Major Topics

16.2 Relationships with Parents and Peers
16.4 Juvenile Delinquency
16.5 Suicide: When the Adolescent Has Nothing—Except Everything—to Lose
16.6 Epilogue: Emerging Adulthood—Bridge between Adolescence and the Life Beyond
What am I like as a person? Complicated! I’m sensitive, friendly, and outgoing, though I can also be shy, self-conscious, and even obnoxious. I’d like to be friendly and tolerant all of the time. That’s the kind of person I want to be, and I’m disappointed when I’m not. I’m responsible, even studious every now and then, but on the other hand I’m a goof-off too, because if you’re too studious, you won’t be popular. I’m a pretty cheerful person, especially with my friends, where I can even get rowdy. But I’m usually pretty stressed-out at home, or sarcastic, since my parents are always on my case. They expect me to get all A’s. It’s not fair! I worry about how I probably should get better grades. But I’d be mortified in the eyes of my friends. Sometimes I feel phony, especially around boys. Say I think some guy might be interested in asking me out. I try to act different, like Madonna. I’ll be flirtatious and fun-loving. And then everybody else is looking at me like they think I’m totally weird! Then I get self-conscious and embarrassed and become radically introverted, and I don’t know who I really am! But I don’t really care what they think anyway. I just want to know what my close friends think. I can be my true self with my close friends. I can’t be my real self with my parents. They don’t understand me. They treat me like I’m still a kid. That gets confusing, though. I mean, which am I, a kid or an adult? It’s scary, too, because I don’t have any idea what I want to be when I grow up. I mean, I have lots of ideas. My friend Sheryl and I talk about whether we’ll
be teachers, or lawyers, veterinarians, maybe mothers. I know I don't want to be a waitress or a secretary. But how do you decide all of this? I mean, I think about it a lot, but I can't resolve it.

—Adapted from Harter (1990, pp. 352–353)

This self-description of a 15-year-old girl illustrates a key aspect of the adolescent years: the search for an answer to the question Who am I? She is struggling to reconcile contradictory traits and behaviours to determine the “real me.” She is preoccupied not only with her present self but also with what she wants to become. What were your concerns at this age?

In this chapter, we explore social and emotional development in adolescence. We begin with the formation of identity and related changes in self-concept and self-esteem. We consider adolescents’ relationships with their parents and their peers. We consider the emergence of sexual behaviours and attitudes and focus on the issue of teenage pregnancy. We address the problems of juvenile delinquency and suicide. Then, as we bring our present voyage to a close, we explore what some developmentalists consider a new stage in human development: emerging adulthood.

### 16.1 Development of Identity and the Self-Concept: “Who Am I?” (And Who Else?)

Adolescence is a key period in the lifelong process of defining just who we are—and who we are not. Throughout the social and emotional development chapters, and in Chapter 1, we have reviewed the various stages of Erik Erikson’s influential theory of psychosocial development. The stage that is related to adolescence is his stage of identity versus identity diffusion. We then turn to Marcia’s identity statuses. Next, we consider sex and ethnicity in identity development. Finally, we look at the development of self-concept and self-esteem during adolescence.

### Erikson’s View of Identity Development

**QUESTION » What does Erikson have to say about the development of identity during adolescence?** Erikson’s fifth stage of psychosocial development is called identity versus identity diffusion. The primary task of this stage is for adolescents to develop ego identity: a sense of who they are and what they stand for. Individuals are faced with making choices about their future occupation, their ideological view of the world (including political and religious beliefs), and gender roles. The ability to engage in formal-operational thinking helps adolescents make these choices. Because thought is no longer tied to concrete experience, adolescents can weigh the options available to them, even though they may not have experienced these options directly (Roeser et al., 2006; Schwartz, 2001).

In the identity versus identity diffusion stage, a search for identity involves the formation of a self-concept in which past, present, and future are brought together to form a unified whole. According to Erikson, failure to find identity can lead to self-doubt, role diffusion, role confusion, and self-destructive one-sided preoccupation or activity. The building blocks of identity occur in childhood, but identity must be based on more than the sum of childhood identifications.

An important aspect of identity development is what Erikson (1968) referred to as a moratorium—a sort of time-out during which adolescents experiment with different roles, values, beliefs, and relationships. During the moratorium, adolescents undergo an identity crisis in which they examine their values and makes

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ego identity According to Erikson, one’s sense of who one is and what one stands for.

moratorium An identity status that characterizes those who are actively exploring alternatives in an attempt to form an identity.

identity crisis A turning point in development during which one examines one’s values and makes decisions about life roles.
decisions about their life roles. Should they attend college? What career should they pursue? Should they become sexually active? With whom? Adolescents in developed nations may feel overwhelmed by the options before them and by the need to make choices that will narrow their future alternatives (Crain, 2000).

On the other hand, as noted by Jennifer Pastor and her colleagues (2007), many adolescents, such as adolescent girls of colour who live in the inner city, are not likely to have the choices that Erikson was theorizing about. They may become sexually active at early ages because of local custom and peer pressure. College may be out of the question. Occupational choices may be limited. For many indigent adolescent girls of colour, the Eriksonian developmental sequence is a distant dream.

**TRUTH OR FICTION REVISITED:** In their search for identity, many—certainly not all—adolescents join “in” groups, slavishly imitating their peers’ clothing, speech, hairstyles, ideals, and MP3 players. They may become intolerant of outsiders (Erikson, 1963). Those who successfully resolve their identity crisis develop a strong sense of who they are and what they stand for. Those who fail to resolve the crisis may continue to be intolerant of people who are different and blindly follow people who adhere to convention.

### “Identity Statuses”: Searching for the Self, Making a Commitment

**QUESTION** » What are Marcia’s “identity statuses”? Building on Erikson’s approach, James Marcia (1991) theorized four identity statuses, which represent the four possible combinations of the dimensions of exploration and commitment that Erikson believed were critical to the development of identity (Schwartz, 2001) (see Concept Review 16.1).

**Exploration** involves active questioning and searching among alternatives in the quest to establish goals, values, and beliefs. **Commitment** is a stable investment in one’s goals, values, and beliefs.

**Identity diffusion** is the least developmentally advanced status. This category includes individuals who neither have commitments nor are trying to form them (Berzonsky, 2005; Crocetti et al., 2009). This stage is often characteristic of primary school and early high school children. Older adolescents who remain diffused may drift through life in a carefree, uninvolved way, or they may be unhappy and lonely. Some diffused individuals are apathetic and adopt an “I don’t care” attitude. Others are angry, alienated, and rebellious and may reject socially approved goals, values, and beliefs (Archer & Grey, 2009; Moshman, 2011).

In the **foreclosure** status, individuals make commitments without seriously considering alternatives. These commitments usually are established early in life and often are based on identification with parents, teachers, or religious leaders who have made a strong impression on the child. For example, a college student may unquestioningly prepare for a career that his parents have chosen for him. In other cases, the adolescent may uncritically adopt the lifestyle of a religious cult or an extremist political group, as in so-called closed-minded fundamentalists (Jones et al., 2012). Some foreclosed individuals are authoritarian and inflexible (Jones et al., 2012).

The moratorium status is that of a person who is actively exploring alternatives in an attempt to make choices with regard to occupation, ideological beliefs, and so on (Moshman, 2011; Schwartz et al., 2009). Such individuals are often anxious and intense as they struggle to work toward commitment.

**Identity achievement** is the status of those who have experienced a period of exploration and have developed relatively firm commitments. Individuals who have achieved a clear sense of identity show a number
## Marcia’s Identity Statuses

### Concept Review 16.1

#### Exploration

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Identity Achievement</strong></td>
<td><strong>Foreclosure</strong></td>
</tr>
<tr>
<td>- Most developed in terms of identity</td>
<td>- Has commitments without considering alternatives</td>
</tr>
<tr>
<td>- Has experienced a period of exploration</td>
<td>- Commitments based on identification with parents, teachers, or other authority figures</td>
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<tr>
<td>- Has developed commitments</td>
<td>- Often authoritarian and inflexible</td>
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<tr>
<td>- Has a sense of personal well-being, high self-esteem, and self-acceptance</td>
<td></td>
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<tr>
<td>- Cognitively flexible</td>
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<tr>
<td>- Sets goals and works toward achieving them</td>
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#### Commitment

<table>
<thead>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Moratorium</strong></td>
<td><strong>Identity Diffusion</strong></td>
</tr>
<tr>
<td>- Actively exploring alternatives</td>
<td>- Least developed in terms of identity</td>
</tr>
<tr>
<td>- Attempting to make choices with regard to occupation, ideological beliefs, and so on</td>
<td>- Lacks commitments</td>
</tr>
<tr>
<td>- Often anxious and intense</td>
<td>- Not trying to form commitments</td>
</tr>
<tr>
<td>- Ambivalent feelings toward parents and authority figures</td>
<td>- May be carefree and uninvolved or unhappy and lonely</td>
</tr>
<tr>
<td></td>
<td>- May be angry, alienated, rebellious</td>
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### Development of Identity Statuses

Before high school, children show little interest in questions related to identity. Most of them are in either the identity diffusion or the foreclosure status. During the high school and university years, adolescents increasingly move from the diffusion and foreclosure statuses to the moratorium and achievement statuses (Moshman, 2011; Schwartz et al., 2009). The greatest gains in identity formation occur during college or university (Adams et al., 2006; Berzonsky & Kuk, 2005). University students are exposed to a broad spectrum of strengths. They have a sense of personal well-being in the form of high self-esteem and self-acceptance. Unlike foreclosed individuals, those who achieve identity are cognitively flexible and capable of reason. They are able to set goals and work toward achieving them (Adams et al., 2006; Klimstra et al., 2012).
of lifestyles, belief systems, and career choices. These experiences spur consideration of identity issues. Are you one of the college students who has changed majors once or twice (or more)? If so, you have probably experienced the moratorium identity status, which is common among college students. You should be comforted by the results of studies showing that college seniors have a stronger sense of identity than first-year students. The identity commitments of older students are likely to result from successfully resolving crises experienced during the moratorium.

Ethnicity and Development of Identity

**QUESTION** » What are the connections between ethnicity and other sociocultural factors—such as gender—and identity? The connection between ethnicity and identity had a special significance during journalist Don Terry’s childhood:

To be both black and white can also confound or confuse the consciousness of the individual (Arnett & Brody, 2008). Don Terry’s mother had once been married to a white man, and Don had white brothers. His experiences of the next several years reveal his efforts to come to grips with a society that saw him as black, not half and half. He chronicles his experiences with prejudice, even within his own family, and how he eventually embraced blackness—as a shield and a cause.

Being black, Asian, European, Aboriginal, Arabic, or a combination of these is part of the self-identity of the individual. So is one’s gender—being male or being female. So is one’s religion, whether Christian, Hindu, Jewish, Muslim, or any of the hundreds of other religions we find in Canada.

The development of self-identity is a key task for all Canadian adolescents. The task is more complex for adolescents who are members of ethnic minority groups (Cabrera & Bradley, 2012; Mesman et al., 2012; Verkuyten, 2009). Adolescents who belong to the dominant culture—in this country, European Canadians of Christian, especially Protestant, heritage—are usually faced with assimilating one set of cultural values into their identities. However, adolescents who belong to ethnic minority groups, such as black and Jewish, confront two sets of cultural values: the values of the dominant culture and those of their particular ethnic group (Phinney & Alipuria, 2006). If the cultural values conflict, the adolescent needs to sort out the values that are most meaningful to him or her and incorporate them into his or her identity. Some adolescents do it cafeteria style; they take a little bit of this and a little bit of that. For example, a young Catholic woman may decide to use artificial means of birth control, even though doing so conflicts with her religion’s teachings. Methods of birth control are well publicized in the culture at large, and the woman may decide to use them, although she may decide not to tell her priest or her family.

Another problem in forging a sense of identity is that adolescents from ethnic minority groups often experience prejudice and discrimination. Their cultural heroes may be ignored. A relative scarcity of successful role models can be a problem, particularly for youths who live in poverty (Arnett & Brody, 2008; Pastor et al., 2007). Identifying too strongly with the dominant culture may lead to rejection by the minority group. On the other hand, rejecting the dominant culture’s values for those of the minority group may limit opportunities for advancement in the larger society. Biracial adolescents—those with parents...
from two different racial or ethnic groups—wrestle not only with these issues but also with issues related to their dual cultural heritage (Phinney & Alipuria, 2006).

QUESTION ▶ Are there stages in developing an ethnic identity? Some researchers hypothesize three stages in the development of ethnic identity (Phinney, 2006; Umaña-Taylor et al., 2004). The first is unexamined ethnic identity. It is similar to Marcia's identity statuses of diffusion and foreclosure. In other instances, the young adolescent may have adopted an identity either with the dominant group or with the minority group based on societal or parental values but without much exploration or thought (foreclosure). In the second stage, the adolescent embarks on an ethnic identity search. This stage, which is similar to Marcia's moratorium, may be based on some incident that makes the adolescent aware of her ethnicity. During this stage, the adolescent may explore her ethnic culture, intensely participating in cultural events, reading, and talking to others. In the third stage, individuals have an achieved ethnic identity. This involves a clear, confident acceptance of oneself as a member of one's ethnic group.

As minority youths move through adolescence, they are increasingly likely to explore their own ethnicity and to acquire an achieved ethnic identity. For example, only about one-third of ethnic-minority Grade 8 students were found to show evidence of ethnic identity search, compared with half of ethnic-minority Grade 10 students (Phinney, 1989). A longitudinal study (Phinney & Chavira, 1992) found movement from lower to higher stages of ethnic identity between 16 and 19 years of age. And university undergraduates show higher levels of ethnic identity achievement than students in Grade 11 or 12 (Phinney, 1992).

**Gender and Development of Identity**

QUESTION ▶ Does the development of ego identity differ in males and females? Erikson believed that there were gender differences in the development of identity, and his views reflected the times in which he wrote. Identity development is related both to relationships and to occupational choice, among other matters, and Erikson (1968, 1975; Anthis et al., 2004) assumed that relationships were more important to women's development of identity, whereas occupational and ideological matters were more important to men's. He believed that a young woman's identity was intimately bound up with her roles as wife and mother. Erikson, like most thinkers of his day, saw a woman's primary roles as related to her home life. In sum, it was normal for men to develop their identities before they developed (meaningful) intimate relationships. But women might develop their identities simultaneously with the development of intimate relationships.
However, the evidence from numerous studies suggests that females approach identity formation in much the same way as males (Murray, 1998; Phinney, 2006). **TRUTH OR FICTION REVISITED:** Adolescent females and males are both concerned about occupational choices but females are more likely to integrate occupational and family plans (Berzonsky, 2004). This gender difference may persist because females continue to assume primary responsibility for child rearing, even though most women are employed outside the home (Anthis et al., 2004).

Kristine Anthis and her colleagues (2004) have noted that we can think of the development of identity in terms of individuals’ concept of future “possible selves”—representations of ourselves in the future (Anthis, 2006). Our possible selves are affected by cultural and personal factors, and they reflect both our hopes and our fears. Our possible selves affect our striving to become one kind of person or another. Gender role stereotypes affect our possible selves, and men’s possible selves are likely to revolve around careers, whereas women’s possible selves are more likely to revolve around family life as well as careers (Anthis, 2006).

Brown and Gilligan’s seminal work (1993) *Meeting at the crossroads: Women’s psychology and girls’ development* is a documentation of female adolescents’ journey through adolescence. These authors suggest that females in Western society “lose” their voice in adolescence. Harter and colleagues conceptualized level of voice as being a complicated construct and it is tied to a development of self-concept. A study led by Harter examining level of self-reported voice with parents, teachers, classmates, and close friends, among both male and female high school students, revealed no gender differences or level of decline in voice in female adolescents (Harter et al., 1998).

### Development of the Self-Concept in Adolescence

**QUESTION** How does the self-concept develop during adolescence? The adolescent preoccupation with identity is part of a broader process of redefining the way adolescents view themselves. Before adolescence, children describe themselves primarily in terms of their physical characteristics and their actions. As they approach adolescence, children begin to incorporate psychological characteristics and social relationships into their self-descriptions. Adolescents tend to describe themselves in terms of distinct and enduring personality traits (Damon, 1991).

The self-concept also becomes more differentiated; adolescents add more categories to their self-descriptions. Also, self-descriptions begin to vary according to adolescents’ social roles. Like the 15-year-old at the beginning of the chapter, adolescents may describe themselves as anxious or sarcastic with parents but as caring, talkative, and cheerful with friends. Such contradictions and conflicts in self-description reach their peak at about age 14 and then begin to decline in later adolescence (Athenstaedt et al., 2008; Harter & Monsour, 1992). The more advanced formal-operational skills of older adolescents enable them to integrate the many apparently contradictory elements of the self. For example, the older adolescent might say, “I’m very adaptable. When I’m around my friends, who think that what I say is important, I’m very talkative; but around my family, I’m quiet because they’re not interested enough to really listen to me” (Damon, 1991, p. 988).

Susan Harter examined the development of the self-concept over the course of adolescence and the impact of cognitive growth on changes in self-concept using Fischer’s (1980) neo-Piagetian theory of cognitive development. She argued that early adolescents’ self-portraits include personal attributes, competencies, social skills, and affects that differ across relationships and situations. Then during middle adolescence there is a further proliferation of
selves, but adolescents acquire the capacity to relate single abstractions to one another—to compare and contrast them. The awareness of these contradictions may cause intrapsychic conflict (e.g., who is the real me?). By late adolescence, single abstractions are integrated into higher order abstractions about the self. With this new capacity, potential contradictory characteristics are no longer seen as a source of conflict. During adolescence self-concepts become more trait focused, but the traits become more abstract as adolescents may describe themselves in less tangible characteristics. Adolescents start to deal with the notion of actual self and possible selves. The most widely used measure of self-image in adolescence is Harter’s Self-Perception Profile for Adolescents (1988, 1999). The scale consists of nine subscales of five items each: (1) scholastic competence, (2) social acceptance, (3) athletic competence, (4) physical appearance, (5) job competence, (6) romantic appeal, (7) behavioural conduct, (8) close friendship, and (9) global self worth.

Self-Esteem in Adolescence: Bottoming? Rising?

**QUESTION » What happens to self-esteem during adolescence?** Self-esteem tends to decline as the child progresses from middle childhood to about the age of 12 or 13 (Harter & Whitesell, 2003; Kim & Cicchetti, 2009). What might account for the drop-off? The growing cognitive maturity of young adolescents makes them increasingly and painfully aware of the disparity between their ideal self and their real self. The sense of discrepancy between real self and ideal self is especially great in the area of physical appearance. Physical appearance contributes more to the development of self-esteem during adolescence than any other characteristic (Durkin et al., 2007; Seidah & Bouffard, 2007). Boys might fantasize having the physiques of the warriors they see in video games or in the media (Konijn et al., 2007). Most girls want to be thin, thin, thin (O’Dea, 2006).

After hitting a low point at about age 12 or 13, self-esteem gradually improves throughout adolescence (Harter & Whitesell, 2003). Perhaps adolescents adjust their notions of the ideal self to better reflect reality. Also, as adolescents develop academic, physical, and social skills, they may gradually become less self-critical (Shirk et al., 2003).

For most adolescents, low self-esteem produces temporary discomfort (Harter & Whitesell, 2003). For others, low self-esteem has serious psychological and behavioural consequences. For example, low self-esteem is often a characteristic of teenagers who are depressed or suicidal (Kim & Cicchetti, 2009).

Emotional support from parents and peers is important in the development of self-esteem during adolescence. Adolescents who feel that they are highly regarded by family and friends are more likely to have positive feelings about themselves than are those who feel they are lacking such support (Costigan et al., 2007; Soenens et al., 2007). In early adolescence, support from parents is just as important as peer support. By late adolescence, peer support carries more weight.

**Ethnicity and Self-Esteem**

A study of American youth of Mexican and Chinese descent found that adolescents with a higher ethnic regard reported being happier (Kiang, Yip, Gonzales-Backen, Witkow, & Fuligni, 2006). Canadian researchers Gaudet, Clément, and Deuzeman (2005) found that for first- and second-generation Lebanese Canadians, there was a positive correlation between Canadian identity and depression. Similarly, for minority Francophones, having support...
from the majority group coupled with low support from other Francophones correlated to depression (Clément, Michaud, & Noels, 1998). These studies suggest that a strong ethnic identity may be related to higher levels of adjustment (Gaudet et al., 2005; Clément, Michaud, & Noels, 1998). It is argued that in Canada a multiculturalism approach allows ethnic and minority groups to maintain their ethnic identity while exploring the majority culture.

Active Review

1. Erikson’s fifth (adolescent) stage of psychosocial development is called _____________ versus identity diffusion.

2. Erikson defined a psychological _____________ as a time-out during which adolescents experiment with different roles, values, beliefs, and relationships.

3. According to Marcia, identity _____________ is the identity status of adolescents who have experienced a period of exploration and developed relatively firm commitments.

4. Research suggests that the most important factor in adolescent self-esteem is _____________.

Reflect & Relate: Does your ethnic background play an important role in your self-identity? Explain.

16.2 Relationships with Parents and Peers

QUESTION » How do relationships with one’s parents and peers change during the teenage years? Adolescents coping with the task of establishing a sense of identity and direction in their lives are heavily influenced by both their parents and their peers.

Relationships with Parents

During adolescence, children spend much less time with their parents than they did during childhood. In one study, children ranging from 9 to 15 years old carried electronic pagers for a week and reported what they were doing each time they were signalled by the pagers (Larson & Richards, 1991). The amount of time spent with family dramatically declined as the age of the children increased. The 15-year-olds spent half as much time with their families as the nine-year-olds. For older boys, the time with family was replaced by time spent alone, whereas older girls spent more time alone or with friends.

Adolescents interact more with their mothers than with their fathers, continuing the pattern begun in childhood. Teenagers engage in more conflicts with their mothers, but they also view their mothers as being more supportive, as knowing them better, and as being more likely to accept their opinions (Costigan et al., 2007; Sheeber et al., 2007). Adverse relationships with fathers are often associated with depression in adolescents (Sheeber et al., 2007). On the other hand, good relationships with fathers strongly contribute to the psychological well-being of adolescents (Flouri & Buchanan, 2003).

The decrease in time spent with family may reflect the adolescents’ striving to become more independent of their parents. A certain degree of distancing from parents may be adaptive for adolescents as they engage in the tasks of

What Happens to Relationships with Parents during Adolescence?

Parent–adolescent relationships are redefined during adolescence, as most adolescents strive for independence. There are often conflicts about choices of friends and clothing and how and where adolescents spend their time. But despite conflict, most adolescents continue to love and respect their parents.
forming relationships outside the family and entering adulthood. But greater independence does not mean that adolescents become emotionally detached from their mothers and fathers. Adolescents continue to maintain a great deal of love, loyalty, and respect for their parents (Collins & Laursen, 2006). And adolescents who feel close to their parents are more likely to show greater self-reliance and independence, higher self-esteem, better school performance, and fewer psychological and social problems (Costigan et al., 2007; Flouri & Buchanan, 2003).

The relationship between parents and teens is not always rosy, of course. Early adolescence, in particular, is characterized by increased bickering and disagreements and by a decrease in shared activities and expressions of affection (Smetana et al., 2003, 2006).

Conflict is greatest during puberty and declines in later adolescence (Smetana et al., 2003, 2006). Conflicts typically centre on the everyday details of family life, such as chores, homework, curfews, personal appearance, finances, and dating. Conflicts may arise in these areas because adolescents believe that personal issues—such as their choices of clothes and friends—that were previously controlled by parents should now come under the control of the adolescent (Costigan et al., 2007; Smetana et al., 2006). But parents, especially mothers, continue to believe that they should retain control in most areas, such as encouraging adolescents to do their homework and clean their rooms. And so conflicts arise. As adolescents get older, however, they and their parents are more likely to compromise (Smetana et al., 2003, 2006; Van Doorn et al., 2009). On the other hand, parents and adolescents are usually quite similar in their values and beliefs regarding social, political, religious, and economic issues (Collins & Laursen, 2006). Even though the notion of a generation gap between adolescents and their parents may persist as a popular stereotype, there is little evidence to support it. **Truth or Fiction Revisited:** Adolescents are not in a constant state of rebellion against their parents.

During adolescence, most teenagers and their parents establish a balance between adolescent independence and continued family connectedness. Although some conflict is inevitable, it usually is not severe (Smetana et al., 2006). As adolescents grow older, parents are more likely to relax controls and less likely to use punishment (Smetana et al., 2006). Although parent–child relationships change, most adolescents feel that they are close to and get along with their parents, even though they may develop a less idealized view of their parents (Collins & Laursen, 2006).

**Parenting Styles**

Children's development is affected by the degree to which their parents show warmth and set limits on the child's behaviour. Differences in parenting styles continue to influence the development of adolescents as well (Collins & Laursen, 2006; Costigan et al., 2007). Adolescents from authoritative homes—whose parents are willing to exert control and explain the reasons for doing so—show more competent behaviour than any other group of teenagers. They are more self-reliant, do better in school, have better mental health, and show the lowest incidence of psychological problems and misconduct, including drug use.

**Relationships with Peers**

The transition from childhood to adolescence is accompanied by a shift in the relative importance of parents and peers. Although relationships with parents generally remain positive, the role of peers as a source of activities, influence, and support increases markedly during the teen years. For example, children in Grade 4 perceive their parents as the most frequent providers of social and emotional support. But by Grade 7, friends of the same gender are seen to be
as supportive as parents. And by Grade 10, same-gender friends are viewed as providing more support than parents (Furman & Buhrmester, 1992).

**Friendships in Adolescence**
Friendships occupy an increasingly important place in the lives of adolescents. Adolescents have more friends than younger children do (Kirke, 2009). Most adolescents have one or two "best friends" and several good friends. Teenagers see their friends frequently, usually several hours a day (Hartup, 1993). And when teenagers are not with their friends, you can often find them communicating with each other by using technology and social media—in the form of texting, chatting, postings, and occasionally (although much more rarely) talking on the phone. They aren’t alone—according to a survey by the Canadian Wireless Telecommunications Association (CWTA Facts, 2013), Canadians sent approximately 274 million text messages per day in 2012, based on September 2012 usage data.

Friendships in adolescence differ in important ways from the friendships of childhood. For one thing, adolescents are much more likely to stress the importance of acceptance, self-disclosure, and mutual understanding in their friendships (González et al., 2004). For example, one Grade 8 girl described her best friend this way: “I can tell her things and she helps me talk. And she doesn’t laugh at me if I do something weird—she accepts me for who I am” (Berndt & Perry, 1990, p. 269). Second, adolescents stress loyalty and trustworthiness as important aspects of friendship more than younger children do (González et al., 2004; Rotenberg et al., 2004). For example, they may say that a friend will “stick up for you in a fight” and will not “talk about you behind your back.” Finally, adolescents are more likely than younger children to share with friends and are less likely to compete with them.

Adolescents and their friends are similar in many respects. They typically are the same age and the same race. They almost always are the same gender. Even though romantic attachments increase during the teen years, most adolescents still choose members of their own gender as best friends (Kirke, 2009). Friends are likely to share certain behavioural similarities. They often are alike in their school attitudes, educational aspirations, and school achievement. Friends also tend to have similar attitudes about drinking, drug use, sexual activity, and educational plans (Kiuru et al., 2012; Mercken et al., 2012).

Friendship contributes to a positive self-concept and psychological adjustment. Adolescents who have a close friend have higher self-esteem than adolescents who do not. Teenagers who have close friendships also are more likely to show advanced stages of identity development (Berndt, 1992; Bukowski et al., 1993b; Bukowski, Buhrmester, & Underwood, 2011).

**Ethnicity, Gender, and Adolescent Friendships**
Children are more likely to choose friends from their own ethnic group than from other groups (Castelli et al., 2009). This pattern strengthens in adolescence (Hartup, 1993). Adolescents from ethnic minority groups grow aware of the differences between their culture and the dominant culture. Peers from their own ethnic group provide a sense of camaraderie that reduces their feelings of isolation from the dominant culture (Spencer et al., 1990).

One study compared friendship patterns of black and white adolescents who attended an integrated junior high school (DuBois & Hirsch, 1990). More than 80 percent of the students of both ethnic groups reported having a school friend of the other ethnicity, but only 28 percent of the students saw such a friend frequently outside school. Black youths were almost twice as likely as whites to see a friend of another ethnicity outside school. Children who lived in integrated as opposed to segregated neighbourhoods were more likely to see a friend of another ethnicity outside the school setting.
Gender differences related to peer intimacy and support were found for white students but not for black students. White girls reported talking more with friends about personal problems and reported that their friends were more available for help than did white boys (Hartup, 1993; Youniss & Haynie, 1992). But black girls and boys reported the same degree of intimacy and support in their friendships. How can these differences be explained? The researchers suggest that black students may have faced ethnicity-related stressors in their school, which was integrated but predominantly white. To cope more effectively, both girls and boys may have relied heavily on the support of their peers.

Intimacy and closeness appear to be more central to the friendships of girls than of boys both in childhood and in adolescence (Gleason et al., 2009; Schraf & Hertz-Lazarowitz, 2003). Both female and male adolescents describe girls’ friendships as closer than boys’ friendships (Hartup, 1993). Girls spend more time with their friends than boys do (Schraf & Hertz-Lazarowitz, 2003). Adolescent girls view close friendships as more important than adolescent boys do, and they report putting more effort into improving the depth and quality of the relationship. Adolescent and adult females also are generally more likely than males to disclose secrets, personal problems, thoughts, and feelings to their friends (Dindia & Allen, 1992; Schraf & Hertz-Lazarowitz, 2003). Males, however, may be more likely to disclose information about their sex lives (Chiou & Wan, 2006).

Friendship networks among girls are smaller and more exclusive than friendship networks among boys (Schraf & Hertz-Lazarowitz, 2003). That is, girls tend to have one or two close friends, whereas boys tend to congregate in larger groups in which individuals are not necessarily close. The activities of girls’ and boys’ friendship networks differ as well. Girls are more likely to engage in unstructured activities such as talking and listening to music. Boys, on the other hand, are more likely to engage in organized group activities, games, and sports.

**Peer Groups**

**QUESTION » What kinds of adolescent peer groups are there?** In addition to forming close friendships, most adolescents belong to one or more larger peer groups. Peer groups include cliques and crowds (Henzi et al., 2007; Palla et al., 2007). **Cliquers** consist of five to ten individuals who hang around together and share activities and confidences. **Crowds** are larger groups of individuals who may or may not spend much time together and are identified by the particular activities or attitudes of the group. Crowds are usually given labels by other adolescents. Think back on your high school days. Different groups of individuals are commonly given labels such as “jocks,” “brains,” “druggies,” “goths,” “nerds,” and so on. Members of the most negatively labeled groups (“druggies,” “rejects,” and so on) show higher levels of alcohol and drug use, delinquency, and depression than members of other groups.

Adolescent peer groups differ from childhood peer groups. For one thing, the time spent with peers increases. High school students spend more than half their time with peers and only about 15 percent of their time with parents or other adults (Halpern, 2005; Staff et al., 2004). Korean and Japanese students spend significantly more time than their European North American peers doing homework and preparing for college entrance exams (Halpern, 2005).

A second difference between adolescent and childhood peer groups is that adolescent peer groups function with less adult guidance or control.
(Staff et al., 2004). Childhood peer groups stay closer to home, under the watchful eye of parents. Adolescent peer groups are more likely to congregate in settings where there is less adult supervision (the school) or no supervision.

A third change in adolescent peer groups is the addition of peers of the other gender. This sharply contrasts with the gender segregation of childhood peer groups (Staff et al., 2004). Association with peers of the other gender may lead to dating and romantic relationships.

**Dating and Romantic Relationships**

**QUESTION » When do romantic relationships develop?** Romantic relationships begin to appear during early and middle adolescence, and most adolescents start dating or going out by the time they graduate from high school (Florsheim, 2003). Dating typically develops in the following sequence: putting oneself in situations where peers of the other gender probably will be present (e.g., hanging out at the mall), participating in group activities that include peers of the other gender (e.g., attending school dances or parties), dating in groups (e.g., joining a mixed-gender group at the movies), and then going on traditional two-person dates (Connolly et al., 2004; Connolly & McIsaac, 2011).

Dating serves several important functions. First and foremost, people date to have fun. High school students rate time spent with a person of the other gender as the time when they are happiest (Csikszentmihalyi & Larson, 1984). Dating, especially in early adolescence, also serves to enhance prestige with one's peers. Dating gives adolescents additional experiences in learning to relate positively to different people. Finally, dating provides preparation for adult courtship activities (Florsheim, 2003).

Dating relationships tend to be casual and short-lived in early adolescence. In late adolescence, relationships tend to become more stable and committed (Connolly et al., 2000). It is therefore not surprising that 18-year-olds are more likely than 15-year-olds to mention love, trust, and commitment when describing their romantic relationships (Feiring, 1993).

**Peer Influence**

Parents often worry that their teenage children will fall in with the wrong crowd and be persuaded by their peers to engage in behaviours that are self-destructive or go against the parents’ wishes (Brown et al., 1993). How much influence do peers have on one another? Does peer pressure cause adolescents to adopt behaviours and attitudes of which their parents disapprove? Peer pressure actually is fairly weak in early adolescence. It peaks during mid-adolescence and declines in late adolescence, after about age 17 (Brown et al., 1993; Reis & Youniss, 2004).

Why does the influence of peers increase during adolescence? One suggestion is that peers provide a standard by which adolescents measure their behaviour as they begin to develop independence from the family (Foster-Clark & Blyth, 1991). Another possible reason is that peers provide social, emotional, and practical support in times of trouble (Kirchler et al., 1991; Pombeni et al., 1990).

It was once the conventional wisdom that peer influence and parental influence were in conflict, with peers exerting pressure on adolescents to engage in negative behaviours such as alcohol and drug use. Research paints a more complex picture. For one thing, we have seen that adolescents often maintain close and warm relationships with their parents. **TRUTH OR FICTION REVISITED:** It is not true that most adolescents’ friends are “bad influences.” Parents and peers usually are complementary rather than competing influences on teenagers (Brown et al., 1993; Reis & Youniss, 2004).

Parents and peers also seem to exert influence in somewhat different domains. Adolescents are more likely to conform to peer standards in matters pertaining to style and taste, such as clothing, hairstyles, speech patterns, and music (Camarena,
They are much more likely to agree with their parents on many serious issues, such as moral principles and future educational and career goals (Savin-Williams & Berndt, 1990).

Adolescents influence each other both positively and negatively. Brown and his colleagues (1993) found that peer pressure to finish high school and achieve academically was stronger than pressure to engage in misconduct, such as drug use, sexual activity, and minor delinquency. But a ten-year longitudinal study of 20,000 Grade 9 through 12 students found that more often than not, adolescents discouraged one another from doing well or from doing too well (Steinberg, 1996).

One in five reported not trying to perform as well as possible for fear of incurring the disapproval of peers. Then, too, half reported that they never discussed schoolwork and grades with their friends.

It is true that adolescents who smoke, drink, use drugs, and engage in sexual activity often have friends who also engage in these behaviours. But we must keep in mind that adolescents tend to choose friends and peers who are similar to them to begin with. Peers reinforce behaviour patterns and predispositions that may have existed before the individual joined the group. This is true for positive behaviours, such as academic achievement, as well as for negative behaviours, such as drug use (Allen & Antonishak, 2008).

A number of other factors affect the susceptibility of adolescents to peer influence. One of these is gender. Girls appear to be slightly more concerned with peer acceptance than boys, but boys are more likely than girls to conform to pressures to engage in misconduct (Sumter et al., 2009). Parenting style also is related to susceptibility to peer pressure. Authoritative parenting appears to discourage negative peer influence, whereas authoritarian and permissive parenting seem to encourage it (Foster-Clark & Blyth, 1991; Fuligni & Eccles, 1993).

Social Networking Online

As soon as I get home, I access my different social networking sites like Instagram. It’s not an obsession; it’s a necessity.

—A 15-year-old boy

You become addicted. You can’t live without it.

—A 14-year-old girl

Adolescents generally feel that peers are necessities in their lives, and they interact with them extensively—not only in the flesh and on the telephone, but also on social networking sites such as Facebook and MySpace (Ellison et al., 2007). In a scenario all too familiar to many parents, a 17-year-old couple who have been seeing each other for over a year wake up, are on their devices between showering and doing their hair, chat on their cell phones on the way to school, send text messages back and forth throughout the school day, and finally spend time together doing homework after school (in-person and online). Then, in the evening, they’re on the phone again and often text “I love you” before they turn in for the night. (Ito et al., 2009). “I love you” has become a ubiquitous sign-off among adolescents and young adults, but sometimes, as in this case, it actually means “I love you.”
The lead author of a study on teenagers’ online behaviour reports: “There’s been some confusion about what kids are actually doing online. Mostly, they’re socializing with their friends, people they’ve met at school or camp or sports” (Ito, 2008). National random surveys show that at least two of three teenagers and young adults (18- to 29-year-olds) use social networking sites (Valenzuela et al., 2009).

A study of 2603 Texas college students focused on users of Facebook and found that about one student user in four reported having 400 or more Facebook friends (Valenzuela et al., 2009; see Table 16.1). More than one student user in three (34.9 percent) reported using Facebook for 10–30 minutes a day, and another 41.9 percent reported lengthier use (see Table 16.1). Most student users agreed with the following statements:

- Facebook is part of my everyday activity.
- I am proud to tell people I am on Facebook.
- I feel out of touch when I haven’t logged onto Facebook for a day.
- I would be sorry if Facebook shut down.

What are the effects of the use of social networking sites? A study of 881 Dutch tweens and teenagers (10 to 19 years old) found that use of the

| TABLE 16.1 |
| Behaviour of Texas College Student Facebook Users (n = 2,603) |

<table>
<thead>
<tr>
<th>1. About how many total Facebook friends do you have?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td>1.9</td>
</tr>
<tr>
<td>10–49</td>
<td>8.4</td>
</tr>
<tr>
<td>50–99</td>
<td>9.7</td>
</tr>
<tr>
<td>100–149</td>
<td>11.3</td>
</tr>
<tr>
<td>150–199</td>
<td>12.2</td>
</tr>
<tr>
<td>200–249</td>
<td>9.9</td>
</tr>
<tr>
<td>250–299</td>
<td>8.9</td>
</tr>
<tr>
<td>300–399</td>
<td>11.7</td>
</tr>
<tr>
<td>400 or more</td>
<td>26.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. On a typical day, how much time do you spend on Facebook?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No time at all</td>
<td>4.9</td>
</tr>
<tr>
<td>Less than 10 minutes</td>
<td>18.2</td>
</tr>
<tr>
<td>10–30 minutes</td>
<td>34.9</td>
</tr>
<tr>
<td>More than 30 minutes, up to 1 hour</td>
<td>22.2</td>
</tr>
<tr>
<td>More than 1 hour, up to 2 hours</td>
<td>14.3</td>
</tr>
<tr>
<td>More than 2 hours, up to 3 hours</td>
<td>3.9</td>
</tr>
<tr>
<td>More than 3 hours</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Source: Adapted from Valenzuela et al. (2009).
sites increased the number of “friendships” created on the site (Valkenburg et al., 2006). Greater use increased the frequency with which users received feedback on their profiles. Positive feedback on their profiles increased their self-esteem and their psychological sense of well-being, whereas negative feedback had the opposite effect. A study of 500 youths with an average age of 12 found that Internet use in general, and social networking in particular, had overall positive effects on the users’ self-concepts. Part of the boost derived from the sense that the youths were becoming familiar with using the technology of the day (Jackson et al., 2009). Other researchers (Ellison et al., 2007) found that using Facebook helped maintain or solidify existing offline relationships. They also found that Facebook use was apparently most beneficial for users with low self-esteem and low life satisfaction. Some teenagers, that is, apparently find it easier to interact with others online than in the flesh. But eventually, the social skills gained online may help them in their flesh-and-blood contacts.

Active Review

5. Adolescents interact more with their (mothers or fathers?).
6. Adolescents generally (do or do not?) love and respect their parents.
7. The role of peers (increases or decreases?) markedly from childhood to adolescence.
8. Children are more likely to choose friends from (their own or other?) ethnic groups.

Reflect & Relate: How did your relationships with family members change during adolescence? Did you make the changes or simply respond to them? Were the changes for the better or for the worse? Explain.


QUESTION » What are some patterns of sexual behaviour in adolescence?

My first sexual experience occurred in a car after the high school junior prom. We were both virgins, very uncertain but very much in love. We had been going together since eighth grade. The experience was somewhat painful. I remember wondering if I would look different to my mother the next day. I guess I didn’t because nothing was said.

—Morrison, 1980

Because of the flood of sex hormones, many or most adolescents experience a powerful sex drive. In addition, they are bombarded with sexual messages in the media, including scantily clad hip-grinding, crotch-grabbing pop stars; print ads for barely-there underwear; and countless articles on “How to tell if your boyfriend has been (whatever)” and “The 10 things that will drive your girlfriend wild” (McGrealt, 2009). Teenagers are strongly motivated to follow the crowd, yet they are also influenced by the views of their parents and teachers. So what is a teen to do? What do Canadian teens do?

According to one Canadian health report, approximately 34 percent of teens report having had sexual intercourse by age 16 for both males and females (Rotermann, 2012).

Sexuality and sexual activity in adolescence can take many forms. In this section, we consider masturbation, oral sex, sexual orientation, sexual behaviour, and teenage pregnancy.
Masturbation
Masturbation—sexual self-stimulation—is the most common sexual outlet in adolescence. Even before children imagine sexual experiences with others, they may learn that touching their own genitals can produce pleasure.

Surveys indicate that most adolescents masturbate at some time. The well-known Kinsey studies, published in the mid-20th century (Kinsey et al., 1948, 1953), suggested that masturbation was nearly universal among male adolescents but less common among adolescent females. This gender difference is confirmed in nearly every survey (Kaestle & Allen, 2011; Schmitt et al., 2012). Boys who masturbate may do so several times a week, on average, much more frequently than most girls who masturbate. It is unclear whether this gender difference reflects a stronger sex drive in boys, greater social constraints on girls, or both. Beliefs that masturbation is harmful and guilt about masturbation tend to lessen the incidence of masturbation, although masturbation has not been shown to be physically harmful (Kaestle & Allen, 2011).

Oral Sex
Although rates in younger teen populations are hard to track, a study by Boekeloo and Howard (2002) with 12- to 15-year-olds found that 18 percent of that age demographic had engaged in oral sex. In another study examining sexual behaviours with a national sample of American adolescents, it was found that oral sex experience increases with age between the ages of 14 and 17, with about one third of 17-year-olds reporting that they have engaged in oral sex (Fortenberry, Schick, Herbenick, Sanders, Dodge, & Reece, 2010). Similarly, in a Canadian study of older adolescents (Grade 9 and 11 students), almost a third of Grade 9 students and over half of Grade 11 students reported that they had engaged in oral sex (see Table 16.2 ●). While most adolescents perceive oral sex to be a type of “safer” sex, health educators and professionals are concerned about communicating the message to youth that oral sex is not without its risks (Saini, Saini, & Sharma, 2010).

Sexual Orientation
Sexual orientation may be defined as including the range of human sexuality from gay to lesbian to bisexual and heterosexual orientations, which is comprised of intimate emotional and romantic attachments and relationships. According to the Institute for Sexual Minority Studies and Services at the University of Alberta, sexual and gender minority (SGM) children and youth are

<table>
<thead>
<tr>
<th>TABLE 16.2</th>
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<tbody>
<tr>
<td>Percentage of Canadian Grade 9 and 11 Students Reporting Oral Sex/Intercourse</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Male, Grade 9</td>
</tr>
<tr>
<td>Female, Grade 9</td>
</tr>
<tr>
<td>Male, Grade 11</td>
</tr>
<tr>
<td>Female, Grade 11</td>
</tr>
</tbody>
</table>


sexual orientation A person’s affection and sexual attraction to other persons.
gay A person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both males and females, but is commonly used to identify males only.
lesbian A female who is attracted physically and emotionally to other females.
bisexual A person who is attracted physically and emotionally to both males and females.
questioning or self-identifying as lesbian, gay, bisexual, transgender, or queer (LGBTQ) at increasingly younger ages (Institute for Sexual Minority Studies and Services, 2014).

The concept of sexual orientation should not be confused with sexual activity. For example, engaging in sexual activity with people of one’s own gender does not necessarily mean that one has gay, lesbian, or bisexual orientations.

According to Ritch Savin-Williams and Lisa Diamond (2000, 2004; Savin-Williams, 2007), the development of sexual identity in gay males and lesbians involves several facets: attraction to members of the same gender, self-labelling as gay or lesbian, sexual contact with members of the same gender, and eventual disclosure of one’s sexual orientation to other people. However, studies of young lesbian women reveal that many maintain some attraction to males (Diamond, 2006; Thompson & Morgan, 2008). By and large, Savin-Williams and Diamond found a ten-year gap between initial attraction to members of one’s own gender, which tended to occur at about the age of eight or nine, and disclosure of one’s orientation to other people, which usually occurred at about age 18. On the other hand, some gay males and lesbians never disclose their sexual orientations to certain people, such as their parents (Grov et al., 2006).

Gender Identity

Over the course of the lifespan, individuals develop a sense of being male or female. For most adolescents their gender identity is associated with their anatomical sex (i.e., male or female) as well as the societal expectations of what it means to be “female” or “male. However, there are other gender identities or expressions that do not fit the traditional gender identities. The Public Health Agency of Canada (2014) put forth a question-and-answers resource on gender identity that explains and defines various gender identities youth may identify with, such as genderqueer, transsexual, or two-spirit.

Coming Out

The process of “coming out”—that is, accepting one’s sexual orientation and declaring it to others—may be a long and painful struggle (King, 2008; Rosario et al., 2009). Sexual and gender minority youth (SGM) may be ostracized and rejected by family and friends. Depression and suicide rates are higher among gay youths than among heterosexual adolescents (Hammack & Cohler, 2009). It has been estimated that as many as one in three SGM adolescents has attempted suicide (Ciro et al., 2005; Hershberger & D’Augelli, 2000). SGM adolescents often engage in substance abuse, run away from home, and do poorly in school (Russell, 2006). These factors also heighten the risk of suicide among SGM adolescents (Hammack & Cohler, 2009; King, 2008).

Coming out is a two-pronged process: coming out to oneself (recognizing one’s sexual orientation and identity) and coming out to others (declaring one’s orientation and identity to the world). Coming out can create a sense of pride in one’s sexual orientation and identity and foster the ability to form emotionally and sexually satisfying relationships with partners (Grov et al., 2006). Yet an adolescent feels more comfortable telling a couple of close friends than his or her parents. Before they inform family members, gay adolescents often anticipate their family’s negative reactions, including denial, anger, and rejection (Bagley & D’Augelli, 2000). Some families are more accepting, however. Perhaps they had suspicions and prepared themselves for the news. Then, too, many families are initially rejecting but eventually come to at least grudging acceptance that an adolescent is gay. SGM youth

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gender identity A person’s internal sense or feeling of being male or female, which may or may not be the same as one’s biological sex.

genderqueer Used to describe individuals who perceive their gender to be neither that of a male or female but outside of the gender binary.

transsexual A person who experiences intense personal and emotional discomfort with his or her assigned birth gender and may undergo treatment (e.g., hormones and/or surgery) to transition genders.

two-spirit An Aboriginal person who identifies as two-spirit rather than as lesbian, gay, bisexual, or transgender.
require support—if that support is not found at home, it may be accessed through their community or through resources such as PFLAG Canada (www.pflagcanada.ca) and Egale Canada (www.egale.ca).

The Origins of Sexual Orientation

**QUESTION» What do we know about the origins of sexual orientation?** About 7 percent of individuals define themselves as being “other than heterosexual,” but the behaviour of the other 93 percent doesn’t exactly match up with the way in which people label themselves. For example, nearly twice as many people—about 14 percent—say they have had oral sex with a person of the same gender (Herbenick et al., 2010a, 2010b, 2010c; Reece et al., 2010).

Theories of the origins of sexual orientation look at both nature and nurture—the biological makeup of the individual and environmental influences. Several theories bridge the two.

Learning theorists look at the roles of factors such as reinforcement and observational learning. From this perspective, reinforcement of sexual behaviour with members of one’s own gender—as in reaching orgasm with them when members of the other gender are unavailable—might affect one’s sexual orientation. Similarly, childhood sexual abuse by someone of the same gender could lead to fantasies about sex with people of one’s own gender and affect sexual orientation. Observation of others engaged in enjoyable male–male or female–female sexual encounters could also affect the development of sexual orientation. But critics point out that most individuals become aware of their sexual orientation before they experience sexual contacts with other people of either gender (Savin-Williams, 2007; Savin-Williams & Diamond, 2004). Moreover, in a society that largely condemns homosexuality, young people are unlikely to believe that a homosexual orientation will have positive effects for them.

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**REAL LIFE**

**Sexting: One More Way for Adolescents to Stay in Touch**

Facebook, Instagram, Snapchat, Twitter, email, cell phones, and texting. These are just a handful of the ways that adolescents keep in touch—many hours per day. They text in school, at home, and when out. They surf Facebook pages of their friends’ friends, seeking clues as to what a face-to-face encounter might mean. There is an upside. According to the lead researcher of a MacArthur Foundation report on teenagers’ electronic connections, adolescents are not just wasting time. “Their participation is giving them the technological skills and literacy they need to succeed in the contemporary world. They’re learning how to get along with others, how to manage a public identity, how to create a home page” (Ito, 2008).

And some of them are learning how to titillate or shock each other: sexting—a term appropriated from the cell phone lingo texting. Sexting is short for sex texting, and it refers to sending or receiving text messages with sexual content. However, it is also applied to sending nude or otherwise provocative still images or videos by cell phone. Sexting can be used to sexually excite the recipient, to highlight the intimacy of one’s relationship, to humiliate someone, or to ask or arrange for a sexual encounter. Some activities online are also considered illegal such as activities considered to be sexual exploitation (Royal Canadian Mounted Police, 2014) whereby videos and photos for those aged 18 and under are shared online.

There are some disasters along the way. Jessica Logan was 18, and she had used her cell phone to snap and send nude photos of herself to her boyfriend. After they broke up, he forwarded the photos to other girls at their high school. The girls taunted Jessica mercilessly, calling her a whore and a slut. Jessica told her depressing tale in a local TV interview, and two months later—finding no peace—she hanged herself in her bedroom.

In other “case studies,” a 15-year-old Pennsylvania girl has been charged with producing and sending child pornography after sending nude photos of herself to other adolescents. A 19-year-old Florida college student was

Continued
Even though gay people are less likely than heterosexual people to have children, sexual orientation tends to run in families. There is evidence for genetic factors in sexual orientation (Dawood et al., 2009; Ramagopalan et al., 2010). About 52 percent of identical (MZ) twin pairs are concordant (in agreement) for a gay male sexual orientation compared with 22 percent for fraternal (DZ) twins and 11 percent for adoptive brothers (Dawood et al., 2009). Monozygotic (MZ) twins fully share their genetic heritage, whereas dizygotic (DZ) twins, like other pairs of siblings, overlap 50 percent.

Sex hormones promote the development of male and female sex organs and regulate the menstrual cycle. They also have both activating and organizing effects on sexual behaviour; that is, they fuel the sex drive and affect whom one will find sexually attractive. Sex hormones are thus likely candidates for influencing the development of sexual orientation (Lalumière et al., 2000).

It has been demonstrated repeatedly that sex hormones predispose lower animals, such as rats, to stereotypical masculine or feminine mating patterns. Does this mean that gay males and lesbians differ from heterosexuals in their levels of sex hormones? Among gay male and lesbian adolescents and adults, the answer is apparently no. Sexual orientation has not been reliably connected with adolescent or adult levels of sex hormones (Gooren, 2006).

But can sex hormones influence the developing human embryo and fetus? Swedish neuroscientists Ivanka Savic and her colleagues (2011) report evidence that one’s gender identity as being male or being female and one’s sexual orientation (heterosexual, homosexual, or bisexual) can develop during the intrauterine period. They point out that sexual differentiation of the sex organs occurs during the first two months of pregnancy, whereas sexual differentiation of the brain begins later, during the second half of pregnancy. Sexual differentiation of the genitals and that of the brain both depend on surges of testosterone, but because they happen at different times, they can occur independently. Therefore, it is possible that an individual’s sex organs can develop in one direction while the biological factors that may underlie one’s sexual orientation develop in another direction.

On the TODAY show, attorney Larry Walters noted that the same sexting that is a crime for teenagers is legal for adults. He continued, “These teens don’t see themselves as children. They see themselves as teens. They don’t see what they’re doing as child pornography. Teens believe it is normal. It is normal for them. To use child porn laws to punish teens for behaviour the law was never designed to address is overkill, number one, and it dilutes the effectiveness of child pornography laws for everyone else” (Celizic, 2009).
We have to conclude by confessing that much about the development of sexual orientation remains speculative. There are possible roles for prenatal exposure to certain hormones. Exposure to these hormones, in turn, may be related to genetic factors. Even the possibility that childhood experiences play a role has not been ruled out. But the interactions among these factors largely remain a mystery. Nor is there reason to believe that the development of sexual orientation must follow the same path in everyone.

Male–Female Sexual Behaviour
Adolescents today start dating and going out earlier than in past generations. Teens who date earlier are more likely to engage in sexual activity during high school (Lau et al., 2009; Waylen et al., 2009). Teens who initiate sexual activity earlier are also less likely to use contraception and more likely to become pregnant. Of course, early dating does not always lead to early sex, and early sex does not always lead to unwanted pregnancies. Still, some young women find their options in adulthood restricted by a chain of events that began in early adolescence.

TRUTH OR FICTION REVISITED: It is true that petting is practically universal among Canadian adolescents and has been for many generations. Adolescents use petting to express affection, satisfy their curiosities, heighten their sexual arousal, and reach orgasm while avoiding pregnancy and maintaining virginity. Many adolescents do not think that they have had sex if they stop short of vaginal intercourse. Girls are more likely than boys to be coerced into petting and to feel guilty about it (Gavin et al., 2009).

Since the early 1990s, the percentage of high school students who have engaged in sexual intercourse has been gradually declining. Yet despite this gradual decline in the incidence of sexual intercourse over the past 25 years, the percentage of never-married teenagers between the ages of 15 and 19 who have had sex remains between 40 percent and 45 percent. Note from Table 16.3 that condom use among sexually active youth and young adults decreases with age.

Some teenagers do not intend for their first sexual experience to happen. Rather, they perceive it as simply happening to them (Martinez et al., 2011). According to the National Survey of Family Growth, females were more likely than males to say they didn’t want it to happen (see Table 16.4). In fact, the largest number of females had mixed feelings about it. But the great majority of males were likely to report that they really wanted it to happen (Martinez et al., 2011).

TABLE 16.3
Percentage of Canadian Sexually Active 15- to 24-Year-Olds Who Used Condom at Last Sexual Intercourse 2009/2010

<table>
<thead>
<tr>
<th></th>
<th>One Partner</th>
<th>Multiple Partners</th>
<th>One Partner</th>
<th>Multiple Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–17 years old</td>
<td>78.9%</td>
<td>77.8%</td>
<td>81.2%</td>
<td>77.5%</td>
</tr>
<tr>
<td>18–19 years old</td>
<td>66.8%</td>
<td>68.8%</td>
<td>72.7%</td>
<td>75.1%</td>
</tr>
<tr>
<td>20–24 years old</td>
<td>51.4%</td>
<td>65.0%</td>
<td>61.6%</td>
<td>64.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>59.0%</td>
<td>67.7%</td>
<td>67.2%</td>
<td>68.9%</td>
</tr>
</tbody>
</table>

Source: Health Reports, Vol. 23, no. 1, March 2012, Statistics Canada, Catalogue no. 82-003-XPE.
Effects of Puberty

QUESTION » What are the effects of puberty on sexual behaviour? The hormonal changes of puberty probably are partly responsible for the onset of sexual activity. In boys, levels of testosterone are associated with sexual behaviour. In girls, however, testosterone levels are linked to sexual interests but not to sexual behaviour. Social factors may therefore play a greater role in regulating sexual behaviour in girls than in boys (Browning et al., 2000; O’Donnell et al., 2003).

The physical changes associated with puberty also may serve as a trigger for the onset of sexual activity. For example, the development of secondary sex characteristics such as breasts in girls and muscles and deep voices in boys may make them more sexually attractive. Early-maturing girls are more likely to have older friends, which may draw them into early sexual relationships.

Parental Influences

Teenagers who have close relationships with their parents are less likely to initiate sexual activity at an early age (Bynum, 2007; DiIorio et al., 2007; Ohalete, 2007). If these youngsters do have sexual intercourse, they are more likely to use birth control and to have fewer sexual partners (Aspy et al., 2007; National Campaign to Prevent Teen and Unplanned Pregnancy, 2012).

The double standard of sexuality in our society—that premarital sexual activity is acceptable for boys but not for girls—seems to influence the way in which parental communication affects sexual behaviour in teenagers. The message for daughters appears to be “Don’t do it,” whereas the message for sons is “It’s okay to do it as long as you take precautions.” Although the messages are slightly changing over the generations.

<table>
<thead>
<tr>
<th>Attitudes of Teenagers Ages 15–19 Toward Their First Sexual Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t Want It</td>
</tr>
<tr>
<td>to Happen</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Females</td>
</tr>
<tr>
<td>Males</td>
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</tbody>
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Do Sexy TV Shows Encourage Sexual Behaviour in Teenagers and Lead to Teenage Pregnancy?

What happens when teenagers watch Girls, Gossip Girl, The Vampire Diaries, and other TV shows with sexual content? Does it roll off their backs or encourage them to go for a roll in the hay?

A study reported in Pediatrics (Collins et al., 2004) found an association between watching sexual content on TV and initiation into sexual intercourse. The study included more than 1700 teenagers aged 12–17. In a longitudinal study, the researchers followed up the same cohort of adolescents after three years to determine whether watching sex on TV led to a higher incidence of pregnancy (Chandra et al., 2008).

The 718 adolescents (43 percent female) who reported having engaged in sexual intercourse, and who provided information about pregnancy, were included in the data analysis. The researchers controlled for other variables connected with teenage pregnancy, such as school grades and conduct problems. They found that teenage pregnancy, Continued
like initiation into sex, was significantly correlated with exposure to sexual content on TV. Teenagers categorized as having high levels of exposure (that is, being in the 90th percentile on the variable) were two to three times more likely to report having pregnancies—or, in the case of males, being responsible for pregnancies—than teenagers in the 10th percentile. The total number of hours of watching television was not significantly correlated with pregnancy.

**Reflect** It might seem at first glance that we can conclude that watching sexual content on TV is a *cause* of sexual initiation and teenage pregnancy. However, the study showed a *correlation* between what teenagers watched and sexual outcomes. **TRUTH OR FICTION REVISITED:** As noted in Chapter 2, correlational studies may reveal relationships, but they do not show cause and effect. Because the researchers did not run an experiment in which some randomly selected teens were shown TV shows with sexual content and others were not, rival explanations for the sexual variables associated with TV-watching patterns are possible. Could the outcomes reported in this research be due to a *selection factor?* Is it possible that teenagers who had greater interest in sex, who came from more permissive homes, or who had friends who touted sexy shows were more likely to watch sexy TV shows and *also* more likely to have sex and get pregnant? In these cases, sexual interest, home atmosphere, and peer influence would be more likely to be “causal.”

Now consider why researchers cannot run experiments in which they select teens at random and have the treatment group watch sexy TV shows while the control group does not. What ethical issues would be involved in showing racy TV shows to teens? And could the researchers prevent teens in the control group from watching racy TV shows on their own?

**Peer Influences**

Peers also play an important role in determining the sexual behavior of adolescents. One of the most powerful predictors of sexual activity for female and male adolescents is the sexual activity of their best friends (Ali & Dwyer, 2011; Lansford et al., 2009). When teenagers are asked why they do not wait to have sexual intercourse until they are older, the main reason reported is usually peer pressure (Ali & Dwyer, 2011).

Peers, especially those of the same gender, also serve as a key source of sex education for adolescents. Adolescents report that they are somewhat more likely to receive information about sex from friends and media sources—TV shows, films, magazines, and the Internet—than from sex education classes or their parents (Kaiser Family Foundation et al., 2003).

**Teenage Pregnancy**

**QUESTION** In our cultural setting, why do teenage girls become pregnant? The title of this section is “loaded”: It suggests that there is a problem with teenage pregnancy. So let’s toss in a couple of caveats at the beginning. First, throughout most of history, even most of the history of North America, girls first became pregnant in their teens. Second, throughout most cultures in the world today, girls are first becoming pregnant in their teens. Why, then, do we bother with a section on this topic? The answer is that in Western society today, most adolescents who become pregnant do so accidentally and without committed partners (America’s Children, 2007). Most young women in developed nations defer pregnancy until after they have completed some or all of their education. Many defer pregnancy until they are well into their careers—in their late 20s,
their 30s, even their 40s. So it is in our place and time that we have a topic called “Teenage Pregnancy,” implying that there might be a problem with it.

In our culture, today, why do teenage girls become pregnant? For one thing, adolescent girls typically get little advice in school or at home about how to deal with boys’ sexual advances. Another reason is failure to use contraception. Some initiate sex at very early ages, when they are least likely to use contraception (Ali & Dwyer, 2011). Many adolescent girls, especially younger adolescents, do not have access to contraceptive devices. Among those who do, fewer than half use them reliably (Teen pregnancy prevention and United States students, 2011).

Some teenage girls purposefully get pregnant to try to force their partners to make a commitment to them. Some are rebelling against their parents or the moral standards of their communities. But most girls are impregnated because they and their partners do not know as much about reproduction and contraception as they think they do or because they miscalculate the odds of getting pregnant (National Campaign to Prevent Teen and Unplanned Pregnancy, 2012; Sex Information and Education Council of Canada, 2010). Even those who have been to all the sex education classes and who have access to family planning clinics slip up now and then, especially if their partners push them or do not want to use condoms.

TRUTH OR FICTION REVISITED: For all these reasons, it is true that about 29.2 per 1000 teenage females in Canada were impregnated in 2005, the most recent year for which the government has been able to collect data. According to Statistics Canada, about 40 000 adolescent females become pregnant per year, with about half of these pregnancies resulting in abortions, and the other half live birth (Statistics Canada, 2006). There was also a drop of from 47.6 per 1000 in 1995 to the 29.2 per 1000 rate reported in 2005 (Sex Information and Education Council of Canada, 2010). The drop-off may reflect findings that sexual activity among teenagers has levelled off and that relatively more adolescents are using contraception (Guttmacher Institute, 2012; Martinez et al., 2011). Researchers at the Centers for Disease Control and Prevention also attribute the drop-off in careless sex to educational efforts by schools, the media, religious institutions, and communities (National Campaign to Prevent Teen and Unplanned Pregnancy, 2012).

Consequences of Teenage Pregnancy

QUESTION » What are the consequences of teenage pregnancy? Again, some caveats: The outcomes of teenage pregnancies for young women who want their babies and have the resources to nurture them are generally good (Rathus et al., 2011). Females tend to be healthy in late adolescence, and again—historically speaking—people might wonder why we raise this issue at all.

We raise it because the medical, social, and economic costs of unplanned or unwanted pregnancies among adolescents are enormous both to the mothers and to the children. The problems begin with the pregnancy itself. Adolescent mothers are more likely to experience medical complications during the months of pregnancy, and their labour is likely to be prolonged. The babies are at greater risk of being premature and of low birth weight (Mathews & MacDorman, 2007). These medical problems are not necessarily due to the age of the mother but rather to the fact that teenage mothers—especially those at the lower end of the socioeconomic spectrum—are less likely to have access to prenatal care or to obtain adequate nutrition.

The education of the teenage mother also suffers. She is less likely than her peers to graduate from high school or move on to college. Her deficit in education means that she earns less and is in greater need of public assistance. Few teenage mothers obtain reliable assistance—financial or emotional—from the babies’ fathers. The fathers typically cannot support themselves, much
less a family. Their marriages—if they are married—are more likely to be unstable, and they often have more children than they intended (Bunting & McAuley, 2004).

Although the most attention has been directed toward teenage mothers, young fathers bear an equal responsibility for teenage pregnancies. The consequences of parenthood for adolescent fathers are similar to those for adolescent mothers (Kalil et al., 2005; Quinlivan & Condon, 2005). Teenage fathers tend to have lower grades in school than their peers, and they enter the workforce at an earlier age.

Children born to teenage mothers also are at a disadvantage. As early as the preschool years, they show lower levels of cognitive functioning and more behavioural and emotional problems. Boys appear to be more affected than girls. By adolescence, offspring of teenage mothers are doing more poorly in school, and they are more likely to become teenage parents themselves (Gavin et al., 2009). Again, these problems seem to result not from the mother’s age but from the socially and economically deprived environments in which teen mothers and their children often live.

Preventing Teenage Pregnancy

The past several decades have seen a dramatic increase in programs to help prevent teenage pregnancies. Prevention efforts include educating teenagers about sexuality and contraception and providing contraceptive and family planning services (Guttmacher Institute, 2012). An overwhelming majority of parents want their children to have sex education in the public schools.

How successful are sex education programs? The better programs increase students’ knowledge about sexuality. Despite fears that sex education will increase sexual activity in teenagers, some programs seem to delay the onset of sexual activity (Martinez et al., 2011). Among teenagers who already are sexually active, sex education is associated with the increased use of effective contraception.

School-based clinics that distribute contraceptives and contraceptive information to students have been established in some school districts—and not without controversy. In high schools that have such clinics, birthrates often drop significantly (Blake et al., 2003). Whether or not school-based programs distribute contraceptives or contraceptive information, a study by the nonpartisan Mathematica Policy Research, Inc., of Princeton, New Jersey, found that abstinence-only programs have no effect on teenage pregnancy rates (Trenholm et al., 2007). Put it this way: Abstinence works; however, teaching nothing but abstinence in sex education has not been shown to cut the rate of teenage pregnancy (Khurana et al., 2011).

Active Review

9. ______________ is the most common sexual outlet in adolescents.

10. A ______________ orientation is defined as being attracted to, and interested in forming romantic relationships with, people of one’s own gender.

11. It is believed that prenatal exposure to sex ______________ may play a key role in sexual orientation.

12. Teenagers who have close relationships with their parents are (more or less?) likely to initiate sexual activity at an early age.

13. The top reason adolescents usually give for why they did not wait to have sexual intercourse is ______________ pressure.

Reflect & Relate: How important a part of your adolescence (or that of your peers) was sexuality? Did any of your peers experience problems related to their sexuality during adolescence? Did they resolve these problems? If so, how?
Sexual Health Education

The consensus found in Canadian survey research (e.g., McKay, Pietrusiak, & Holowaty, 1998; Weaver, Byers, Sears, Cohen, & Randall, 2002) reveals that both parents and youth want sexual health education taught in the schools. While most see it as both community and family as sharing responsibility for sexual health education (McKay, 2004), parents are often expected to take the lead role. The Talk to Me Sexuality Education for Parents, a website sponsored by the Public Health Agency of Canada, gives parents information about how to openly talk about sexual health with their adolescents (www.sexualityandu.ca). Table 16.5 reviews some important components of effective sexual health programming. While good resources are available, it should be noted that open communication and discussion of health (physical, sexual, emotional, etc.) is a topic that needs to be ongoing with children throughout their development, not just in adolescence.

The U.S. government’s National Survey of Family Growth (Martinez et al., 2010) recruited about 7000 females and 6000 males and asked them about whether they were talking to their parents about sex. Generally speaking, parents were most likely to talk to their children and adolescents about abstinence—how to say no to sex—although females (63 percent) were much more likely than males (42 percent) to discuss that issue. About half of the children and adolescents (55 percent of females and 50 percent of males) reported discussing sexually transmitted infections with their parents. More than half of females (51 percent) were told about birth control, compared with fewer than one-third (31 percent) of males, and nearly twice as many females (38 percent) as males (20 percent) were told where to get birth control. In other words, many youngsters were told, “Don’t get pregnant” and “Don’t get sick,” but not all of them were given the specifics of ways to avoid these problems.

Reflect: What is your view concerning each of the following topics in high school sex education programs? Explain why you feel as you do.

- Methods of abortion
- How to obtain methods of contraception without parental knowledge or permission
- How to use condoms

TABLE 16.5

The Key Ingredients of Effective Sexual Health Promotion Programming

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>A realistic and sufficient allocation of classroom time to achieve program objectives.</td>
</tr>
<tr>
<td>2.</td>
<td>Provide teachers/educators with the necessary training and administrative support to deliver the program effectively.</td>
</tr>
<tr>
<td>3.</td>
<td>Employ sound teaching methods including the utilization of well-tested theoretical models to develop and implement programming (e.g., IMB model, social cognitive theory, transtheoretical model, theory of reasoned action/theory of planned behaviour).</td>
</tr>
<tr>
<td>4.</td>
<td>Use elicitation research to identify student characteristics, needs, and optimal learning styles including tailoring instruction to student’s ethnocultural background, sexual orientation, and developmental stage.</td>
</tr>
<tr>
<td>5.</td>
<td>Specifically target the behaviours that lead to negative sexual health outcomes such as STI/HIV infection and unintended pregnancy.</td>
</tr>
<tr>
<td>6.</td>
<td>Deliver and consistently reinforce prevention messages related to sexual limit-setting (e.g., delaying first intercourse; choosing not to have intercourse), consistent condom use, and other forms of contraception.</td>
</tr>
<tr>
<td>7.</td>
<td>Include program activities that address the individual’s environment and social context including peer and partner pressures related to adolescent sexuality.</td>
</tr>
<tr>
<td>8.</td>
<td>Incorporate the necessary information, motivation, and behavioural skills to effectively enact and maintain behaviours to promote sexual health.</td>
</tr>
<tr>
<td>9.</td>
<td>Provide clear examples of and opportunities to practise (e.g., role plays) sexual limit setting, condom use negotiation, and other communication skills so that students are active participants in the program, not passive recipients.</td>
</tr>
<tr>
<td>10.</td>
<td>Incorporate appropriate and effective evaluation tools to assess program strengths and weaknesses in order to improve subsequent programming.</td>
</tr>
</tbody>
</table>

Source: Table 1, Sexual health education in the schools: questions & answers (3rd edition), Sex Information and Education Council of Canada (SIECCAN).
16.4 Juvenile Delinquency

**QUESTION** What is juvenile delinquency? Did you ever commit a delinquent act in your teen years? If you answer yes, then you are like most adolescents. The great majority of adolescents have done something against the law, whether it is underage smoking, underage drinking, or something like petty theft.

The term juvenile delinquency tends to be used specifically in reference to children or adolescents who engage in illegal activities and come into contact with the criminal justice system (Whitehead & Lab, 2013). At the most extreme end, juvenile delinquency includes serious behaviour’s such as homicide, assaults, rape, and robbery, which are considered criminal acts at any age. Less serious offences, such as truancy, underage drinking, running away from home, and sexual promiscuity, are considered illegal only when performed by minors. Hence, these are termed status offences.

Antisocial and criminal behaviours show a dramatic increase in many societies during adolescence and then taper off during adulthood.

Many delinquent acts do not result in arrest or conviction. And when adolescents are arrested, their cases may be disposed of informally, such as by referral to a mental health agency, without the juvenile being formally declared delinquent in a juvenile court (Snyder & Sickmund, 2006). In Canada, 5224 per 100,000 youths between the ages of 12 and 17 were accused by police of serious crimes in 2012 (Perrault, 2013).

**Gender and Juvenile Delinquency**

**QUESTION** What are the gender differences in delinquent behaviour? Boys are much more likely than girls to engage in delinquent behaviour, especially in crimes of violence (see Table 16.6). On the other hand, girls are more likely to commit status offences, such as truancy and running away (not shown in the table; Snyder & Sickmund, 2006).

**Who Are the Delinquents? What Are They Like?**

**QUESTION** Who is most likely to engage in delinquent behaviour? Many risk factors are associated with juvenile delinquency, but the direction and timing of these factors are not always clear-cut. For example, poor school performance is related to delinquency (Whitehead & Lab, 2013). But does school failure lead to delinquency, or is delinquency the cause of the school failure?

Even if the causal paths are less than clear, a number of factors are associated with delinquency. Children who show aggressive, antisocial, and hyperactive behaviour at an early age are more likely to show delinquent behaviour in adolescence (Siegel & Welsh, 2011). Delinquency also is associated with having a lower verbal IQ, immature moral reasoning, low self-esteem, feelings of alienation, and impulsivity (Lynam et al., 2007). Other personal factors include little interest in school, early substance abuse, early sexuality, and delinquent friends (Whitehead & Lab, 2013). On a cognitive level, aggressive delinquents tend to approve of violence as a way of dealing with social provocations and to misinterpret other people’s intentions as hostile when they are not (Calvete, 2007).

Family factors also are powerful predictors of delinquent behaviour. The families of juvenile delinquents often are characterized by lax and ineffective discipline, low levels of affection, and high levels of family conflict, physical abuse, severe parental punishment, and neglect (Siegel & Welsh, 2011). The parents and siblings of juvenile delinquents frequently have engaged in antisocial, deviant, or criminal behaviour themselves (Whitehead & Lab, 2013). Delinquents are also more likely to live in neighbourhoods in which they themselves are likely to have been victimized, giving rise to the belief that crime is “normal” in a statistical sense, and giving rise to feelings of anger (Hay & Evans, 2006).

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**juvenile delinquency** Conduct in a child or adolescent characterized by illegal activities.

**status offences** Offences considered illegal only when performed by minors, such as truancy and underage drinking.
Moreover, when youths in such situations are tempted by opportunities to victimize others, they are unlikely to be restrained by considerations such as what a criminal record might do to their chances of being admitted to a good university and to their career aspirations of becoming physicians or lawyers (Siegel & Welsh, 2011). These constraints are as unlikely to enter their minds as the realities are to enter their lives.

Prenatal smoking (by the mother!) is another interesting risk factor for juvenile delinquency. Lauren Wakschlag and her colleagues (2006) compared boys in the Pittsburgh Youth Study whose mothers had smoked when the boys were in utero with boys whose mothers had not smoked. When compared with the other boys, the sons of the smokers were significantly more likely to develop a combination of conduct disorder and attention-deficit/hyperactivity disorder (ADHD) in early grades and to have an earlier onset of delinquent behaviour. The authors admit that they cannot precisely define the role of prenatal smoking in children’s behavioural problems, but it seems to be another risk factor or marker.

**Prevention and Treatment of Juvenile Delinquency**

Many approaches have been tried to prevent delinquent behaviour or to deal with it early. One type of approach focuses on the individual adolescent offender. Such programs may provide training in moral reasoning, social skills, problem-solving

<table>
<thead>
<tr>
<th>Offence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimes against people</td>
<td>28</td>
</tr>
<tr>
<td>Homicide</td>
<td>13</td>
</tr>
<tr>
<td>Forcible rape</td>
<td>3</td>
</tr>
<tr>
<td>Robbery</td>
<td>9</td>
</tr>
<tr>
<td>Assault</td>
<td>26–32</td>
</tr>
<tr>
<td>Crimes against property</td>
<td>26</td>
</tr>
<tr>
<td>Burglary</td>
<td>10</td>
</tr>
<tr>
<td>Larceny-theft</td>
<td>38</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>23</td>
</tr>
<tr>
<td>Arson</td>
<td>13</td>
</tr>
<tr>
<td>Vandalism</td>
<td>16</td>
</tr>
<tr>
<td>Trespassing</td>
<td>19</td>
</tr>
<tr>
<td>Drug law violation</td>
<td>18</td>
</tr>
<tr>
<td>Public order offence</td>
<td>28</td>
</tr>
<tr>
<td>Obstruction of justice</td>
<td>29</td>
</tr>
<tr>
<td>Disorderly conduct</td>
<td>33</td>
</tr>
<tr>
<td>Weapons offence</td>
<td>14</td>
</tr>
<tr>
<td>Liquor law violation</td>
<td>32</td>
</tr>
<tr>
<td>Nonviolent sex offence</td>
<td>19</td>
</tr>
<tr>
<td><strong>TOTAL DELINQUENCY</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

skills, or a combination of these. These programs focus on individual offenders rather than on the larger social systems in which juvenile delinquents are embedded, and the results are mixed at best (Roberts, 2007; Webb, 2007). Moreover, delinquents are individuals with individual problems and situations, and it is not possible to meaningfully generalize the effects of a treatment method to delinquency per se (Zonnevylle-Bender et al., 2007). Also, delinquency is crime, not illness. Therefore, the concept of treatment may very well be misplaced.

Another approach tries to deal with various social systems, such as the family, peer groups, school, or community (Whitehead & Lab, 2013). Examples of such interventions include family therapy approaches; school-based strategies involving teams of students, parents, teachers, and staff; and various community- and neighbourhood-based programs. These broader, multisystem approaches appear to be more successful in reducing problem behaviours and improving the family relations of delinquent adolescents (Siegel & Welsh, 2011).

One other promising approach starts with the very young child and is aimed at promoting a host of positive child outcomes, not just delinquency prevention. This approach consists of early childhood intervention programs, such as Head Start and parenting programs such as Triple P Parenting. Preschoolers who participated in several of these programs have been tracked longitudinally through adolescence. These follow-ups show several encouraging outcomes, including reductions in aggressive and delinquent behaviour (Aber et al., 2007).

Active Review

14. Offences that are illegal only when performed by minors are called ________ offences.
15. Boys are (more or less?) likely than girls to engage in most delinquent behaviours.
16. Children who show aggressive, antisocial, and hyperactive behaviour at an early age are (more or less?) likely to show delinquent behaviour in adolescence.

Reflect & Relate: Were there any juvenile delinquents in your high school? What behaviour patterns led to the label? What happened to them? Do you know what they are doing now?

16.5 Suicide: When the Adolescent Has Nothing—Except Everything—to Lose

QUESTIONS » How many adolescents commit suicide? Why do they do so? Adolescence is such an exciting time of life. For many, the future is filled with promise. Many count the days until they graduate from high school, until they enter college. Many enjoy thrilling fantasies of what might be.

And then there are those who take their own lives. TRUTH OR FICTION REVISITED: Suicide is the third leading cause of death among adolescents between the ages of 10 to 14 years, with accidents an malignant neoplasms ranking as first and second causes (Rotermann, 2012). For youth between the ages of 15 to 19, suicide is the second leading cause of death, with accidents still ranking first, and malignant neoplasm third (Rotermann, 2012). In 2011, 227 out of 3728 suicides reported in Canada were by children and youth between the ages of 10 and 19 (Statistics Canada, 2014). What prompts young people to take their own lives? Who is most at risk?

Risk Factors in Suicide

Most suicides among adolescents and adults are linked to feelings of depression and hopelessness (Effinger & Stewart, 2012). Suicidal adolescents experience four areas of psychological problems: (1) confusion about the self, (2) impulsiveness, (3) emotional instability, and (4) interpersonal problems. Some suicidal
teenagers are high-achieving, rigid perfectionists who have set impossibly high expectations for themselves (Roxborough et al., 2012). Many teenagers throw themselves into feelings of depression and hopelessness by comparing themselves negatively with others, even when the comparisons are inappropriate. (“OK, you didn’t get into UBC, but you did get into Western, and it’s a great school.”)

Adolescent suicide attempts are more common after traumatic events—especially events that entail a loss of social support, as in the death of a parent or friend, a breakup with a boyfriend or girlfriend, or a family member leaving home (Chehil & Kutcher, 2012). Another traumatic event that contributes to suicidal thinking is childhood sexual abuse (Wilcox et al., 2009). Other contributors to suicidal behaviour include concerns about sexuality, pressures to achieve in school, problems at home, and substance abuse (Chehil & Kutcher, 2012). It is not always a stressful event itself that precipitates suicide but the adolescent’s anxiety or fear of being “found out” for something, such as failing a course or getting arrested (Cooper et al., 2002). Young people contemplating suicide are less likely to find productive ways of changing the stressful situation.

Suicide tends to run in families (Strauss et al., 2012). Many suicide attempters have family members with serious psychological problems, and many have family members who have taken their own lives. How do we account for the correlation? Do genetic factors play a role, possibly leading to psychological disorders, such as depression, that are connected with suicide? Could it be that a socially impoverished family environment infuses several family members with feelings of hopelessness? Or does the suicide of one family member simply give others the idea that suicide is the way to manage problems? Perhaps these possibilities and others—such as poor problem-solving ability—form a complex web of contributing factors.

**A CLOSER LOOK**

**DIVERSITY**

**Ethnicity, Gender, and Suicide**

Rates of suicide and suicide attempts vary among different ethnic groups. Aboriginal youth have the highest suicide rate in Canada. Suicide occurs five to six times more often among First Nations groups than non-Aboriginal youth and up to 11 times higher for Inuit youth (Health Canada, 2013).

Chandler and Lalonde (2003) conducted a longitudinal study (between 1987 and 1992) of suicide rates among First Nations youth in British Columbia, and concluded that suicide rates vary considerably across First Nations communities. They also found that suicide rates were tied to a community’s control of self-government, land claims, education, health services, cultural facilities, and police and fire services. In response to this crucial need, a national Aboriginal Youth Prevention Strategy was created (Health Canada, 2013) with the objectives of reducing stigma, increasing awareness, and involving communities in prevention initiatives.

About three times as many adolescent females as males attempt suicide, but five out of six completed suicides are by males (Chehil & Kutcher, 2012). Males are apparently more likely to “succeed” because of the methods they choose. Males are more likely to use more rapid and lethal methods, such as shooting themselves, whereas females are more likely to overdose on drugs such as tranquilizers or sleeping pills (Miniño, 2010). Females often do not take enough of these chemicals to kill themselves. It also takes time for the chemicals to work, which provides an opportunity for other people to intervene before the suicide attempter dies.

**Reflect** How do gender differences in suicide rates fit (or fail to fit) with gender role stereotypes?
Here is a summary of risk factors for suicide:

- Belief that it is acceptable to kill oneself
- Drug abuse and other kinds of delinquency
- Victimization by bullying
- Extensive body piercing
- Stress
- Hostility
- Depression and other psychological disorders
- Heavy smoking
- Low self-esteem

The nearby “A Closer Look—Real Life” feature describes some of the warning signs of suicide and some things you can do if you notice them in a friend or family member.

A CLOSER LOOK  REAL LIFE

Warning Signs of Suicide

Most young people who commit suicide signal their intentions (Chehil & Kutcher, 2012). Sad to say, their signals often go unrecognized. Adolescents may not receive help until they attempt suicide, and sometimes not even then. Here are some signals that a teenager may be at risk:

- Changes in eating and sleeping patterns
- Difficulty concentrating on schoolwork; poor grades and attendance
- Loss of interest in previously enjoyed activities and relationships
- Giving away prized possessions
- Complaints about physical problems with no basis
- Personality or mood changes
- Talking or writing about death or dying
- Abuse of drugs or alcohol
- Availability of a handgun
- A precipitating event such as an argument with parents, a broken romantic relationship, academic difficulties, loss of a friend, or trouble with the law
- Knowing or hearing about another teenager who has committed suicide
- Threatening or attempting suicide

Here are some things you can do if you notice one or more of these warning signs (Chehil & Kutcher, 2012):

- Make an appointment for the adolescent with a helping professional, or suggest that the adolescent go with you right now to get professional help.
- Draw the adolescent out. Ask questions such as What’s going on? Where do you hurt? and What would you like to see happen? Questions like these may encourage the expression of frustrated needs and provide some relief.
- Be empathic. Show that you understand how upset the adolescent is.
- Suggest that actions other than suicide might solve the problem, even if they are not apparent at the time.

Adolescents May Have “So Much to Live for,” But …

Suicide is one of the leading causes of death among adolescents. When adolescents experience conflicts and dips in self-esteem, when they have failed at something, when they fear they will be found out for something, their thoughts may turn to suicide. How can you determine whether an adolescent is considering suicide? What can you do about it?

Continued
• Ask how the adolescent intends to commit suicide. Adolescents with concrete plans and an available weapon are at greater risk. Ask if you might hold on to the weapon for a while. Sometimes the adolescent says yes.
• Extract a promise that the adolescent will not commit suicide before seeing you again.
• Arrange a concrete time and place to meet. Get professional help as soon as you are apart.

**Reflect**

• Would you feel flustered or resentful if an adolescent told you he or she is thinking about committing suicide? (Many people do.) Explain.
• Do you know anybody right now who is thinking about committing suicide? Do you think you should do anything about it? Explain.
• Do you think people have the right to commit suicide? Why or why not?

**Active Review**

17. Suicide is a (rare or common?) cause of death among older teenagers.

18. Most suicides among adolescents and adults are linked to feelings of ____________.

19. Suicide (does or does not?) tend to run in families.

| Reflect & Relate: Do you know anyone who has committed suicide or thought about committing suicide? What pressures or disappointments was the person experiencing at the time? Did anybody intervene? How? |

**16.6 Epilogue: Emerging Adulthood—Bridge between Adolescence and the Life Beyond**

**QUESTION** » What is emerging adulthood?

When our mothers were our age, they were engaged. They at least had some idea what they were going to do with their lives. I, on the other hand, will have a dual degree in majors that are ambiguous at best and impractical at worst (English and political science), no ring on my finger and no idea who I am, much less what I want to do. Under duress, I will admit that this is a pretty exciting time. Sometimes, when I look out across the wide expanse that is my future, I can see beyond the void. I realize that having nothing ahead to count on means I now have to count on myself; that having no direction means forging one of my own.

—Kristen, age 22 (Page, 1999, pp. 18, 20)

Well, Kristen has some work to do; she needs to forge her own direction. Just think: What if Kristen had been born into the caste system of old England or India, into a traditional Islamic society, or into Canada of the 1950s, where the TV sitcom *Father Knows Best* was perennially in the top 10? Kristen would have had a sense of direction, that's certain. But, of course, it would have been the sense of direction that society or tradition had created for her, not her own.

But Kristen was not born into any of these societies. She was born into the open and challenging Canada of the current generation. She has the freedom to become whatever the interaction of her genetic heritage and her educational and social opportunities enables her to become—and the opportunities are many. With freedom comes the need to make choices. When we need to make choices, we profit from information. Kristen is in the process of accumulating information about herself and about the world outside. According
to psychologist Jeffrey Arnett (2007, 2012), she is in emerging adulthood. In earlier days, adolescents made a transition, for better or worse, directly into adulthood. Now many of them—especially those in affluent nations with abundant opportunities—spend time in what some theorists think of as a new period of development roughly spanning the ages of 18–25, although we also see the age of 29 mentioned as the upper limit.

Adulthood itself has been divided into stages, and the first of these, young adulthood, has been seen largely as the period of life when people focus on establishing their careers or pathways in life. It has been acknowledged that the transition to adulthood could be slow or piecemeal, with many individuals in their late teens and early twenties remaining dependent on their parents and reluctant or unable to make enduring commitments, in terms of either identity formation or the development of intimate relationships. The question is whether another stage of development exists, one that bridges adolescence and young adulthood. A number of developmental theorists, including Arnett (2011, 2012) and Labouvie-Vief (2006), believe there is another stage.

The Meaning of Adulthood

**TRUTH OR FICTION REVISITED:** Whether or not teenagers enter adulthood at age 18 depends on what we mean by adulthood. Legally, adulthood has many ages, depending on what you want to do. The age of consent to marry varies from province to province, but in general, marriage is permitted in the teens. The age for drinking legally is 18 or 19 (depending on your provincial residence). The age for driving varies. By and large, however, adulthood is usually defined in terms of what people do rather than how old they are. Over the years, marriage has been a key criterion for adulthood, according to people who write about human development (Carroll et al., 2007). Other criteria include holding a full-time job and living independently (not with one’s parents). Today, the transition to adulthood is mainly marked by adjustment issues, such as deciding on one’s values and beliefs, accepting self-responsibility, becoming financially independent, and establishing an equal relationship with one’s parents (Arnett, 2011, 2012; Gottlieb et al., 2007). Marriage or being in a committed relationship is no longer a crucial marker for entering adulthood (Gottlieb et al., 2007).

An End to Traditional Gender Roles

Traditional guidelines have been shattered. Half a century ago, by their late teens or early 20s, most young people had begun reasonably stable adult lives in terms of romantic relationships and work. Not too many undertook advanced training or education beyond the level of high school. In 1960, the median age for marriage for women was in the early 20s. For men, it was low to mid-20s. And more recently, the median ages are 29 for women and 31 for men (Employment and Social Development Canada, 2014). Something has changed.

One factor is sex—sexual behaviour, that is. Because of the advent of the birth-control pill, sex, for millions, became divorced from pregnancy—despite the fact that many adolescents become pregnant because they do not use birth control reliably. The sexual revolution of the 1960s and 1970s was another reason why most young people decided that they did not have to wait until marriage to enter into sexual relationships. On the other hand, most young people are not promiscuous. They tend to enter into a series of sexually monogamous relationships (termed serial monogamy) until they are ready to
form more lasting unions. There is also wide acceptance today of multiple premarital sexual relationships—for women as well as men—so long as they occur within the context of committed relationships.

Fifty years ago, couples tended to have their first child about a year after getting married. Nowadays, many couples delay child-bearing because of college and graduate school and in order to devote much of their 20s to establishing a career. As noted by Arnett (2011, 2012), through much of their 20s, many emerging adults do not see having children as an achievement to be sought, but rather as a pitfall or, worse, as a threat to the good life.

Gender roles have also changed over the past half-century. Fifty to 60 years ago, very few women entered college. The occupations open to women were secretarial work, waiting tables, cleaning, and, at the professional level, teaching and nursing. Even these were largely viewed as temporary positions until a woman could find a husband and have children. Today, however, women occupy about 56 percent of the undergraduate seats in colleges and universities across North America (National Center for Education Statistics, 2010). According to the 2006 Canadian Census, women made up 60 percent of all university graduates aged 25–29. Today's women, as we have seen, also enter careers once considered the preserve of men, such as law, medicine, and the STEM fields of science, technology, engineering, and math. It takes time to prepare for and become established in these fields. Once there, women are unlikely to leave them for a family. Many women do take maternity leaves when necessary, but men are also becoming likely to take paternity leaves.

For both women and men, the changes from a manufacturing-based economy to an information-based economy increased the need for advanced education and training over the past half-century (Arnett, 2011, 2012). Now about 60 percent of young people undergo advanced training and education (National Center for Education Statistics, 2010) to prepare themselves.

Features of Emerging Adulthood
Emerging adulthood is postulated to be a distinct period of development found in societies that offer young people an extended opportunity to explore their roles in life. These tend to be affluent societies, such as those found in industrialized nations, our own among them. Many parents in Canada are affluent enough to continue to support their children throughout university and in graduate school. When parents cannot do the job, the government often steps in to help—for example, through student loans and scholarships. These supports give young people the luxury of sorting out identity issues and creating meaningful life plans—even if some still do not know where they are going after they graduate from college. Should they know who they are and what they are doing by the age of 21 or 22? Are they spoiled? These are value judgments that may or may not be on the mark. But let us note that many adults change their careers several times, partly because they did not sort out who they were and where they were going at an early age. On the other hand, even in Canada, many people lack the supports needed for successfully emerging into adulthood.

Jeffrey Arnett (2007, 2011) hypothesizes that five features characterize the stage of emerging adulthood that is sandwiched between the stages of adolescence, which precedes it, and young adulthood, which follows it. Let’s look briefly at each of these features.

The Age of Identity Explorations
Many people of the ages discussed by Arnett and Labouvie-Vief—from 18 or 20 to about 25 or 30—are on the path to making vital choices in terms of their love lives and their career lives. As noted in the following section, they are experimenting with romantic partners and career possibilities.
The Age of Instability
In times past, it might be the case that adolescents would obtain jobs fresh out of high school—if they completed high school—and keep them for many years, sometimes for a lifetime. Today, Arnett notes, North Americans have an average of about seven different jobs during the years between 20 and 29. Over this period they also frequently change their romantic partners—sometimes by choice, sometimes because the partner decided to move on. They also switch their living arrangements, often moving from place to place with little if any furniture. And they frequently change educational directions, finding what they like, finding what they can actually do, finding what is available to them.

The Age of Self-Focus
People are exceptionally self-focused during emerging adulthood. This does not mean that they are egocentric as in childhood or adolescence (Arnett, 2011, 2012; Labouvie-Vief, 2006), or selfish. It means, simply, that they are freer to make decisions than they were as children or adolescents; they are more mature, they are more independent of parental influences, and they usually have more resources. They are also free of the constraints of trying to mesh their lives with those of life partners.

The Age of Feeling In-Between
Emerging adults are similar to adolescents in one way: Whereas adolescents may feel that they exist somewhere between childhood and adulthood, emerging adults are likely to think that they are swimming between adolescence and “real” adulthood. They are likely to be out of school—that is, high school or undergraduate college—but obtaining further training or education. They are beyond the sometimes silly flirtations of adolescence but not yet in permanent, or at least long-term, relationships. They may not be completely dependent on caregivers, but they are just as unlikely to be self-supporting. They may be between roommates or apartments.

Where are they? In transit. Emerging adults seem to be well aware of the issues involved in defining the transition from adolescence to adulthood. Arnett (2000) reported what people say when they are asked whether they think they have become adults. The most common answer of 18- to 25-year-olds was something like “In some respects yes and in other respects no” (see Figure 16.1 ■). Many think that they have developed beyond the conflicts and exploratory voyages of adolescence, but they may not yet have the ability—or desire—to assume the financial and interpersonal responsibilities they associate with adulthood.

The Age of Possibilities
Human beings are the only creatures on earth that allow their children to come back home.

—Bill Cosby

I take a very practical view of raising children. I put a sign in each of their rooms: “Checkout Time is 18 years.”

—Erma Bombeck
Emerging adults typically feel that the world lies open before them. Like the majority of adults, they have what Arnett (2011, 2012) and Labouvie-Vief (2006) term an optimistic bias. The majority believe that things will work out. In this age of possibilities, emerging adults have the feeling that they have the opportunity to make dramatic changes in their lives. Unlike children and adolescents, they are, to a large degree, independent of their parents. Many of them leave home for good; others return home for financial reasons. Some lead a “revolving door” existence: They leave home and then come back, according to the ebb and flow of financial and emotional resources.

**Erik Erikson’s Views**

Erik Erikson (1968) did not use the term *emerging adulthood*, but he did recognize that developed nations tend to elongate the period of adolescence. Erikson used the term *moratorium* to describe the extended quest for identity among people who dwell in adolescence. Erikson and other theorists also believed that it was more meaningful for the individual to take the voyage to identity than to foreclose it by adopting the viewpoints of other people. Yet even though there are pluses to taking time to formulate one’s identity, there are downsides. For example, remaining dependent on parents can compromise an individual’s self-esteem. Taking out loans for graduate school means that there is more to pay back; many individuals mortgage their own lives as they invest in their futures. Women who focus on their educations and their careers may bear children later. Many people appreciate children more when they bear them later in life, they also become less fertile as the years pass, and they may find themselves in a race with their “biological clock.” And then, of course, there are those who remain adolescents forever.

20. Historically speaking, ____________ has been an important standard in determining whether one has reached adulthood.

21. Today, the criteria of holding a full-time ____________ and maintaining a residence separate from one’s parents are also applied.

22. ____________ adulthood is a hypothesized period of development that spans the ages of 18 through 25 and exists in societies that permit young people extended periods of independent role exploration.

**Reflect & Relate:** Do you see yourself as an adolescent, an emerging adult, or an adult? What standards are you using in defining yourself?

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**Recite an Active Summary**


**What does Erikson have to say about the development of identity during adolescence?**

Erikson’s adolescent stage of psychosocial development is identity versus identity diffusion. The primary task of this stage is for adolescents to develop a sense of who they are and what they stand for.

**What are Marcia’s “identity statuses”?**

The identity statuses represent the four combinations of the dimensions of exploration and commitment: identity diffusion, foreclosure, moratorium, and identity achievement.

**What are the connections between ethnicity and other sociocultural factors—such as gender—and identity?**

Development of identity is more complicated for adolescents who belong to ethnic minority groups. Youths from minority groups are faced with two sets of cultural values and may need to reconcile and incorporate elements of both.

**Are there stages in developing an ethnic identity?**

Researchers propose a three-stage model of the development of ethnic identity: unexamined ethnic identity,
ethnic identity search, and achieved ethnic identity. As minority youths move through adolescence, they are increasingly likely to explore and achieve ethnic identity.

**Does the development of ego identity differ in males and females?**

Females and males approach identity formation in much the same way. Both are concerned about occupational choices, although females are more likely to integrate occupational and family plans.

**How does the self-concept develop during adolescence?**

Adolescents become increasingly likely to describe themselves in terms of psychological traits and social relationships, and the self-concept becomes more differentiated.

**What happens to self-esteem during adolescence?**

Self-esteem tends to decline as the child progresses from middle childhood into early adolescence, perhaps because of increasing recognition of the disparity between the ideal self and the real self. Then self-esteem gradually improves.

### 16.2 Relationships with Parents and Peers

**How do relationships with one's parents and peers change during the teenage years?**

Children spend much less time with their parents during adolescence than during childhood. Although adolescents become more independent of their parents, they generally continue to love and respect them. The role of peers increases markedly during the teen years. Adolescents are more likely than younger children to stress self-disclosure and mutual understanding in friendships.

**What kinds of adolescent peer groups are there?**

The two major types of peer groups are cliques and crowds. Unlike younger peer groups, adolescent peer groups include peers of the other gender.

**When do romantic relationships develop?**

Romantic relationships begin to appear during early and middle adolescence. Dating is a source of fun, it enhances prestige, and it provides experience in relationships. Dating is also a preparation for adult courtship.


**What are some patterns of sexual behaviour in adolescence?**

Masturbation is the most common sexual outlet in adolescents. Some adolescents have a homosexual orientation. The process of “coming out” may be a long and painful struggle.

**What do we know about the origins of sexual orientation?**

From a learning theory point of view, early reinforcement of sexual behaviour influences sexual orientation.

Researchers have found evidence for genetic and hormonal factors in sexual orientation.

**What are the effects of puberty on sexual behaviour?**

Early onset of puberty is connected with earlier sexual activity. Adolescents who have close relationships with their parents are less likely to initiate sexual activity early. Peer pressure is a powerful contributor to sexual activity.

**In our cultural setting, why do teenage girls become pregnant?**

Many girls who become pregnant receive little advice about how to resist sexual advances. Most of them do not have access to contraception. Most misunderstand reproduction or miscalculate the odds of conception.

**What are the consequences of teenage pregnancy?**

Teenage mothers are more likely to have medical complications during pregnancy and birth, largely because of inadequate medical care. Their babies are more likely to be premature and to have low birth weight. Teenage mothers have a lower standard of living and a greater need for public assistance. Their children have more academic and emotional problems.

### 16.4 Juvenile Delinquency

**What is juvenile delinquency?**

Juvenile delinquency refers to illegal activities committed by a child or adolescent. Behaviours, such as drinking, that are considered illegal only when performed by minors are called status offences.

**What are the gender differences in delinquent behaviour?**

Boys are more likely than girls to engage in most delinquent behaviours. Boys are more apt to commit crimes of violence, whereas girls are more likely to commit status offences.

**Who is most likely to engage in delinquent behaviour?**

Risk factors associated with juvenile delinquency include poor school performance, delinquent friends, early aggressive or hyperactive behaviour, substance abuse, low verbal IQ scores, low self-esteem, impulsivity, and immature moral reasoning. The parents and siblings of delinquents have frequently engaged in antisocial behaviour themselves.

### 16.5 Suicide: When the Adolescent Has Nothing—Except Everything—to Lose

**How many adolescents commit suicide? Why do they do so?**

Suicide is the third leading cause of death among teenagers. Most suicides among adolescents and adults are linked to stress, feelings of depression, identity problems, impulsivity, and social problems. Girls are more likely to attempt suicide, whereas boys are more likely to “succeed.”
Emerging adulthood is a period of development, spanning the ages of 18–25, in which young people engage in extended role exploration. Emerging adulthood can occur in affluent societies that grant young people the luxury of developing their identities and their life plans.

Key Terms

ego identity W16-4
moratorium W16-4
identity crisis W16-4
exploration W16-5
commitment W16-5
identity diffusion W16-5
foreclosure W16-5
identity achievement W16-5
ethnic identity W16-8
unexamined ethnic identity W16-8
ethnic identity search W16-8
achieved ethnic identity W16-8
self-esteem W16-10
clique W16-14
crowd W16-14
sexual orientation W16-19
gay W16-19
lesbian W16-19

Active Learning Resources

Go to Voyages in Development's CourseMate at www.nelsonbrain.com, where you will find an interactive eBook, flashcards, Pre-Lecture Quizzes, Section Quizzes, Exam Practice, videos, and more.