each comprised less than 1% of the representative sample. Four out of 10 U.S. adolescents say they attend religious services once a week or more, pray daily or more, and are currently involved in a religious youth group. Eighty-four percent of the surveyed youth believe in God whereas 13% are unsure about belief in God, and 3% do not believe in God (Denton, Pearce, & Smith, 2008). The researchers found that the single most important social influence on the religious and spiritual lives of adolescents is their parents.

For many youth, spirituality may be closely connected to culture. Interventions with adolescents and their families should be consistent with their spirituality and religion, but knowing someone’s cultural heritage will not always provide understanding of their religious or spiritual beliefs. For example, it is no longer safe to assume that all Latino Americans are Catholic. Today, there is much religious diversity among Latino Americans who increasingly have membership in Protestant denominations such as Methodist, Baptist, Presbyterian, and Lutheran, as well as in such religious groups as Mormons, Seventh-Day Adventists, and Jehovah’s Witnesses. Moreover, the
fastest growing religions among Latino Americans are the Pentecostal and evangelical denominations (Garcia, 2011). Many Latino Americans, particularly Puerto Ricans, combine traditional religious beliefs with a belief in spiritualism, which is a belief that the visible world is surrounded by an invisible world made up of good and evil spirits who influence human behavior. Some Latino Americans practice Indigenous healing rituals, such as *Santería* (Cuban American) and *curanderismo* (Mexican American). In these latter situations, it is important to know whether adolescents and their families are working with an Indigenous folk healer (Ho, Rasheed, & Rasheed, 2004). Although adolescents may not seem to be guided by their spirituality or religiosity, they may have underlying spiritual factors at work. As with any biological, psychological, or social dimensions of the individual, the spiritual dimensions of youth must be considered to gain the best understanding of the whole person.

**ADOLESCENT SEXUALITY**

With the changes of puberty, adolescents begin to have sexual fantasies, sexual feelings, and sexual attractions. They will come to understand what it means to be a sexual being and, similar to other facets of their identity, will explore their sexual identity. They will consider the kinds of people they find sexually attractive. Some will make decisions about engaging in various sexual behaviors. In this experimentation, some adolescents will contract sexually transmitted infections (STIs) and some will become pregnant. Unfortunately, some will also experience unwanted sexual attention and become victims of sexual aggression.

### Sexual Decision Making

Transition into sexual behavior is partly a result of biological changes. The amount of the sex hormone DHEA in the blood peaks between the ages of 10 and 12, a time when both boys and girls become aware of sexual feelings. The way that sexual feelings get expressed, however, can depend largely on sociocultural factors. Youth are influenced by the attitudes toward sexual activity that they encounter in their environment, at school; among peers, siblings, and family; in their clubs or organizations; in the media; and so on. When and how they begin to engage in sexual activity are closely linked to what they perceive to be the activities of their peers (Hafen et al., 2012). Research also suggests that youth who are not performing well in school are more likely to engage in sexual activity than are those who are doing well (Rew, 2005). Finally, beliefs and behaviors regarding sexuality are also shaped by one’s culture, religion/spirituality, and value system. Ponton and Judice (2004) suggest that “a nation’s attitude about adolescent sexuality plays an important role in the adolescent’s sexual development and affects the laws, sexual media, sexual services, and the interaction of religion and state as well as the type of education that they receive in their schools” (p. 7). Adolescents report a variety of social motivations for engaging in sexual intercourse, including developing new levels of intimacy, pleasing a partner, impressing peers, and gaining sexual experience (Impett & Tolman, 2006).

As the pubertal hormones cause changes throughout the body, most adolescents spend time becoming familiar with those changes. For many, exploration includes masturbation, the self-stimulation of the genitals for sexual pleasure. In the most comprehensive U.S. sex study in decades, the National Survey of Sexual Health and Behavior conducted in 2009 included a nationally representative sample of 14- to 17-year-olds and questions about masturbation (Herbenick et al., 2010). Seventy-four percent of boys and 48% of girls reported ever masturbating, and 58% of boys had masturbated in the past 90 days (compared with 36% of girls). Older research indicates that boys tend to masturbate earlier and more often than girls (Leitenberg, Detzer, & Srebnik, 1993). The gender difference has been found to be even greater in Bangkok, Thailand, where 79% of male secondary students report masturbating, compared with 9% of females (O-Prasetsawat & Petchum, 2004). Masturbation has negative associations for some adolescents. Thus, masturbation may have psychological implications for adolescents,
depending on the way they feel about it and how they think significant others feel about it. Female college students who are high in religiosity report more guilt about masturbation than female college students who are low in religiosity (J. Davidson, Moore, & Ullstrup, 2004).

The 2011 U.S. YRBS suggests that nationwide 47.4% of high school students reported having had sexual intercourse during their life, 6.2% had sexual intercourse for the first time before age 13, 15.3% have had sexual intercourse with four or more persons during their life, and 33.7% were sexually active during the last 3 months (Eaton et al., 2012). Of the 33.7% of high school students who indicated that they are currently sexually active, 60.2% report that either they or their partner used a condom during last sexual intercourse, 22.1% had drunk alcohol or used drugs before their last sexual intercourse, and 12.9% reported not using any method to prevent pregnancy during their last sexual intercourse (Eaton et al., 2012).

International data suggest that, on average, adolescents in the United States experience first sexual intercourse at about the same age as youth in other economically advanced countries. Data from 26 countries in 2007 indicate that the average age for first sexual intercourse was 18 years in the United States, compared with 17.9 years in Australia, 17.3 years in Austria, 18.5 years in France, 17.6 years in Germany, and 18.3 years in the United Kingdom (Durex Network, 2007). (It should be noted that Durex is a condom manufacturer that does annual surveys of adolescent sexuality in a number of countries.) The same data set indicates that females are more likely than males to feel pressured into having sex, with 27.2% of females and 15% of males reporting that they felt pressured into their sexual debut. Females were also more likely than males to have negative feelings about their first sexual experience, 42% versus 32%. U.S. data indicate that adolescents are slightly less likely than in the past to report that first sex is involuntary: 11% of females from 2006 to 2010, compared with 13% in 2002; and 5% of males from 2006 to 2010, compared with 10% in 2002 (Guttmacher Institute, 2013c). A study of first sexual experiences of youth ages 14 to 18 in the Philippines, El Salvador, and Peru found that approximately one fifth of the sample of both male and female adolescents regretted the experience (Osorio et al., 2012).

Regardless of nation or milieu, there is most certainly a need for adolescents to develop skills for healthy management of sexual relationships. Early engagement in sexual intercourse has some negative consequences. One research team studied early adolescent sexual initiation in five countries, the United States, Finland, France, Poland, and Scotland, and found it to be a risk factor for substance abuse and poor school attachment (Madkour, Farhat, Halpern, Godeau, & Gabhainn, 2010). They also found that early sexual initiation was disruptive to the parent-adolescent relationship, particularly for female adolescents in the United States but not in the other countries.

Rates of sexual activity among teens in the United States are fairly comparable to those in western Europe, yet the incidence of adolescent pregnancy and childbearing in the United States exceeds that in other economically advanced countries (Martinez, Copen, & Abma, 2011). For instance, the teen birth rate in the United States in 2009 was almost 3 times the rate in Canada, 3 times the rate in Germany, and about 5.7 times the rate in Italy. This discrepancy is probably related to three factors: Teenagers in the United States make less use of contraception than teens in European countries, reproductive health services are more available in European countries, and sexuality education is more comprehensively integrated into all levels of education in most of Europe than in the United States (Durex Network, 2010; Guttmacher Institute, 2013c).

### Sexual Orientation

As they develop as sexual beings, adolescents begin to consider sexual attraction. **Sexual orientation** refers to erotic, romantic, and affectionate attraction to people of the same sex (gay or lesbian), the opposite sex (heterosexual), or both sexes (bisexual). There are also questioning adolescents who are less certain of their sexual orientation than those who
label themselves as heterosexual, bisexual, or gay/lesbian (Poteat, Aragon, Espelage, & Koenig, 2009). Research indicates that the current generation of lesbian, gay, bisexual, and questioning youth uses the Internet to get information about sexual orientation and to begin the coming-out process. This provides a safe and anonymous venue for exploration and questioning as well as for initiating the coming-out process; it can lead to greater self-acceptance before coming out to family and friends (Bond, Hefner, & Drogos, 2009). Researchers are currently focusing on three indicators of sexual orientation: same-sex attractions, same-sex sexual behaviors, and self-labels as gay, lesbian, or bisexual (see Russell et al., 2012; Saewyc, 2011). Glover, Galliher, and Lamere (2009) suggest that sexual orientation should be conceptualized as a “complex configuration of identity, attractions, behaviors, disclosure, and interpersonal explorations” (pp. 92–93).

Theory and research about adolescent sexual orientation are not new, but there has been a very large increase in research on the topic in the past 15 years. The following discussion presents the major themes of Elizabeth Saewyc’s (2011) comprehensive review of the research on adolescent sexual orientation published in the decade from 1998 to 2008. The research is still trying to untangle the multiple influences on sexual orientation, but there is general agreement that both genetic and environmental influences are involved. Researchers have struggled with how to define and measure sexual orientation, for example, whether to use measures of attraction, self-identity, or sexual behavior. Even though different measures are used across different studies, researchers consistently find that adolescents with a sexual orientation other than heterosexual report less supportive environments and less nurturing relationships with their parents than heterosexual youth. The research also consistently indicates that sexual minority youth have increased risk for developmental stressors and compromised health.

Research also suggests that sexual minority youth are coming out at earlier ages than in previous eras, but there is still much heterogeneity in the coming-out process. Those who come out earlier appear to be more comfortable with their sexual orientation status but also face increased rejection and harassment from family and peers. African American and Latino youth have a similar trajectory of sexual orientation development as White youth in most ways, but they are more delayed in making public disclosure, and they are less likely to be involved in gay-related social networks that tend to have mostly White membership.

Some evidence contends that most people remain consistent in their sexual attractions across the adolescent and young-adult periods, but youth with a sexual orientation other than heterosexual are much more likely than heterosexual youth to change their self-identification and sexual behavior over a 10-year period. Bisexuality has received much less research attention than homosexuality.

Research from a number of countries indicates that sexual minority youth have a higher prevalence of emotional distress, depression, self-harm, suicidal thinking, and suicidal attempts than heterosexual youth. They also have a higher prevalence of smoking and alcohol and other drug use, are likely to report an earlier sexual debut and to have more sexual partners, and have a higher prevalence of sexually transmitted infections. They are also more likely to be the targets of violence (Saewyc, 2011).

It is important to note that although sexual minority youth face increased risks to physical and mental health, most are successful in navigating the challenges they face and achieve similar levels of well-being as heterosexual youth. Several protective factors have been found to promote resilience in sexual minority youth, including supportive family relationships, supportive friends, supportive relationships with adults outside the family, positive connections with school, and spirituality/religiosity. These are the same protective factors that have been found to promote resilience in all youth, and, unfortunately, the research indicates that sexual minority youth, on average, receive less support in all of these areas than heterosexual youth. Research indicates, however, that many
sexual minority youth have protective factors specific to their sexual orientation, including involvement in gay-related organizations and attending schools with gay-straight alliances or schools where the staff is trained to make the school a safe zone for sexual minority youth. Consider David Costa’s conflict over his sexual orientation. What do you see as the risk and protective factors he faces as he struggles with this aspect of identity?

There is hope that the changing legal status of same-sex relationships and the increased visibility of positive sexual minority role models will lead to decreased risk and increased protection for sexual minority youth. There is some evidence that growing numbers of the current generation of adolescents do not consider sexual orientation as central an identity concept as earlier generations and are less prone to make negative judgments about sexual orientations other than heterosexual.

Saewyc’s (2011) research review indicates the important influence of school climate on the well-being of sexual minority youth. For more than a decade, GLSEN (the Gay, Lesbian, and Straight Education Network) has conducted a National School Climate Survey (NSCS) to document the unique challenges that 6th- to 12th-grade LGBT students face and to identify interventions that can improve school climate. In the 2011 NSCS (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012), 84.9% of LGBT students reported hearing homophobic or negative remarks regarding sexual orientation or gender expression at school and 56.9% of students reported hearing these types of comments from their teachers or other school staff. Sexual orientation and gender expression can also compromise adolescents’ safety at school. The 2011 NSCS found that 63.5% of the LGBT students surveyed felt unsafe because of their sexual orientation (43.9% because of their gender expression). Over 80% of these students were verbally harassed because of their sexual orientation, 38.3% were physically harassed (e.g., pushed, shoved), and 18.3% were physically assaulted (punched, kicked, injured with a weapon). Moreover, 60.4% of the students who were harassed or assaulted at school did not report the incident to school personnel because they believed little or no action would be taken or the situation would be exacerbated if reported. These data indicate the serious risk that the school climate imposes on sexual minority youth, but the 2011 survey also found some hopeful signs. This was the first school climate survey to show both a decrease in negative indicators of school climate and also a continued increase in school supports for sexual minority youth.

To forestall potential rejection from family and friends, and at school, Parents, Families and Friends of Lesbians and Gays (PFLAG), a support, education, and advocacy organization with the goal of promoting a more supportive environment for lesbian, gay, bisexual, and transgender people, was founded in 1972. The organization’s website, http://community.pflag.org, contains information on frequently asked questions, facts, resources, and advocacy issues.

**Pregnancy and Childbearing**

In 2012, there were 305,420 babies born to adolescent girls aged 15 to 19 in the United States (Hamilton, Martin, & Ventura, 2013). This is a birth rate of 29.4 per 1,000 15- to 19-year-old girls. Of these births, approximately 89% occurred outside of marriage and 17% were to girls who already had a child. The teen pregnancy rate in the United States has declined relatively consistently since the early 1990s (the 1991 rate was 61.8/1,000), but it is still higher than the rate in many other economically advanced countries (Hamilton et al., 2013). Teenage pregnancy rates and birth rates vary considerably by race and ethnicity as well as by region of the country. In 2012, Hispanic/Latino girls had the highest birth rate (46.3 per 1,000) and Black girls had the second highest rate (43.9 per 1,000), followed by their White counterparts (20.5 per 1,000). The national Office of Adolescent Health (U.S. Department of Health and Human Services, Office of Adolescent Health [DHHS/OAH], 2013) reports that the lowest
Teen birth rates were reported in the Northeast and the highest teen birth rates were from the southern region of the U.S. (See how your state compares on pregnancy rates, birth rates, sexual activity, and contraceptive use at www.hhs.gov/ash/oah/resources-and-publications/facts.)

Adolescent pregnancies carry increased risks to the mother, including delayed prenatal care; higher rates of miscarriage, anemia, toxaemia, and prolonged labor; and increased likelihood of being a victim of intimate partner violence (Pinzon & Jones, 2012). They also carry increased risks to the infant, including perinatal mortality, preterm birth, low birth weight, and developmental delays and disabilities (Pinzon & Jones, 2012). In many Asian, eastern Mediterranean, African, and Latin American countries, the physical risks of adolescent pregnancy are mitigated by social and economic support (Hao & Cherlin, 2004). In the United States, however, adolescent mothers are more likely than their counterparts elsewhere to drop out of school, be unemployed or underemployed, receive public assistance, have subsequent pregnancies, and have children with poorer educational, behavioral, and health outcomes (U.S. DHHS/OAH, 2013). Teenage fathers may also experience lower educational and financial attainment (Pinzon & Jones, 2012).

The developmental tasks of adolescence are typically accomplished in this culture by going to school, socializing with peers, and exploring various roles. For the teenage mother, these avenues to development may be radically curtailed. The result may be long-lasting disadvantage. Consider Monica Golden's path. She obviously loves children and would like to have her own someday, but she would also like to become a pediatrician. If Monica were to become pregnant unexpectedly, an abortion would challenge her religious values and a baby could affect her health, challenge her future goals, and impact her educational and financial potential.

**Sexually Transmitted Infections**

Youth have always faced pregnancy as a possible consequence of their sexual activity, but other consequences include infertility and death as a result of sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs). Adolescents aged 15 to 24 comprise almost half of the 20 million new cases of STIs each year in the United States, and 4 out of every 10 sexually active teenaged girls have had an STI that can cause infertility or even death (Centers for Disease Control and Prevention, 2012e). For girls aged 15 to 19, the rate of chlamydia infection continued to increase to a 2011 rate of 3,416.5 cases per 100,000 (757 cases per 100,000 boys aged 15 to 19); gonorrhea infection rates stayed about the same for a 2011 rate of 556.5 per 100,000 (248.6/100,000 boys); and primary and secondary syphilis rates decreased in 2011 to 2.4 cases per 100,000 girls (5.4/100,000 boys) (Centers for Disease Control and Prevention, 2012e). Girls aged 15 to 19 have the highest rates of chlamydia and gonorrhoea of any age or gender group (Martinez et al., 2011).

Research has found several contextual and personal factors to be associated with STIs, including housing insecurity, exposure to crime, childhood sexual abuse, gang participation, frequent alcohol use, and depression (Buffardi, Thomas, Holmes, & Manhart, 2008). The Centers for Disease Control and Prevention (2012e) add that the “higher prevalence of STDs among adolescents also may reflect multiple barriers to accessing quality STD prevention services, including lack of health insurance or ability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality” (para. 1).

Data collection on STIs is complicated for several reasons. State health departments have different requirements about which STIs must be reported. STIs are not always detected and reported. Some STIs, such as chlamydia and HPV (human papillomavirus), are often asymptomatic and go undetected. In addition, many surveys are not based on representative samples. The best estimates available indicate that adolescents and young adults ages 15 to 24 constitute 25% of the sexually active population but account for almost half of the STI diagnoses each year (Centers for Disease Control and Prevention, 2012e).
Unfortunately, HIV/AIDS is also a risk to adolescent health around the world. In 2012, there were 32.2 to 38.8 million people living with HIV worldwide, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2013). The rate of HIV diagnoses increased in youth ages 15 to 19 and 20 to 24 from 2006 to 2009. Despite only comprising about 20% of the 13- to 19-year-old U.S. population, 70% of the 13- to 19-year-olds diagnosed with HIV are Black teens. Almost 80% of the HIV+ adolescents are boys, and 90% of male HIV infections result from male-to-male sexual contact. See Exhibit 6.5 for the racial and ethnic distribution of HIV in adolescents aged 13 to 19. The highest concentrations of HIV diagnoses among adolescents were located in the southeastern United States—notably Florida, South Carolina, and Louisiana. Of the more than 1.2 million people living with HIV in the United States, approximately 1 in 5 (~220,000) doesn't know she or he is infected. The CDC estimates that half of all undiagnosed HIV infections are youth aged 13 to 24 (Torian, Chen, & Hall, 2011). Many of these individuals contract the disease in their teen years and don't learn they have the virus until they become adults. Fortunately, 84% of students responding to the YRBS reported that they received HIV/AIDS education in school, and 12.9% state that they have been tested for HIV (Eaton et al., 2012).

Critical Thinking Questions 6.4
What sources of information did you use to learn about human sexuality when you were an adolescent? Which sources were the most useful and accurate? Do you believe that public schools should be involved in sexuality education? Why or why not? If so, what topics should be covered in such education?

Exhibit 6.5  Diagnoses of HIV Infection and Population Among Adolescents Aged 13 to 19, by Race or Ethnicity, in the United States, 2011

SOURCE: Centers for Disease Control and Prevention, 2012d
Many adjustments have to be made during adolescence in all areas of life. Adjustments to biological changes are a major developmental task of adolescence, family relationships are continuously renegotiated across the adolescent phase, and career planning begins in earnest for most youth in mid- to late adolescence. Most adolescents have the resources to meet these new challenges and adapt. But many adolescents engage in risky behaviors or experience other threats to physical and mental health. We have already looked at risky sexual behavior. Nine other threats to physical and mental health are discussed briefly here: substance use and abuse, juvenile delinquency, bullying, school-to-prison pipeline, community violence, dating violence and statutory rape, poverty and low educational attainment, obesity and eating disorders, and depression and suicide.

Substance Use and Abuse

In adolescence, many youth experiment with nicotine, alcohol, and other psychoactive substances with the motivation to be accepted by peers or to cope with life stresses (Weichold, 2007). For example, Carl Fleischer’s use of tobacco and marijuana has several likely effects on his general behavior. Tobacco may make him feel tense, excitable, or anxious, and these feelings may amplify his concern about his weight, his grades, and his family relationships. Conversely, the marijuana may make Carl feel relaxed, and he may use it to counteract or escape from his concerns.

The rate of illicit drug use declined among U.S. adolescents aged 12 to 17 from 2002 (11.6%) to 2008 (9.3%), then increased to 10.1% from 2009 to 2011, and in 2012 declined to 9.5%, according to the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Abuse and Health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013a). Earlier research suggested that high school students in the United States maintain a higher rate of illicit drug use than youth in other economically developed countries (Johnston, O’Malley, Bachman, & Schulenberg, 2004, 2005). More recent research indicates that rates of adolescent use of illicit substances are lower in Latin America than in the United States (Torres, Peña, Westhoff, & Zayas, 2008). Overall, in 2012, SAMHSA reports that for those aged 12 to 17 in the United States, 7.2% used marijuana, 2.8% used prescription-type drugs for nonmedical purposes, 0.8% used inhalants, 0.6% used hallucinogens, and 0.1% used cocaine (SAMHSA, 2013a). Alcohol continues to be the most widely used of all substances for adolescents. An estimated 9.3 million (underage) people aged 12 to 20 report drinking currently (24.3% of this age group reported drinking alcohol in the past month), according to 2012 statistics (SAMHSA, 2013a). Furthermore, approximately 5.9 million (15.3%) considered themselves binge drinkers, and 1.7 million (4.3%) stated they were heavy drinkers. Meanwhile tobacco use has steadily but only slightly declined over time. In 2011, 18.1% of 9th- to 12th-grade students had smoked cigarettes on at least one day in the previous month, and 7.7% of students had used smokeless tobacco on at least one day in the previous month.

When asked why youth choose to use alcohol, adolescents cite the following reasons: to have a good time with friends, to appear adult-like, to relieve tension and anxiety, to deal with the opposite sex, to get high, to cheer up, and to alleviate boredom. When asked why youth use cocaine, the additional responses were to get more energy and to get away from problems. Drug use at a party is also cited quite often as a reason (Engels & Knibbe, 2000). The following factors appear to be involved in adolescents’ choice of drugs: the individual characteristics of the drug, the individual characteristics of the user, the availability of the drug, the current popularity of the drug, and the sociocultural traditions and sanctions regarding the drug (Segal & Stewart, 1996).

Some adolescents are clearly more at risk for substance abuse than others. National survey data
indicate that Native American adolescents (47.5%) have the highest prevalence of past year alcohol and other drug use of U.S. youth ages 12 to 17, followed by White adolescents (39.2%), Hispanic adolescents (36.7%), adolescents of multiple race or ethnicity (36.4%), African American adolescents (32.2%), and Asian or Pacific Islander adolescents (23.7%) (Wu, Woody, Yang, Pan, & Blazer, 2011). The same survey found racial and ethnic disparities in the prevalence of youth meeting the diagnostic criteria for substance-related disorders: Native American youth had the highest prevalence (15.0%), followed by adolescents of multiple race or ethnicity (9.2%), White adolescents (9.0%), Hispanic adolescents (7.7%), African American adolescents (5.0%), and Asian or Pacific Islander adolescents (3.5%).

Although these data indicate that many adolescents use alcohol and other substances, not all of them get into trouble with their usage, except for the potential legal trouble related to the illegality of their use of these substances. Problematic alcohol and drug use, however, can have a negative influence on adolescents, their families, and their communities. Because alcohol and illicit drugs alter neurotransmission, regular use can have harmful effects on the developing brain and nervous system (Wu et al., 2011). Early substance use increases the risk for later addiction and depression (Esposito-Smythers, Kahler, Spirito, Hunt, & Monti, 2011). Use of alcohol and other drugs can also affect the immune system and emotional and cognitive functioning, including sexual decision making (Weichold, 2007).

Juvenile Delinquency

Almost every adolescent breaks the rules at some time—disobeying parents or teachers, lying, cheating, and perhaps even stealing or vandalizing. Many adolescents smoke cigarettes and drink alcohol and use other drugs; some skip school or stay out past curfew. For some adolescents, this behavior is a phase, passing as quickly as it appeared. Yet for others, it becomes a pattern and a probability game. Although most juvenile delinquency never meets up with law enforcement, the more times young people offend, the more likely they are to come into contact with the juvenile justice system.

In the United States, persons older than 5 but younger than 18 can be arrested for anything for which an adult can be arrested. (Children younger than 6 are said not to possess mens rea, which means “guilty mind,” and thus are not considered capable of criminal intent.) In addition, they can be arrested for what are called status offenses, such as running away from home, skipping school, violating curfew, and possessing tobacco or alcohol—behaviors not considered crimes when engaged in by adults. When adolescents are found guilty of committing either a crime (by adult standards) or a status offense, we refer to their behavior as juvenile delinquency.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reports that the number of delinquency cases, at about 1.5 million, increased from 1985 through 1997 and declined from 1997 to 2009 (Knoll & Sickmund, 2012). Juveniles (persons younger than 18) accounted for 13.7% of all violent crime arrests and 22.5% of all property crime arrests in 2010. And in that same year, 784 juveniles were arrested for murder, 2,198 were arrested for forcible rape, and 35,001 were arrested for aggravated assault (Federal Bureau of Investigation, 2011). Although rate of delinquency among girls has increased (from 19% in 1985 to 28% in 2009), it is still a relatively small proportion of the overall delinquency caseload at 415,600 in 2009 (as compared with 1,088,600 for boys in that same year) (Knoll & Sickmund, 2012). And, of the total U.S. adolescent population in 2009, White youth comprised 78%, Black youth comprised 16%, Asian youth (including Native Hawaiian and other Pacific Islander) comprised 5%, and Native American (including Alaska Native) comprised 1%. However, 64% of the delinquency cases handled in 2009 were for White youth, 34% were for Black youth, 1% were for Asian American youth, and 1% were for Native American youth. Despite similar offending patterns and rates of self-reported crime, the rate at which Black youth were referred to juvenile court
for a delinquency offense was more than 150% greater than the rate for White youth. The rate at which petitioned cases were waived to criminal court was 5% greater for Black youth than the rate for White youth, and the rate at which youth in adjudicated cases were ordered to residential placement was 23% greater for Black youth than for White youth in a phenomenon called disproportionate minority contact (Knoll & Sickmund, 2012; McCarter, 2011).

Since 1996, the National Gang Center has conducted the National Youth Gang Survey (NYGS) annually (Egley & Howell, 2013). Three indicators are typically used in the United States to measure gang magnitude: number of gangs, number of gang members, and number of gang-related homicides. In 2011, the NYGS estimated that 29,900 gangs with 782,500 gang members were active in 3,300 jurisdictions in the United States. The number of gang-related homicides was 1,824 in 2011 (Egley & Howell, 2013).

**Bullying**

Social workers are beginning to see the short- and long-term effects of bullying on children’s physical and mental health. The U.S. Department of Education and other federal agencies have collaboratively developed an online bullying prevention website at www.stopbullying.gov. There, bullying is defined as “unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance,” and three types of bullying are highlighted:

- **Verbal bullying:** saying or writing mean things (teasing, name-calling, inappropriate sexual comments, taunting, threatening to cause harm)
- **Social/relational bullying:** hurting a person’s reputation (leaving someone out on purpose, telling others not to be friends with someone, spreading rumors about someone, publicly embarrassing someone)
- **Physical bullying:** hurting a person’s body or possessions (hitting/kicking/pinching, spitting, tripping/pushing, taking or breaking someone’s things, making mean or rude hand gestures)

Most adolescents who bully have also been victims of bullying, and both bullies and victims can have serious, lasting problems.

The 2011 YRBS found that 20.1% of high school students had been bullied on school property in the 12 months preceding the survey (Eaton et al., 2012). Prevalence rates were higher for girls (22%) than boys (18%); higher for White youth (23%) than Hispanic (18%) and Black youth (12%); and highest for younger youth, led by 9th graders (24%) and followed by 10th graders (22%), 11th graders (17%), and 12th graders (15%). Similarly, 16.2% of high school students had been cyberbullied or electronically bullied (via e-mail, chat rooms, instant messaging, websites, or texting) during the 12 months before the YRBS, following the same prevalence trends as those bullied on school property with the exception of age. Tenth graders were the most bullied electronically (18.1%), followed by 11th graders (16.1%), 9th graders (15.5%), and 12th graders (15%). Finally, nationwide, 26.1% of high school students reported that they had property stolen or deliberately damaged on school property one or more times during the past year, and 5.9% of students had not gone to school at least once during the last 30 days because they felt unsafe at school or on their way to or from school (Eaton et al., 2012).

**School-to-Prison Pipeline**

The “school-to-prison pipeline” refers to policies and practices that “push” students, notably at-risk students, out of classrooms and into the juvenile and criminal justice systems (American Civil Liberties Union, 2013). Eight factors typically affect youth in the school-to-prison pipeline: “zero-tolerance” policies, high-stakes testing, exclusionary discipline, race/ethnicity, gender identity/sexual orientation, socioeconomic status, disability/mental health, and school climate (which includes the presence of school resource officers [SROs], school social workers, guidance counselors, and nurses). Students of color, with disabilities, or with nonheterosexual orientation are overrepresented in school disciplinary actions. The U.S. Department of Education’s Office
for Civil Rights (2013) reports that more than 3 million students are suspended at least once and more than 100,000 are expelled each year. Exhibit 6.6 lists the number of students suspended in 2006 by race or ethnicity. Given their proportion in the population, African American students are 3 times as likely to be suspended and 3.5 times as likely to be expelled, and Latino students are 1.5 times as likely to be suspended and 3.5 times as likely to be expelled, as compared with White students.

According to the Council of State Governments’ study (Fabelo et al., 2011) of almost a million students in Texas, only 3% of the schools’ disciplinary actions were for state-mandated suspensions and expulsions. In that study, approximately 83% of African American male students had at least one discretionary violation, meaning a violation of the school’s code of conduct rather than a violation of state law. When the state researchers used multivariate analyses to control for 83 different variables and isolate the effects of race on disciplinary action, they found that African American students had a 31% higher likelihood of school discretionary action when compared with identical White or Hispanic youth.

When students are suspended or expelled, the likelihood that they will repeat a grade, drop out, or have contact with the juvenile or criminal justice system increases significantly. Fabelo et al. (2011) report that students who have been suspended or expelled at least once have a more than 1 in 7 chance of subsequent contact with the juvenile justice system. By race, this means that 1 in 5 Black students, 1 in 6 Hispanic students, and 1 in 10 White students who have school disciplinary action will become court-involved as compared with 1 in 50 students without school disciplinary action. Of David, Carl, and Monica, who do you think is most likely to face school disciplinary action and possible juvenile justice involvement? Why?

### Community Violence

Juveniles are more likely than adults to be both victims and perpetrators of violence. Although National Crime Victimization Survey data found that victimization rates for boys and girls did not differ significantly (boys at 20.1/1,000; girls at 18.5/1,000), the national data do suggest that the risk for violence victimization is higher for those aged 14 to 18 (19.9/1,000) when compared with the risk of violence victimization for persons aged 25 to 34 (13.8/1,000) (Lauritsen & Rezey, 2013). Also, persons aged 12 to 17 were 4.7 times more likely to be victimized by friends or acquaintances than were persons aged 35 or older. These rates certainly reflect the different types of violence experienced by younger versus older persons.

Data collected in 2011 as part of the YRBS reveal that on at least 1 of the 30 days preceding the survey, 16.6% of high school students had carried a weapon and 5.1% had carried a gun. During the 12 months that preceded the survey, 3.9% had been in a physical fight for which they had to be treated by a doctor or nurse and 12% had been in a physical fight on school property one or more times in the

### Exhibit 6.6 Students Suspended in 2006 by Race or Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Black (Non-Hispanic)</th>
<th>White (Non-Hispanic)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspended</td>
<td>670,699</td>
<td>1,244,821</td>
<td>1,302,409</td>
<td>3,328,754</td>
</tr>
<tr>
<td>Expelled</td>
<td>22,144</td>
<td>38,642</td>
<td>32,028</td>
<td>102,077</td>
</tr>
</tbody>
</table>

**SOURCE:** U.S. Department of Education Office for Civil Rights, 2013
last 12 months (Eaton et al., 2012). Even if they are not perpetrators or direct victims of violence, many U.S. adolescents witness violence. One study of 935 urban and suburban youth found that more than 45% had witnessed a shooting or stabbing or other serious act of violence during the previous year (O’Keefe, 1997). Moreover, participating in violence and/or witnessing violence can be a significant predictor of aggressive acting-out behavior for both male and female adolescents (O’Keefe, 1997) as well as a significant source of depression, anger, anxiety, dissociation, post-traumatic stress, and total trauma symptoms (Fitzpatrick & Boldizar, 1993; Singer, Anglin, Song, & Lunghofer, 1995).

Homicide also disproportionately affects younger persons in the United States. In 2010, 4,828 youth aged 10 to 24 were the victims of homicide, representing 13 youth murders each day. Of those 4,828 homicide victims, 86% (4,171) were boys and 14% (657) were girls. Homicide was the second leading cause of death for all juveniles ages 10 to 24, and by race/ethnicity, it was the leading cause of death for African American youth, second leading cause of death for Hispanic youth, and third leading cause of death for American Indian/Alaska Native youth. Almost 83% of all youth homicides are conducted with firearms, but less than 2% occur at school (Centers for Disease Control and Prevention, 2013n).

**Dating Violence and Statutory Rape**

Dating violence is violence that occurs between two people in a close relationship; it includes physical violence, emotional violence, and sexual violence. *Acquaintance rape* can be defined as forced, manipulated, or coerced sexual contact by someone known to the victim. Women ages 16 to 24 are the primary victims of acquaintance rape, but junior high school girls are also at great risk (Lauritsen & Rezey, 2013). In the United States in 2011, 9.4% of high school students responded to the YRBS that they had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend at least once over the course of the 12 months that preceded the survey (Eaton et al., 2012). The YRBS data reveal that 8.0% of the students stated that they had been physically forced to have sexual intercourse against their will. This prevalence was higher for girls (11.8%) than boys (4.5%), and overall, the prevalence was higher among Black (10.5%) and Hispanic (8.8%) than White (7%) students. The prevalence of having been forced to have sexual intercourse was higher among 10th-grade (8.0%), 11th-grade (8.8%), and 12th-grade (9.5%) than among 9th-grade (5.8%) students (Eaton et al., 2012). Because they are underreported, dating violence and acquaintance rape may be even more prevalent among adolescents than we have data to suggest.

Unfortunately, researchers have found that adolescent girls who report a history of experiencing dating violence are more likely to exhibit other serious health outcomes. Longitudinal research has found that female young adults who were victims of adolescent dating violence are more likely than other female young adults to report heavy episodic drinking, depressive symptoms, suicidal ideation, smoking, and further interpersonal violence victimization in young adulthood. Males victimized as adolescents are more likely to report antisocial behaviors, suicidal ideation, marijuana use, and interpersonal violence victimization in young adulthood (Exner-Cortens, Eckenrode, & Rothman, 2013). One researcher found that the majority of high school counselors report that their school does not have a protocol for responding to incidents of dating violence (Khubchandani et al., 2012).

**Statutory rape**, a crime in every state in the United States, is having sex with someone younger than an age specified by law as being capable of making an informed, voluntary decision. Different states have established different ages of consent, usually from 16 to 18, and handle the offense in different ways. Throughout history, the age of consent has varied from 10 to 21 (Oudekerk, Farr, & Reppucci, 2013). The majority of victims of statutory rape are females ages 14 to 15, whereas 82% of the rape perpetrators of female victims are adults aged 18 and older (Snyder & Sickmund, 2006).
About half of the male offenders of female victims in statutory rapes reported to law enforcement are at least 6 years older than their victims. For male victims of female perpetrators, the difference was even greater; in these incidents, half of the female offenders were at least 9 years older than their victims (Snyder & Sickmund, 2006). Adolescent romantic relationships with older partners have been found to increase the likelihood of early sexual activity, pregnancy, STIs, school problems, and delinquency (Oudekerk et al., 2013). On the other hand, there is also some concern that late-adolescent and young-adult perpetrators may face long-lasting negative consequences from legal problems that come from engaging in relationships they think of as consensual. One research team found that a sample of young adults thought that a sexual relationship between a 15-year-old and a partner who is 2, 4, and 6 years older should not be treated as a crime, but there was greater disagreement among the research participants as the gap in age got larger. There were no significant differences between men's and women's attitudes (Oudekerk et al., 2013).

Poverty and Low Educational Attainment

Additional threats to physical and mental health may stem from poverty and low educational attainment, both of which are rampant in the non-industrialized world. Poverty is also a growing problem among U.S. adolescents aged 12 to 17. In 2000, 14% of adolescents lived in poverty (by the U.S. definition of poverty), and by 2009, the poverty rate among youth was 17%; the rate grew to 23% by 2012 (Annie E. Casey Foundation, 2013; Wight, 2011). When youth living in near poverty are added, 38% of adolescents live in low-income households, an increase from 33% in 2000 (Wight, 2011). Black (31%), Hispanic (28.6%), and Native American (23.7%) youth are more likely to live in poverty than White (10%) or Asian (16.6%) youth. Youth in immigrant families (24.1%) are more likely than youth with native-born parents (15.4%) to be poor. Living in poverty in adolescence increases the likelihood of low academic achievement, dropping out of school, teen pregnancy and childbearing, engaging in delinquent behavior, and unemployment during adolescence and young adulthood (Wight, 2011).

Low school attainment has a negative effect on adult opportunities and health across the adult life course. In the United States, high school graduation rates are a key measure of whether schools are making adequate yearly progress (AYP) under the provisions of the No Child Left Behind (NCLB) legislation (see Chapter 5 for a fuller discussion of NCLB). For a number of years, educational experts were confident that high school graduation rates in the United States had risen from about 50% in the mid-20th century to almost 90% by the end of the century (Pharriss-Ciurej, Hirschman, & Willhoft, 2012). Around 2004, researchers began to suggest that a more accurate picture was that 65% to 70% of high school students actually earned a high school diploma. Controversies developed about how to measure high school graduation. A number of researchers noted that surveys were picking up high school equivalency certification (e.g., GED) as equivalent to high school graduation, leading to an overestimation of high school graduation and an underestimation of high school dropout rates. The percentage of high school credentials awarded through equivalency certificate has risen from 2% to 15% in recent years (Pharriss-Ciurej et al., 2012). Unfortunately, the employment patterns and earnings of GED recipients are more similar to high school dropouts than to those who receive a high school diploma. Students from low-income families are 25% less likely than students from nonpoor families to graduate from high school. Recent research indicates that transition to 9th grade is a particularly vulnerable time for students who will later drop out of school (Pharriss-Ciurej et al., 2012). The Annie E. Casey Foundation's (2013) Kids Count Data Center reports that in 2012, 9% of U.S. students aged 6 to 17 (4,478,000) repeated a grade. Sixty-eight percent of 8th-grade students scored below proficient in reading, 66% scored below proficient in math, 69% scored below proficient in writing, and 70% scored...
below proficient in science (for the last year with available data). (Proficiencies determined by the National Assessment of Educational Progress [NAEP].) Twenty-two percent of students entering freshman classes did not graduate 4 years later (2009–2010).

**Obesity and Eating Disorders**

Weight concerns are so prevalent in adolescence that they are typically thought of as a normative part of this developmental period. Dissatisfaction with weight and attempts to control weight are widely reported by adolescents (Lam & McHale, 2012). As suggested earlier, the dietary practices of some adolescents put them at risk for overall health problems. These practices include skipping meals, usually breakfast or lunch; snacking, especially on high-calorie, high-fat, low-nutrition snacks; eating fast foods; and dieting. Poor nutrition can affect growth and development, sleep, weight, cognition, mental health, and overall physical health.

An increasing minority of adolescents in the United States is obese, and the risks and biopsychosocial consequences of this can be profound (Cromley, Neumark-Sztainer, Story, & Boutelle, 2010). The Centers for Disease Control and Prevention (2013o) estimate that the percentage of adolescents aged 12 to 19 who are obese increased from 5% to 18% from 1980 to 2010. (Obesity is defined as a BMI greater than or equal to the 95th percentile.) It is important to note that this is a worldwide trend. According to one report (James, 2006), almost half of the children in North and South America, about 33% of children in the European Union, and about 20% of children in China were expected to be overweight by 2010. Significant increases were also expected in the Middle East and Southeast Asia. Mexico, Brazil, Chile, and Egypt have rates comparable to fully industrialized countries. Although nationally representative data on obesity are rare, the available data indicate that child and adolescent obesity continues to increase around the world (Harvard School of Public Health, 2012).

This chapter has emphasized how tenuous self-esteem can be during adolescence, but the challenges are even greater for profoundly overweight or underweight youth. Overweight adolescents may suffer exclusion from peer groups and discrimination in education, employment, marriage, housing, and health care (Cromley et al., 2010). Carl Fleischer has already begun to face some of these challenges. He thinks of himself as a “fat, slow geek” and assumes females would not be interested in him because of his weight.

Research is exposing the breadth of the problem. According to self-reports of weight and height, more than 15% of the high school students in the nationwide sample of the YRBS are overweight and 13.0% of the students are obese (Eaton et al., 2012). Twenty-nine percent of that same sample described themselves as slightly or very overweight, and 46.0% were trying to lose weight. Moreover, within the 30 days preceding the survey, 12.2% of the high school students had gone without eating for 24 hours or more; 5.1% had taken diet pills, powders, or liquids; and 4.3% had vomited or taken laxatives to lose weight or to keep from gaining weight (Eaton et al., 2012).

Adolescents’ body dissatisfaction reflects the incongruence between the societal ideal of thinness and the beginning of normal fat deposits in pubescent young people. Body dissatisfaction is a significant factor in three feeding/eating disorders, anorexia nervosa, bulimia nervosa, and binge eating disorder, that often have their onset in adolescence. (See Exhibit 6.7 for a description of these disorders; American Psychiatric Association, 2013.) Epidemiological studies find that the overall incidence of anorexia nervosa has remained stable over the past decades, but there has been an increase among 15- to 19-year-old girls. It appears there might be a slight decrease of bulimia nervosa over the past two decades. Though anorexia and bulimia occur mainly in girls, binge eating, compared with these other disorders, is more common in boys (Smink, van Hoeken, & Hoek, 2012). All three eating disorders have elevated mortality risk, but the risk is greatest in anorexia nervosa.
Adolescence include pervasive inability to experience pleasure, severe psychomotor retardation, delusions, and a sense of hopelessness (Sadock & Sadock, 2007). Depressed adolescents often present with irritable rather than depressed mood (Thapar et al., 2012).

The many challenges of adolescence sometimes prove overwhelming. We have already discussed the risk of suicide among gay male and lesbian adolescents. In the United States during the 12 months preceding the 2011 YRBS survey, 28.5% of high school students reported having felt so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities (Eaton et al., 2012). Furthermore, 13.8% had seriously considered attempting suicide; 12.8% had made a suicide plan; 7.8% had actually attempted suicide; and 2.4% had made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (Eaton et al., 2012).

Overall, suicide is the third leading cause of death for adolescents in the United States. About 4,600 youth ages 15 to 24 take their own lives each year. The top three methods that youth use in suicide are firearm (45%), suffocation (40%), and poisoning (8%). Boys are about 4 times as likely as girls to die by suicide, but girls are more likely to attempt suicide. Native American/Aslaskan Native youth have the highest rates of suicide-related deaths, and Hispanic youth are more likely to report attempting suicide than Black and White non-Hispanic youth (Centers for Disease Control and Prevention, 2014). Cheryl King and Christopher Merchant (2008) have analyzed the research on factors associated with adolescent suicidal thinking and behavior and identified a number of risk factors: social isolation, low levels of perceived support, childhood abuse and neglect, and peer abuse.

### Risk Factors and Protective Factors in Adolescence

There are many pathways through adolescence; both individual and group-based differences result in a variety of outcomes. Understanding these factors can help in designing effective prevention and intervention strategies.
in much variability. Some of the variability is related to the types of risk factors and protective factors that have accumulated prior to adolescence. In addition, as we have seen throughout this chapter, the journey through adolescence is impacted by the risk and protective factors encountered during this phase of life. Social disadvantage and negative experiences in infancy and early childhood put a child at risk of poor peer relationships and poor school performance during middle childhood, which increases the likelihood of risky behaviors in adolescence (Sawyer et al., 2012). Emmy Werner and associates (see Werner & Smith, 2001) have found, in their longitudinal research on risk and protection, that girls have a better balance of risk and protection in childhood, but the advantage goes to boys during adolescence. Their research indicates that the earlier risk factors that most predict poor adolescent adjustment are a childhood spent in chronic poverty, alcoholic and psychotic parents, moderate to severe physical disability, developmentally disabled siblings, school problems in middle childhood, conflicted relationships with peers, and family disruptions. The most important earlier protective factors are easy temperament, positive social orientation in early childhood, positive peer relationships in middle childhood, non-sex-typed extracurricular interests and hobbies in middle childhood, and nurturing from nonparental figures.

Much attention has also been paid to the increase in risk behaviors during adolescence (Silbereisen & Lerner, 2007b). Attention has been called to a set of factors that are risky to adolescent well-being and serve as risk factors for adjustment in adulthood as well. These factors include use and abuse of alcohol and other drugs; unsafe sex, teen pregnancy, and teen parenting; school underachievement, failure, and dropout; delinquency, crime, and violence; youth poverty and undernutrition; and marketing of unhealthy products and lifestyles (Sawyer et al., 2012). The risk and resilience research indicates, however, that many youth with several of these risk factors overcome the odds. Protective factors that have been found to contribute to resilience in adolescence include family creativity in coping with adversity, good family relationships, spirituality and religiosity, social support in the school setting, and school-based health services. Giving adolescents a voice in society has also been identified as a potential protective factor. As social workers, we will want to promote these protective factors while at the same time work to prevent or diminish risk factors.

Critical Thinking Questions 6.5

Adolescence is a time of rapid transition in all dimensions of life, physical, emotional, cognitive, social, and spiritual. What personal, family, cultural, and other social factors help adolescents cope with all of this change? What factors lead to dissatisfaction with body image and harmful or unhealthy behaviors? How well does contemporary society support adolescent development?

Implications for Social Work Practice

Adolescence is a vulnerable period. Adolescents’ bodies and psyches are changing rapidly in transition from childhood to adulthood. Youth are making some very profound decisions during this life course period. Thus, the implications for social work practice are wide ranging.

- When working with adolescents, meet clients where they are physically, psychologically, and socially—don’t assume that you can tell where they are, and be aware that that place may change frequently.
- Be familiar with typical adolescent development and with the possible consequences of deviations from developmental timelines.
Be aware of, and respond to, the adolescent's level of cognition and comprehension. Assess the individual adolescent's ability to contemplate the future, to comprehend the nature of human relationships, to consolidate specific knowledge into a coherent system, and to envision possible consequences from a hypothetical list of actions. 

Recognize that the adolescent may see you as an authority figure who is not an ally. Develop skills in building rapport with adolescents. Avoid slang terms until you have immersed yourself in adolescent culture long enough to be certain of the meaning of the terms you use. 

Assess the positive and negative effects of the school climate on the adolescent in relation to such issues as early or late maturation, popularity/sociability, culture, and gender identity/sexual orientation. 

Consider how to advocate for change in maladaptive school settings, such as those with Eurocentric models or homophobic environments. 

Seek appropriate resources to provide information, support, or other interventions to assist adolescents in resolving questions of gender identity and sexual decision making. 

Link youth to existing suitable resources or programs, such as extracurricular activities, education on STIs, prenatal care, and LGBTQ (lesbian/gay/bisexual/transgender, queer, and questioning) support groups. 

Provide information, support, or other interventions to assist adolescents in making decisions regarding use of alcohol, tobacco, or other drugs. 

Develop skills to assist adolescents with physical and mental health issues, such as nutritional problems, obesity, eating disorders, depression, and suicide. 

Participate in research, policy development, and advocacy on behalf of adolescents. 

Work at the community level to develop and sustain recreational and social programs and safe places for young people.

### Key Terms

- acquaintance rape 
- anorexia nervosa 
- binge eating disorder 
- bulimia nervosa 
- gender identity 
- generalized other 
- gonads 
- individuation 
- juvenile delinquency 
- masturbation 
- menarche 
- postconventional moral reasoning 
- primary sex characteristics 
- psychological identity 
- puberty 
- rites of passage 
- secondary sex characteristics 
- sex hormones 
- sexual orientation 
- sexually transmitted infections (STIs) 
- social identity 
- spermarche 
- status offenses 
- statutory rape

### Active Learning

1. Recalling your own high school experiences, which case study individual do you most identify with—David, Carl, or Monica? For what reasons? How can you keep your personal experiences with adolescence from biasing your social work practice? How could a social worker have affected your experiences? 

2. Visit a public library and check out some preteen and teen popular fiction or magazines. Which topics from this chapter are discussed and how? 

3. Have lunch at a local high school cafeteria. Be sure to go through the line, eat the food, and enjoy conversation with some students. What are their concerns? What are their notions about social work?
Web Resources

ABA's Juvenile Justice Committee: apps.americanbar.org/dch/committee.cfm?com=CR200000

Site presented by the American Bar Association's Juvenile Justice Committee contains links to juvenile justice–related sites.

Add Health: www.cpc.unc.edu/projects/addhealth

Site presented by the Carolina Population Center contains a reference list of published reports of the National Longitudinal Study of Adolescent Health (Add Health), which includes measures of social, economic, psychological, and physical well-being.

Adolescent and School Health: www.cdc.gov/healthyyouth

Site maintained by the Centers for Disease Control and Prevention contains links to a variety of health topics related to adolescents, including alcohol and drug use, sexual behavior, nutrition, youth suicide, and youth violence.

DukeLEARN: dukebrainworks.com

Site presented by DukeLEARN, an interdisciplinary team of neuroscientists, psychologists, physicians, and social scientists at Duke University, contains links to research and publications directed to public understanding of the brain.

Sexually Transmitted Infections Information: www.ashastd.org

Site maintained by the American Sexual Health Association, which is dedicated to improving sexual health, contains information about sexual health, STDs, and publications.

Youth Risk Behavior Surveillance System (YRBSS): www.cdc.gov/HealthyYouth/yrbs/index.htm

Site presented by the Centers for Disease Control and Prevention contains the latest research on adolescent risk behavior.

Student Study Site

Sharpen your skills with SAGE edge at edge.sagepub.com/hutchisonclc5e

SAGE edge for students provides a personalized approach to help you accomplish your coursework goals in an easy-to-use learning environment.