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6.6 Describe some potential challenges to adolescent development.
6.7 Give examples of risk factors and protective factors for adolescent development.
6.8 Apply knowledge of adolescence to recommend guidelines for social work engagement, assessment, intervention, and evaluation.

CASE STUDY 6.1
DAVID’S COMING-OUT PROCESS

The social worker at Jefferson High School sees many facets of adolescent life. Nothing much surprises her—especially not the way some of the kids hem and haw when they’re trying to share what’s really on their mind. Take David Costa, for instance. When he shows up for his first appointment, he is simply asked to tell a bit about himself.

“Let’s see, I’m 17,” he begins. “I’m a center fielder on the varsity baseball team. What else do you want to know? My parents are from Bolivia and are as traditional as you can imagine. My dad, David Sr., teaches history and is the varsity soccer coach here at Jefferson. My mom is a geriatric nurse. I have a younger sister, Patti. Patti Perfect. She goes to the magnet school and is in the eighth grade.”

“How are things at home?” his social worker asks.

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

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

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

CASE STUDY 6.2
CARL’S STRUGGLE FOR IDENTITY

Whereas David seeks out the social worker, Carl Fleischer, another 17-year-old, is sent to the social worker’s office at the high school. He matter-of-factly shares that he is “an underachiever.” He used to get an occasional B in his classes, but now it’s mostly C’s with an occasional D.
When Carl is asked what he likes to do in his spare time, he replies, "I get high and play video games." Further probing elicits one-word answers until the social worker asks Carl about relationships. His face contorts as he slaps his ample belly: "I'm not exactly a sex symbol. According to my doctor, I'm a fatso. He says normal boys my age and height weigh at least 50 pounds less than I do. He also tells me to quit smoking and get some exercise. Whatever. My mom says I'm big-boned. She says my dad was the same way. I wouldn't know. I never met the scumbag. He left when my mom was pregnant. But you probably don't want to hear about that."

Carl won't say more on that topic, but with more prodding, he finally talks about his job, delivering pizzas two nights a week and on the weekends. "So if you need pizzas, call me at Antonio's. I always bring pies home for my mom on Tuesday and Friday nights. She works late those nights and so we usually eat pizza and catch the Tuesday and Friday night lineups on TV. She lets me smoke in the house—cigarettes, not weed. Although I have gotten high in the house a couple times. Anyway, I am not what you would call popular. I am just a fat, slow geek and a pizza guy. But there are some heads who come into Antonio's. I exchange pies for dope. Works out pretty well: They get the munchies, and the pies keep me in with the heads!"

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

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

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

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

THE SOCIAL CONSTRUCTION OF ADOLESCENCE ACROSS TIME AND SPACE

If we were asked to describe David Costa, Carl Fleischer, and Monica Golden, attention would probably be drawn to their status as adolescents. Worldwide, the current generation of adolescents is the largest in history, and youth ages 10 to 24 comprise one quarter of the world's population. Nearly 90% of these youth live in low-income and middle-income countries, where they comprise a much larger proportion of the population than they do in high-income countries (Sawyer et al., 2012).
The adolescent status has changed across time and cultures. Adolescence was invented as a psychosocial concept in the late 19th and early 20th centuries as the United States made the transition from an agrarian to an urban-industrial society (Choudhury, 2010). Prior to this time, adolescents worked beside adults, doing what adults did for the most part. This is still the case for adolescents in many nonindustrial societies today, and in some cultures, adolescence is not recognized as a stage at all (Gardiner, 2018). As the United States and other societies became urbanized and industrialized, child labor legislation and compulsory education policies were passed, and adolescents were moved from the workplace to the school and became economically dependent on parents. The juvenile justice system was created in the United States in 1899 because youthful offenders had come to be regarded as different from adult offenders, with less culpability for their crimes because of their immaturity.

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

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

Perhaps no life course phase has been the subject of more recent empirical research than adolescence. Most prominently, the National Longitudinal Study of Adolescent to Adult Health (Add Health) was initiated at the Carolina Population Center in 1994. It is a study of a representative sample of adolescents in Grades 7 through 12 during the 1994–1995 school year. This cohort has been followed through several waves of the study and is currently being reinterviewed from 2016 to 2018. The Add Health study includes measures of social, economic, psychological, and physical well-being as well as contextual information on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships. Add Health data are now generating large numbers of research reports, a partial list of which can be retrieved at the website listed at the end of this chapter.

THE TRANSITION FROM CHILDHOOD TO ADULTHOOD

In many countries, adolescence is described as the transitional period between childhood and adulthood. It is more than that, of course. It is a very rich period of the life course in its own right. For many, it is a thrilling time of life full of new experiences. The word adolescence originates from the Latin verb adolescere, which means “to grow into maturity.” It is a period of life filled with transitional themes in every dimension of the configuration of person and environment: biological, psychological, social, and spiritual. These themes do not occur independently or without affecting one another. For example, David Costa’s experience may be complicated because he is gay and because his family relationships are strained, but it is also strengthened by his supportive friendships and his participation in sports. Carl Fleischer’s transition is marked by several challenges—his weight, his substance use, his lack of a relationship with his father, his academic performance—but also by the promise of his developing computer expertise and entrepreneurial skills. Monica Golden’s movement through adolescence may be eased by her academic, athletic, and social success, but it also could be taxed by her busy schedule and high expectations for herself.

Many cultures have specific rites of passage—ceremonies that demarcate the transition from childhood to adulthood. Often these rites include sexual themes, marriage themes, themes of becoming a man or a woman, themes of added responsibility, or themes of increased insight or understanding. Such rites of passage are found in most nonindustrialized societies.
where nearly 80% of girls and almost 70% of boys go through some form of initiation ritual (Gardiner, 2018). For example, in the Kaguru tribe of eastern Africa, 10- to 12-year-old boys are led into the bush, their clothes are removed, and they are ritually circumcised while also being taught the sexual practices of adulthood by male members of the community. When the Kaguru girl has her first menstruation, she is taught the “ways of womanhood” by her grandmother and older women of the tribe (Gardiner, 2018). For the most part, the transition from adolescence to adulthood is not marked by such clearly defined rituals in North America and many other Western countries. Some scholars who study adolescence have suggested that where there are no clear-cut puberty rituals, adolescents will devise their own rituals, such as “hazing, tattooing, dieting, dress, and beautification rituals” (Kroger, 2007, p. 41).

Some groups in North America continue to practice rites of passage, however. In the United States, some Jews celebrate the bar mitzvah for boys and bat mitzvah for girls at the age of 13 to observe their transition to adulthood and to mark their assumption of religious responsibility. Many Latino families, especially of Mexican heritage, celebrate quinceanera, during which families attend Mass with their 15-year-old daughter, who is dressed in white and then presented to the community as a young woman. Traditionally, she is accompanied by her padrinos, or godparents, who agree to support her parents in guiding her during this time. The ceremony is followed by a reception at which her father dances with her and presents her to the family’s community of friends (Tatum, 2014). Among many First Nations/Native American tribes in North America, boys participate in a vision quest at age 14 or 15. The boy is taken into a “sweat lodge,” where his body and spirit are purified by the heat. He is assisted by a medicine man who advises him and assists with ritual prayers. Later he is taken to another place where he is left alone to fast for 4 days. Similarly, some First Nations/Native American girls take part in a ritual that involves morning running and baking a ceremonial cake (Gardiner, 2018).

Mainstream culture in the United States, however, has few such rites. Many young adolescents go through confirmation ceremonies in Protestant and Catholic churches. Otherwise, the closest thing to a rite of passage may be getting a driver’s license, graduating from high school, registering to vote, graduating from college, or getting married. But these events all occur
at different times and thus do not provide a discrete point of transition. Moreover, not all youth participate in these rites of passage. Even without a cultural rite of passage, all adolescents experience profound biological, psychological, social, and spiritual changes. In wealthy capitalist societies, these changes have been divided into three phases: early adolescence (ages 11 to 14), middle adolescence (ages 15 to 17), and late adolescence (ages 18 to 22). Exhibit 6.1 summarizes the typical biological, psychological, and social developments in these three phases. Of course, adolescent development varies from person to person and with time, culture, and other aspects of the environment. Yet deviations from the normative patterns of adolescent change may have psychological ramifications, because adolescents are so quick to compare their own development with that of their peers and because of the cultural messages they receive about acceptable appearance and behavior.

### BIOLOGICAL ASPECTS OF ADOLESCENCE

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

**Puberty**

Puberty is the period of the life course in which the reproductive system matures. It is a process that begins before any biological changes are visible and occurs through interrelated neurological and endocrinological changes that affect brain development, sexual maturation, levels and cycles of hormones, and physical growth. The hypothalamus, pituitary gland, adrenal

### EXHIBIT 6.1 Typical Adolescent Development

<table>
<thead>
<tr>
<th>Stage of Adolescence</th>
<th>Biological Changes</th>
<th>Psychological Changes</th>
<th>Social Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (11–14)</td>
<td>Hormonal changes</td>
<td>Reactions to physical changes, including early maturation</td>
<td>Changes in relationships with parents and peers</td>
</tr>
<tr>
<td></td>
<td>Beginning of puberty</td>
<td>Concrete/present-oriented thought</td>
<td>Less school structure</td>
</tr>
<tr>
<td></td>
<td>Physical appearance changes</td>
<td>Body modesty</td>
<td>Distancing from culture/tradition</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Moodiness</td>
<td>Seeking sameness</td>
</tr>
<tr>
<td>Middle (15–17)</td>
<td>Completion of puberty and physical appearance changes</td>
<td>Reactions to physical changes, including late maturation</td>
<td>Heightened social situation decision making</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Increased autonomy</td>
<td>Continue to renegotiate family relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased abstract thought</td>
<td>More focus on peer group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beginning of identity development</td>
<td>Beginning of one-to-one romantic relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparation for college or career</td>
<td>Moving toward greater community participation</td>
</tr>
<tr>
<td>Late (18–22)</td>
<td>Slowing of physical changes</td>
<td>Formal operational thought</td>
<td>Very little school/life structure</td>
</tr>
<tr>
<td></td>
<td>Possible experimentation with sex and substances</td>
<td>Continuation of identity development</td>
<td>Beginning of intimate relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moral reasoning</td>
<td>Renewed interest in culture/tradition</td>
</tr>
</tbody>
</table>
glands, and gonads (ovaries and testes) begin to interact and stimulate increased hormone production. It is the increase of these hormones that leads to the biological changes. Although androgens are typically referred to as male hormones and estrogens as female hormones, males and females in fact produce all three major sex hormones: androgens, progestins, and estrogens. Sex hormones affect the development and functioning of the gonads (including sperm production and ova maturation) and mating and childcaring behavior.

During puberty, increased levels of androgens in males stimulate the development and functioning of the male reproductive system; increased levels of progestins and estrogens in females stimulate the development and functioning of the female reproductive system. Specifically, the androgen testosterone, which is produced in males by the testes, affects the maturation and functioning of the penis, prostate gland, and other male genitals; the secondary sex characteristics; and the sex drive. The estrogen estradiol, which is produced in females by the ovaries, affects the maturation and functioning of the ovaries, uterus, and other female genitals; the secondary sex characteristics; and childcaring behaviors.

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

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

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

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

Pubertal timing varies greatly. Generally, girls begin puberty about 2 years earlier than boys. Girls most commonly begin menstruating from ages 10 to 14 and as late as 16.5 (Brooks-Gunn & Ruble, 2013), and boys begin producing sperm from ages 10 to 16, with an average age of about 13 (Tomova, Lalabonova, Robeva, & Kumanov, 2011). The age at which puberty begins has been declining in this century, but there is some controversy about the extent of this shift. In the United States, low socioeconomic status is associated with early puberty, but in parts of the world with high rates of extreme poverty, puberty is often delayed, and malnutrition and infectious disease are considered the cause (Kuther, 2017).

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

**The Adolescent Brain**

As recently as 30 years ago, it was thought that human brain development was finalized by early childhood
adolescence, axons are myelinated (coated with a whitish fatty substance), a process that allows neurons to communicate in a more rapid and coordinated fashion. In addition, the adolescent brain is bombarded with gonadal hormones (Sapolsky, 2017). There is a lot going on in the adolescent brain. The frontal cortex is the last brain region to mature; its development is less influenced by genes and more influenced by experience than other brain regions.

Because of the relatively late development of the frontal lobes, particularly the prefrontal cortex, different neuronal circuits are involved in the adolescent brain under different emotional conditions. The researchers make a distinction between “cold cognition” problem solving and “hot cognition” problem solving during adolescence. Cold-cognition problem solving occurs when the adolescent is alone and calm, as he or she typically would be in the laboratory. Conversely, hot-cognition problem solving occurs in situations where teenagers are with peers, emotions are running high, they are feeling sexual tension, and so on. The research indicates that in situations of cold cognition, adolescents as young as 12 or 13 can reason and problem solve as well as or better than adults. However, in situations of hot cognition, adolescent problem solving is much more impulsive (Blakemore & Robbins, 2012). Neuroimaging studies show that adolescents are dramatically sensitive to peer pressure and emotional contagion (Sapolsky, 2017).

Similar to all social mammals, human adolescents tend to demonstrate increased novelty seeking, increased risk taking, and greater affiliation with peers (Colver & Longwell, 2013; Sapolsky, 2017). Yet, for most individuals, these activities peak in adolescence and then taper off as newly formed identities set and youth mature out of these tendencies (Spear, 2010; Steinberg, 2009). Current research indicates that, overall, as compared with adults, three themes have emerged: (1) adolescents do not yet have adult levels of maturity, responsibility, impulse control, and self-regulation; (2) adolescents are less autonomous and more susceptible to outside pressures (such as those from their peers) than adults; and (3) adolescents are less capable than adults of weighing potential consequences and considering future implications of their behavior (McCarter & Bridges, 2011; Sapolsky, 2017; Spear, 2010). The emerging research on the adolescent brain is raising issues about social policy related to adolescents and is being used in ways that may be both helpful and hurtful to adolescent development (Steinberg, 2009). This is illustrated by two significant legal cases. In 2005, the U.S. Supreme Court heard the case of Roper v. Simmons (543 U.S. 551), involving 17-year-old Christopher Simmons, who had been convicted of murdering a woman during a robbery. He had been sentenced to death for his crime. His defense team argued that his still developing adolescent brain
made him less culpable for his crime than an adult, and therefore he should not be subject to the death penalty. The neuroscience evidence may have tipped the scales in the Supreme Court’s decision to overturn the death penalty for Simmons and all other juveniles (Haider, 2006). In another example, in 2006, the state of Kansas used an interpretation of neuroscience research to stipulate that “sexual acts with individuals under 16 years of age are illegal regardless of the age of the defendant.” This would include any consensual touching by youth and classify such as criminal statutory rape except in instances where the individuals are married (Kansas Statutes, § 21-3502 and § 21-3504; Johnson, Blum, & Giedd, 2009).

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

**Nutrition, Exercise, and Sleep**

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

In many parts of the world, adolescents simply cannot get access to an adequate diet, resulting in high levels of anemia and youth who are underweight and overweight (Sawyer et al., 2012). In economically advanced nations, there is enough to eat, but adolescents often do not have a satisfactory diet to support the adolescent growth and development. In the United States, the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) work together to develop dietary guidelines for the United States, which are to be updated every 5 years. Their 2015–2020 guidelines recommend an intake of 2,200–3,200 calories a day, depending on activity level, for boys ages 14 to 18, with 10% to 30% from proteins, 45% to 65% from carbohydrates, and 25% to 35% from fats. For girls ages 14 to 18, they recommend an intake of 1,800 calories a day with the same nutritional distribution listed for boys (U.S. Department of Health and Human Services & U.S. Department of Agriculture [USDHHS/USDA], 2015a).

Additionally, adolescents should follow healthy eating patterns within an appropriate calorie level, including a variety of vegetables from all subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other; fruits, especially whole fruits; grains, at least half of which are whole grains; fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages; a variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), nuts, seeds, and soy products; and oils. They should limit saturated and trans fats, added sugars, and sodium (USDA/USDHHS, 2015a).

According to the Secretaries of Health and Human Services and Agriculture, “Half of all American adults have one or more preventable, chronic diseases, many of which are related to poor quality eating patterns and physical inactivity. Rates of these chronic, diet-related diseases continue to rise, and they come not only with increased health risks, but also at high cost” (USDA/USDHHS, 2015b, para. 1).

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

The National Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; alcohol and other drug use; tobacco; unhealthy dietary behaviors; and inadequate physical activity. This chapter references data from the YRBSS 2015 (Kann et al., 2016) because this study presents the best available national data on adolescent risky health behaviors. Here is the first example. Data from YRBSS 2015 indicate that in the United States 31.5% of young people in Grades 9 to 12 had eaten fruit or drank 100% fruit juice two or more times per day during the past 7 days, 28% of students had eaten vegetables two or more times per day during the past 7 days, and 13.8% of students had not eaten breakfast during the past 7 days. This is a concern, given the need for well-balanced diets and increased caloric intake during a period of rapid neurobiological and physical growth. Many U.S. youth say they don’t have time to eat breakfast or that they aren’t hungry in the morning. Yet the research is convincing, indicating that adolescent students who eat breakfast report higher energy and less fatigue and perform better on cognitive tests than students who do not eat breakfast (Cooper, Bandelow, & Nevill, 2011).

The recommendation is also for most people of every age to engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight. Physical fitness should be achieved by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance. The specific recommendation for children and adolescents (ages 6 to 17 years old) is to engage in at least 60 minutes of physical activity daily with a variety of exercises that are aerobic, muscle-strengthening, and bone-strengthening (Office of Disease Prevention and Health Promotion, 2008).

Again, the data are not promising. Nationwide, 48.6% of high school students reported being physically active for a total of at least 60 minutes a day on at least 5 of the 7 days preceding the survey. Conversely, 41.7% of students played video or computer games, or used the computer for something other than schoolwork, for 3 hours or more on an average school day, and 24.7% watched television for 3 hours or more on an average school day (Kann et al., 2016).

Along with other changes of puberty, there are marked changes in sleep patterns (Carskadon & Tarokh, 2014; Darchia & Cervena, 2014). Changes in circadian rhythms, triggered by hormonal changes, create a tendency to be more alert late at night and to wake later in the morning (Gamble et al., 2014). Given the mismatch of these sleep patterns with the timing of the school day, adolescents often doze off during school. Researchers have found that when adolescents are given unrestricted sleep opportunities, they average over 9 hours of sleep per night; consequently, it is suggested that adolescents need 8½ to 9½ hours of sleep each night (Bartel, Gradisar, & Williamson, 2015). In light of research findings about the changes in circadian rhythms during adolescence, in 2014, the American Academy of Pediatrics urged middle schools and high schools to modify start times to better allow adolescents to get adequate sleep and improve their health and academic performance. They recommended a start time no earlier than 8:30 a.m. Data analyzed for the academic year 2011–2012 indicate that only 17.7% of public middle schools and high schools in the United States have a start time of 8:30 a.m. or later (Wheaton, Ferro, & Croft, 2015).

Researchers have found that millions of adolescents worldwide achieve less than 8 hours of sleep, especially on school nights. Survey data show that less than one third of U.S. high school students sleep at least 8 hours on school nights, and one quarter get less than 6 hours of sleep on school nights (Bartel et al., 2015; Wheaton et al., 2015). Researchers have recently noted the ways in which nighttime technology use contributes to insufficient sleep (Gamble et al., 2014).

Insufficient sleep is a debilitating problem for adolescents, resulting in sleepiness and fatigue; impaired academic performance; and increased risk for anxiety, depression, and substance abuse (Gamble et al., 2014; Pieters et al., 2015; Wong, Robertson, & Dyson, 2015). Sleep deprivation has also been linked to poor food choice. In one study, adolescents with sleep deprivation were less likely than well-slept adolescents to eat healthy food throughout the week and were more likely to eat fast food at least twice a week (Krueger, Reither, Peppard, Krueger, & Hale, 2013). Sleep deprivation can also lead to drowsiness or falling asleep at the wheel. It also heightens the effects of alcohol and can lead to increased use of caffeine and nicotine (Carskadon & Tarokh, 2014). As suggested, the risks of sleep deprivation are varied, and they can be serious.
What are the implications of recent research findings about the adolescent brain for social policy? This research is leading to a number of policy discussions about several issues, including the timing of the school day; regulations for adolescent driving, including the legal age of driving, whether evening driving should be allowed, whether other adolescents can be present in the car of an adolescent driver, and so on; the drinking age; and the age when a juvenile can be tried as an adult in a court of law. What opinions do you hold about these issues? How are those opinions shaped by recent brain research?

PSYCHOLOGICAL ASPECTS OF ADOLESCENCE

Psychological development in adolescence is multifaceted. Adolescents have psychological reactions, sometimes dramatic, to the biological, social, and cultural dimensions of their lives. They become capable of and interested in discovering and forming their psychological selves. They may show heightened creativity as well as interest in humanitarian issues; ethics; religion; and reflection and record keeping, as in a diary (Kuther, 2017). Adolescence is a time of increased emotional complexity and a growing capacity to understand and express a wider range of emotions and to gain insight into one’s own emotions (Silvers et al., 2012). Three areas of psychological development are particularly noteworthy: psychological reactions to biological changes, changes in cognition, and identity development.

Psychological Reactions to Biological Changes

“Will my body ever start changing? Will my body ever stop changing? Is this normal? Am I normal? Why am I suddenly interested in girls? And why are the girls all taller (and stronger) than me? How can I ask Mom if I can shave my legs?” These are some of the questions mentioned when Jane Kroger (2007, pp. 33–34) asked a class of 12- and 13-year-old adolescents what type of questions they think most about. As you can see, themes of biological changes were pervasive. If you can remember your own puberty process, you probably are not surprised that researchers have found that pubertal adolescents are preoccupied with physical changes and appearances (Price, 2009). Young adolescents are able to reflect on and give meaning to their biological transformations. Of course, responses to puberty are influenced by the way other people, including parents, siblings, teachers, and peers, respond to the adolescent’s changing body. In addition, reactions to puberty are influenced by other events in the adolescent’s life, such as school transition, family conflict, and peer relationships. Media images also play an important role (Ricciardelli, 2016).

It appears that puberty is usually viewed more positively by boys than by girls, with boys focused on increased muscle mass and physical strength and girls focused on increased body weight and fat deposits (Kenny, O’Malley-Keighran, Molcho, & Kelly, 2017). Adolescent females are consistently found to be more dissatisfied with their body shape than adolescent males (Edwards, Patrick, Skalky, Huang, & Hobby, 2012). There is some evidence that body image is more positive among athletic girls than among nonathletic girls (Dorak, 2011). Earlier research indicated that African American adolescent girls are more satisfied with their body image and less inclined to eating disorders than Caucasian American girls, based on different cultural values for the ideal body (Franko & Striegel-Moore, 2002), but there is some evidence that this gap is closing (Edwards et al., 2012). Both adolescent males and females report pressure to conform to specific appearance ideals and rules, also suggesting that adolescents who fail to conform face such negative peer experiences as teasing, judging, and exclusion (Kenny et al., 2017). Recent research has focused on the role of social media in the development of negative body image perceptions (Craike et al., 2016; Tiggesmann & Slater, 2017).

Reactions to menstruation are often mixed (Uskul, 2004). One study of Chinese American adolescent girls found 85% reported that they were annoyed and embarrassed by their first menstruation, but 66% also reported positive feelings (Tang, Yeung, & Lee, 2003). In a focus group of 53 women from 34 different countries, most of the participants had vivid memories of their first menstruation. They reported both positive and negative emotions, but negative reactions (such as embarrassment, shame, fear, shock, and confusion) were more often noted. Reactions to menarche were greatly affected by the type of information and level of support the young women received from their mothers (Golchin, Hamzehgadreshti, Fakhri, & Hamzehgadreshti, 2012). Research shows that pubescent girls talk with parents and friends about their first menstruation, but pubescent boys do not discuss with anyone their first menstruation.
Adolescence is a crucial phase in cognitive development. Changes in cognition early maturing the most problematic, there is also evidence that adolescents' perceptions of their pubertal timing have a large influence on puberty-related outcomes (Mendle, 2014; Moore, Harden, & Mendle, 2014).

**Changes in Cognition**

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

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

These abilities are components of Jean Piaget’s fourth stage of cognitive development called formal operational thought (see Exhibit 3.4 for an overview of Piaget’s stages of cognitive development). *Formal operational thought* suggests the capacity to apply hypothetical reasoning to various situations and the ability to use symbols to solve problems. David Costa, for example, demonstrated formal operational thought when he considered the possibility of getting to know Theo. He considered the reactions from his other friends if he were to get together with Theo, he examined his thoughts, and he formulated a strategy based on the possibilities and on his thoughts.

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

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

Identity Development

There is growing agreement that identity is a complex concept. Identity is a “person’s self-definition as a separate and distinct individual, including behaviors, beliefs, and attitudes” (Gardiner, 2018, p. 89). Social identity, an important aspect of identity, is the part of the self-concept that comes from knowledge of one’s membership in a social group and the emotional significance of that membership (Gardiner, 2018). Lene Arnett Jensen (2003) suggests that adolescents increasingly develop multicultural identities as they are exposed to diverse cultural beliefs, either through firsthand experience or through the media. She argues that the process of developing an identity presents new challenges to adolescents in a global society. Jensen gives the example of arranged marriage in India, noting that on the one hand, Indian adolescents grow up with cultural values favoring arranged marriage, but on the other hand, they are increasingly exposed to values that emphasize freedom of choice. But identity is even more complex than that; it is increasingly examined from an intersectional perspective that recognizes the multiple social identities we must integrate, including gender identity, ethnic/racial identity, religious identity, social class identity, national identity, regional identity, and so on (see Shade, Kools, Weiss, & Pinderhughes, 2011).

Theories of Self and Identity

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

Sigmund Freud (1905/1953) thought of human development as a series of five psychosexual stages in the expression of libido (sensual pleasure). The fifth stage, the genital stage, occurs in adolescence, when reproduction and sexual intimacy become possible.

Building on Freud’s work, Erik Erikson (1950, 1959, 1963, 1968) proposed eight stages of psychosocial development (refer to Exhibit 3.8 for a summary of Erikson’s eight stages). He viewed psychosocial crisis as an opportunity and challenge. Each Eriksonian stage requires

<table>
<thead>
<tr>
<th>EXHIBIT 6.2</th>
<th>Theories of Self or Identity in Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theorist</td>
<td>Developmental Stage</td>
</tr>
<tr>
<td>Freud</td>
<td>Genital stage</td>
</tr>
<tr>
<td>Erikson</td>
<td>Identity versus role diffusion</td>
</tr>
<tr>
<td>Kegan</td>
<td>Affiliation versus abandonment (early adolescence)</td>
</tr>
<tr>
<td>Marcia</td>
<td>Ego identity statuses</td>
</tr>
<tr>
<td>Piaget</td>
<td>Formal operational thought</td>
</tr>
<tr>
<td>Kohlberg</td>
<td>Postconventional morality</td>
</tr>
</tbody>
</table>
the mastery of a particular developmental task related to identity. Erikson’s fifth stage, identity versus role diffusion, is relevant to adolescence. The developmental task is to establish a coherent sense of identity; failure to complete this task successfully leaves the adolescent without a solid sense of identity.

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

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

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

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

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

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

1. **Social identity** is made up of several elements derived from interaction with other people and social systems, including social statuses, membership groups, and social types.
2. **Dispositions** are self-ascribed aspects of identity.
3. **Physical characteristics** are simply one’s physical traits, which all contribute a great deal to sense of self.

Exhibit 6.4 uses Rosenberg’s model to analyze the identities of David Costa, Carl Fleischer, and Monica Golden. Notice that disposition is an element of identity based on self-definition. In contrast, a label is determined by others, and physical characteristics are genetically influenced. David has an athletic body and thinks of himself as athletic, but his parents—and perhaps others—label him as a freak. He is working to incorporate the fact that he is different into his identity. Carl has been labeled as a fatso, an underachiever, and a smoker. He seems to have incorporated these negative labels into his identity. Monica has been labeled as an overachiever, but she does not absorb the negative label, reframing it instead as ambitious.

Scholars generally agree that identity formation is structured by the sociocultural context (see Gardiner, 2018; Kroger, 2007). Thus, the options offered to adolescents vary across cultures. North America and other Western societies that put a high value on autonomy offer more options for adolescents than more collectivist-oriented societies. Some writers suggest that having many options increases stress for adolescents (Gardiner, 2018). Think about the case studies of David Costa, Carl Fleischer, and Monica Golden. What is the sociocultural context of their identity struggles? What choices do they have, given their sociocultural contexts?
### EXHIBIT 6.3  ● Rosenberg’s Model of Identity

<table>
<thead>
<tr>
<th>Social Identity</th>
<th>Disposition</th>
<th>Physical Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social statuses: basic classifications or demographic characteristics, such as sex, age, and socioeconomic status</td>
<td>Attitudes (e.g., conservatism, liberalism)</td>
<td>Height</td>
</tr>
<tr>
<td>Membership groups: groups with which the individual shares an interest, belief, origin, or physical or regional continuity (e.g., groups based on religion, political party, or race)</td>
<td>Traits (e.g., generosity, bravery)</td>
<td>Weight</td>
</tr>
<tr>
<td>Labels: identifiers that result from social labeling (as when the boy who skips school becomes a delinquent)</td>
<td>Abilities (e.g., musical talent, athletic skill)</td>
<td>Body build</td>
</tr>
<tr>
<td>Derived statuses: identities based on the individual’s role history (e.g., veteran, high school athlete, or Harvard alumnus)</td>
<td>Values (e.g., efficiency, equality)</td>
<td>Facial features</td>
</tr>
<tr>
<td>Social types: interests, attitudes, habits, or general characteristics (e.g., jock, geek, head, playboy, or go-getter)</td>
<td>Personality traits (e.g., introversion, extroversion)</td>
<td></td>
</tr>
<tr>
<td>Personal identities: unique labels attached to individuals (e.g., first name, first and last names, social security number, fingerprints, or DNA)</td>
<td>Habits (e.g., making lists, getting up early)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tendencies (e.g., to arrive late, to exaggerate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Likes or preferences (e.g., romance novels, pizza)</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Based on Rosenberg, 1986.

### EXHIBIT 6.4  ● Examples of Adolescent Identity

<table>
<thead>
<tr>
<th>Element of Identity</th>
<th>David</th>
<th>Carl</th>
<th>Monica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Identity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social statuses</td>
<td>Male, 17, middle class</td>
<td>Male, 17, working class</td>
<td>Female, 17, upper-middle class</td>
</tr>
<tr>
<td>Membership groups</td>
<td>Bolivian American, gay</td>
<td>European American, heads</td>
<td>African American, Christian, Young Republicans</td>
</tr>
<tr>
<td>Labels</td>
<td>Freak, athlete</td>
<td>Fatso, underachiever, smoker</td>
<td>Overachiever, brain</td>
</tr>
<tr>
<td>Derived statuses</td>
<td>Baseball player</td>
<td>Pizza deliverer</td>
<td>Senior class vice president, babysitter, track athlete</td>
</tr>
<tr>
<td>Social types</td>
<td>Jock</td>
<td>Geek, head (affiliate)</td>
<td>Brain, go-getter</td>
</tr>
<tr>
<td>Personal Identity</td>
<td>David Costa</td>
<td>Carl Fleischer</td>
<td>Monica Golden</td>
</tr>
<tr>
<td>Disposition</td>
<td>Athletic</td>
<td>Underachiever, not popular, fat, slow, likes to get high, likes to surf the Internet</td>
<td>Athletic, ambitious, extroverted, likes children</td>
</tr>
<tr>
<td>Physical Characteristics</td>
<td>Athletic build</td>
<td>Overweight</td>
<td>Tall</td>
</tr>
</tbody>
</table>
For those aspects of identity that we shape ourselves, individuals have four ways of trying on and developing a preference for certain identities.

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

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

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

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

**Gender Identity**

Adolescence, like early childhood, covered in Chapter 4, is a time of significant gender identification. **Gender identity** is how one perceives one’s gender, and it begins in early childhood but is elaborated on and revised during adolescence (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). Efforts are often made at various developmental stages to integrate the biological, psychological, and social dimensions of sex and gender. **Gender expression** refers to how individuals express their gender and may include how they dress, their general appearance, the way they speak, or the way they carry themselves. **Gender roles** are societal expectations of how individuals should act, think, or feel based on their assigned gender or biological sex (note that gender roles are typically based on the binary male/female). Culture plays a large role in gender identity, gender expression, and gender roles. Gender roles can be a source of painful culture clash for some immigrant groups migrating to North America and Europe, harder for some ethnic groups than for others. But there is evidence that many immigrant families and individuals learn to be bicultural in terms of gender expectations, holding on to some traditional expectations while also innovating some new ways of doing gender roles (see Mann, Roberts, & Montgomery, 2017; Sue, Rasheed, & Rasheed, 2016).

In the majority of cases, gender identity develops in accordance with physical sex characteristics, but this does not always happen. Surprisingly little is known about the influences on adolescent gender identity development (Steensma et al., 2013). In recent years, the term *cisgender* has been used to describe situations in which people’s gender identity matches their assigned gender or biological sex. In addition to cisgender men and women, additional genders include (but are not limited to) agender, without gender; genderfluid, a gender identity that is dynamic over time; intersex, an individual with male and female sex characteristics; and two-spirit, a Native American concept for those exhibiting both gender identities.

The American Psychiatric Association (2013) recognizes that often during adolescence, noncisgender youth may describe being uncomfortable with the gender roles expected of them based on their biological sex or being uncomfortable with their bodies (particularly during puberty). In the *Diagnostic and Statistical Manual 5*, gender identity disorder was replaced with gender dysphoria, which occurs when individuals experience significant distress about the incongruence between their assigned gender and their experienced gender (Cohen-Kettenis & Steensma, 2016). The distinction is that the
diagnosis now is based on significant distress and not on the existence of incongruence.

Trans is an umbrella term used to include transgender, transsexual, and transvestite persons. Transgender describes youth who have been assigned a gender (based on their genitalia at birth) and identify as the “opposite” gender or uncomfortable with the gender binary. These individuals may or may not alter their bodies through surgery or hormones. Transsexuals are folks who wish to alter their physical bodies through surgery and/or hormones to have their bodies match their internalized gender identities. Transvestite refers to people who wear the clothing of the “opposite” gender and may also identify as cross-dressers or drag kings/queens. Current guidelines for hormonal treatment for adolescents who report gender incongruence is that they undergo treatment to suppress pubertal development at the time they first exhibit physical changes of puberty, using GnRH analogues to suppress pubertal hormones. This process is reversible at any time. When the adolescent is around the age of 16, or at an age when there is sufficient mental capacity to give informed consent, the guidelines recommend that the use of gender-affirming hormones be started with a gradual increase in the dosage of the sex hormones that match the gender identity. This process is partly irreversible. It is further recommended that sex hormone levels should be maintained in the normal range for the person’s affirmed gender (Hembre et al., 2017).

Gender identity is not the same as sexual orientation. Gender identity is how I consider myself—male, female, somewhere in between, or neither—and sexual orientation refers to whether I am romantically/sexually attracted to members of the same sex, the opposite sex, both, or neither. As we work with adolescents and strive to understand and be responsive to their stories, we must allow youth to share their identities (if they are known or as they develop) with us and not assume we must allow youth to share their identities (if they are known or as they develop) with us and not assume. Sexual orientation refers to whether I am romantically/sexually attracted to members of the same sex, the opposite sex, both, or neither. As we work with adolescents and strive to understand and be responsive to their stories, we must allow youth to share their identities (if they are known or as they develop) with us and not assume that they are cisgender or heterosexual. Some adolescents will still be questioning and, thus, are unsure about their identity or orientation. Sexual orientation is discussed later under the Adolescent Sexualities section. The adolescents with whom you come in contact may find the visual depiction of identity, expression, attraction, and sex at the Genderbread Person website useful for thinking about their own gender identity and sexual attractions (It’s Pronounced Metrosexual, 2017).

Cultural Identity

Research indicates that ethnic origin is not likely to be a key ingredient of identity for Caucasian North American adolescents, but it is often central to identity in adolescents of ethnic minority groups (Rivas-Drake et al., 2014). Considerable research indicates that adolescence is a time when young people evaluate their ethnic background and explore ethnic identity. The development of ethnic identity in adolescence has been the focus of research across Canada, the United States, and Europe in recent years as ethnic diversity increases in all these countries (see, e.g., Street, Harris-Britt, & Walker-Barnes, 2009). Ethnic minority youth are challenged to develop a sense of themselves as members of an ethnic minority group while also coming to terms with their national identity (Lam & Smith, 2009). Adolescents tend to have wider experience with multicultural groups than when they were younger and may be exposed to ethnic discrimination, which can complicate the development of cultural pride and belonging (Costigan, Su, & Hua, 2009).

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

The construction of an ethnic or racial identity is an important way for ethnic and racial minority adolescents to make a positive adjustment during the adolescent transition (Rivas-Drake et al., 2014). One meta-analysis of the research literature found that achieving a positive ethnic identity is associated with higher levels of self-esteem and lower levels of depression among ethnic minority individuals (Smith & Silva, 2011). Ethnic and racial identity has also been found to buffer the consequences of adverse life events and racial and ethnic discrimination (Galligher, Jones, & Dahl, 2011). In a comprehensive review of the research literature, Rivas-Drake and colleagues (Rivas-Drake et al., 2014) found that high levels of ethnic and racial identity are beneficial for African American adolescent psychosocial, academic, and health outcomes. The research evidence generally supports the psychosocial, academic, and health benefits of ethnic and racial identity for Latino, American Indian, and Asian American adolescents, but it is less consistent and sparser for these youth than for African American youth.

Researchers have found that ethnic minority adolescents tend to develop strong ethnic identity, but there is also variability within ethnic groups in terms of extent of ethnic identity. Costigan and colleagues
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(2009) reviewed the literature on ethnic identity among Chinese Canadian youth and concluded that the evidence indicates a strong ethnic identity among these youth. Conversely, there was much variability in the extent to which these youth reported a Canadian national identity. Adolescents negotiated ethnic identity in diverse ways across different settings, with different approaches being used at home versus in public settings. Lam and Smith (2009) studied how African and Caribbean adolescents (ages 11 to 16) in Britain negotiate ethnic identity and national identity and had similar findings to those for Chinese Canadian youth. They found that both groups of adolescents, African and Caribbean, rated their ethnic identity higher than their national identity and reported more pride in their ethnic heritage than in being British. The researchers found, however, that girls reported stronger ethnic identity than boys.

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

CRITICAL THINKING QUESTIONS 6.2

What types of psychological reactions to their changing bodies do you see in the stories of David Costa, Carl Fleischer, and Monica Golden? What do you recall about your own psychological reactions to your changing body during puberty? What factors do you think influenced your reactions? With which groups did you identify during adolescence? What were your multiple social identities, and how did they intersect? Which identities/intersectionalities were most important to you during adolescence? Which identities/intersectionalities are important to you now?

SOCIAL ASPECTS OF ADOLESCENCE

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

Relationships With Family

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

The concept of independence is largely influenced by culture, and mainstream culture in the United States places a high value on independence. However, as social workers, we need to recognize that the notion of the adolescent developing an identity separate from family is not acceptable to all cultural groups in the United States or other places around the world (Gardiner, 2018). One research team found that African American adolescents have less decision-making autonomy in middle adolescence than European American adolescents (Gutman & Eccles, 2007). Peter Nguyen (2008; Nguyen & Cheung, 2009) has studied the relationships between
Vietnamese American adolescents and their parents and found that a majority of the adolescents perceived their fathers as using a traditional authoritarian parenting style and see this as posing problems for the adolescents’ mental health in the context of the multicultural society in the United States. Latino families in the United States have been found to keep very close boundaries around the family during adolescence (Garcia-Preto, 2016). Filial piety, respect for parents and ancestors, is a strong value in East Asian cultures (Schneider, Lee, & Alvarez-Valdivia, 2012). Our assessments of adolescent individuation should be culturally sensitive. Likewise, we must be realistic in our assessments of the ability of adolescents with cognitive, emotional, and physical impairments to function independently.

Overall, families tend to respond to the adolescent desire for greater independence by renegotiating family roles and opening family boundaries to allow for the adolescent’s greater participation in relationships outside the family (Garcia-Preto, 2016). The research literature on the relationships between parents and their adolescents indicates that, in general, these relationships are “close, supportive, and warm” (Galambos & Kotylak, 2012). However, many families with adolescents have a high level of conflict. Conflict is particularly evident in families experiencing additional stressors, such as divorce and economic difficulties (Fine, Ganong, & Demo, 2010). Conflict also plays out differently at different points in adolescence. Research suggests that conflicts with parents increase around the time of puberty but begin to decrease after that (Galambos & Kotylak, 2012). Both parents and adolescents need some time to adjust to this new life stage.

Adolescent struggles for independence can be especially potent in multigenerational contexts (Garcia-Preto, 2016). These struggles typically come at a time when parents are in midlife and grandparents are entering late adulthood and both are facing stressors of their own. Adolescent demands for independence may reignite unresolved conflicts between parents and grandparents and stir the pot of family discord. Sibling relationships may also change in adolescence. Longitudinal research indicates that, compared with middle childhood, adolescents report lower levels of positive sibling relationships during early adolescence, followed by increased intimacy in midadolescence (Shanahan, Waite, & Boyd, 2012). The Society for Research on Adolescence prepared an international perspective on adolescence in the 21st century and reached three conclusions regarding adolescents and their relationships with their families:

- Families are and will remain a central source of support to adolescents in most parts of the world. Cultural traditions that support family cohesion, such as those in the Middle East, South Asia, and China, remain particularly strong, despite rapid change. A great majority of teenagers around the world experience close and functional relationships with their parents.
- Adolescents are living in a wider array of diverse and fluid family situations than was true a generation ago. These include divorced, single-parent, remarried, gay and lesbian, and multilocal families. More adolescents live in households without men. Because of AIDS, regional conflicts, and migratory labor, many adolescents do not live with their parents in some parts of the world.
- Many families are becoming better positioned to support their adolescents’ preparation for adulthood. Smaller family sizes result in adults devoting more resources and attention to each child. Parents in many parts of the world are adopting a more responsive and communicative parenting style, which facilitates development of interpersonal skills and enhances mental health (Larson, Wilson, & Mortimer, 2002).

Relationships With Peers

In the quest for autonomy and identity, adolescents begin to differentiate themselves from their parents and associate with their peers. Peer influence is strongest in early adolescence (Hafen, Laursen, & DeLay, 2012). Early adolescents are likely to select friends that are similar to them in gender and interests, but by middle adolescence, the peer group often includes opposite-sex friends as well as same-sex friends (Seiffge-Krenge & Shulman, 2012). Most early adolescents have one close friend, but the stability of these friendships is not high. In early adolescence the peer group tends to be larger than in middle childhood; these larger peer groups are known as cliques. By midadolescence, the peer group is organized around common interests; these groups tend to be even larger than cliques and are generally known as crowds (Brown & Klute, 2003). David Costa hangs out with the athletic crowd but seeks support from gay peers. Carl Fleischer is making contact with the “heads” crowd. Monica Golden’s crowds would include peer counselors and the Young Republicans. Peer relationships contribute to adolescents’ identities, behaviors, and personal and social competence.
Peer relationships are a fertile testing ground for youth and their emerging identities. Many adolescents seek out a peer group with compatible members, and inclusion or exclusion from certain groups can affect their identity and overall development. For some adolescents, participation in certain peer groups influences their behavior negatively. Peer influence may not be strong enough to undo protective factors, but if the youth is already at risk, the influence of peers becomes that much stronger. Sexual behaviors and pregnancy status are often the same for same-sex best friends. Substance use is also a behavior that most often occurs in groups of adolescents. The same is true for violent and delinquent behaviors. Researchers debate whether selection (choosing friends based on shared delinquent behaviors) or socialization (peer influence) plays a more important role here (Hafen et al., 2012).

Romantic Relationships

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

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

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

Relationships With Organizations, Communities, and Institutions

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

School

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

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

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

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

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

Participation in secondary education during adolescence has been increasing worldwide, but inequality persists. The United Nations Education, Scientific, and Cultural Organization (UNESCO, 2015) is concerned about the challenges faced by migrant students around the world, especially those forced to migrate because of deportation policies. In the United States, there has been concern about inequality across local school systems and the experiences of ethnic, racial, religious, and sexual minorities, as well as students with disabilities in secondary education settings (see Balagna, Young, & Smith, 2013; Cianciotto, 2012; Seward & Khan, 2016; Wickrama & Vazsonyi, 2011). School experiences have been found to be entwined with both happiness and depressive symptoms during adolescence, with school experiences having a greater influence on happiness and depressive symptoms than happiness and depressive symptoms have on school experiences. (Stiglbauer, Gnambs, Gamsjäger, & Batinic, 2013; Wickrama & Vazsonyi, 2011). Of particular interest is the connection between negative school experiences and school disengagement, with school dropout the most severe form of school disengagement. National data indicate that the overall high school dropout rate in the United States decreased from 10.9% in 2000 to 5.9% in 2015 (National Center for Education Statistics, 2017c). In 2015, the dropout rate for males and females was similar, 6.3% for males and 5.4% for females. From 2000 to 2015, the school dropout rate narrowed between White and Black and Hispanic youth. For White youth, the dropout rate declined from 6.9% to 4.6%. The dropout rate for Black youth declined from 13.1% to 6.1%, and the dropout rate for Hispanic youth declined from 27.8% to 9.2% (National Center for Education Statistics, 2017c). These data seem to suggest a recent improvement in school engagement among Black and Hispanic youth.

The Broader Community

Recent studies have considered the ways adolescents attempt to contribute to society and found that they are increasingly using technology to engage in such activities as signing petitions and expressing opinions about societal issues (van Goethem et al., 2012). Adolescents and young adults were on the forefront of social unrest across North Africa and the Middle East in 2010 and 2011 and were able to use communication technologies to organize protest activities. Although they experienced success in their activism, they also faced serious threats to their lives (Sawyer et al., 2012). As this book goes to press, in the United States we are seeing growing activism among high schools around issues of gun violence, following a school shooting at the Marjory Stoneman Douglas High School in Parkland, Florida.

In the United States, the participation of high school students in volunteer work in the community is becoming common. Indeed, community service is required in many U.S. high schools. Flanagan (2004) argues that
community volunteer service provides structured outlets for adolescents to meet a wider circle of community people and to experiment with new roles. The community youth development movement is based on the belief that such community service provides an opportunity to focus on the strengths and competencies of youth rather than on youth problems (see Villarruel, Perkins, Borden, & Keith, 2003). One research team found that participation in community service and volunteerism assisted in identity clarification and in the development of political and moral interests (McIntosh, Metz, & Youniss, 2005). Adolescent volunteering has also been found to reduce depression and increase positive emotions (Moreno, Furtner, & Rivara, 2013). Both parents and peers have been found to influence volunteering and other community engagement, with peers gaining influence over the course of adolescence (van Goethem, van Hoof, van Aken, de Castro, & Raaijmakers, 2014).

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

Work

Like many adolescents, Carl Fleischer and Monica Golden also play the role of worker in the labor market. Limited employment can provide an opportunity for social interaction and greater financial independence. It may also lead to personal growth by promoting notions of contribution, responsibility, egalitarianism, and self-efficacy and by helping the adolescent to develop values and preferences for future jobs—answers to questions like “What kind of job would I like to have in the future?” and “What am I good at?” For example, Monica tried many jobs before deciding that she loves working with children and wants to become a pediatrician. In addition, employment may also offer the opportunity to develop job skills, time management skills, customer relation skills, money management skills, market knowledge, and other skills of value to future employers.

The U.S. Department of Labor has launched an initiative called YouthRules! that seeks to promote positive and safe work experiences for young workers (see www.youthrules.dol.gov). They have developed guidelines that are the social policy result of research that suggests that for youth, work, in spite of some positive benefits, may also detract from development by cutting into time needed for sleep, exercise, maintenance of overall health, school, family relations, and peer relations. Current guidelines for adolescent employment are overviewed in Exhibit 6.5.

Adolescent employment is often thought to promote positive psychosocial development. One research team has examined the positive and negative outcomes of adolescent employment among adolescents over age 16. The researchers found positive outcomes when adolescent workers are engaged in work that offers moderate levels of autonomy and skill use, moderate to high levels of learning, high levels of opportunities to be helpful, and supervisor and coworker support. Negative outcomes were found when youth workers reported moderate levels of work stress and work-school conflict (Rauscher, Wegman, Wooding, Davis, & Junkin, 2012). Another research team studied the relationships among adolescent work intensity, school performance,
## EXHIBIT 6.5  ● Department of Labor Guidelines for Adolescent Paid Work

<table>
<thead>
<tr>
<th>Age</th>
<th>Hours That Can Be Worked</th>
<th>Jobs That Can Be Done</th>
<th>Recommended Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14</td>
<td>No guidelines</td>
<td>Limited to:</td>
<td>No guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*newspaper delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*babysitting on casual basis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>*working as actor or performer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*homeworker making evergreen wreaths</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*working for business owned by parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*other rules for agriculture workers</td>
<td></td>
</tr>
<tr>
<td>14 or 15</td>
<td>May not work:</td>
<td>Allowed jobs include:</td>
<td>In most circumstances, the federal minimum wage, $7.25 per hour, must be paid.</td>
</tr>
<tr>
<td></td>
<td>*more than 3 hours on</td>
<td>*retail occupations</td>
<td>As little as $4.25 may be paid for the first 90 consecutive calendar days of</td>
</tr>
<tr>
<td></td>
<td>school day</td>
<td>*intellectual or creative work such as computer programming, teaching,</td>
<td>employment for any employer.</td>
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<tr>
<td></td>
<td>*more than 18 hours</td>
<td>tutoring, singing, acting, or playing an instrument</td>
<td></td>
</tr>
<tr>
<td></td>
<td>per week during school</td>
<td>*errand or delivery work by foot, bicycle, and public transportation</td>
<td></td>
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<tr>
<td></td>
<td>year</td>
<td>*clean-up and yard work that does not include using power-driven</td>
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<td></td>
<td>*more than 8 hours per</td>
<td>machinery</td>
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<td></td>
<td>day when school is not</td>
<td>*servicing cars and trucks, such as dispensing gasoline or oil and</td>
<td></td>
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<tr>
<td></td>
<td>in session</td>
<td>washing and hand polishing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*more than 40 hours</td>
<td>*food service, such as reheating food, washing dishes, cleaning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>per week when school is</td>
<td>equipment, and limited cooking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not in session</td>
<td>*some food market services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*before 7 a.m. or after</td>
<td>*loading or unloading objects for use at a worksite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 p.m. during the school</td>
<td>*certain tasks in sawmills and woodshops when certain criteria are met</td>
<td></td>
</tr>
<tr>
<td></td>
<td>year</td>
<td>*lifeguard duties for 15-year-olds who meet certain requirements</td>
<td></td>
</tr>
<tr>
<td>16 or 17</td>
<td>Unlimited hours</td>
<td>Any job that has not been declared hazardous by the secretary of labor</td>
<td>In most circumstances, the federal minimum wage, $7.25 per hour, must be paid.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>is permissible for 16- and 17-year-olds.</td>
<td>As little as $4.25 may be paid for the first 90 consecutive calendar days of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>employment for any employer.</td>
</tr>
<tr>
<td>18</td>
<td>Unlimited hours</td>
<td>Any job</td>
<td>In most circumstances, the federal minimum wage, $7.25 per hour, must be paid.</td>
</tr>
</tbody>
</table>

**Source:** Based on YouthRules!, 2017.
and substance use in 10th- and 12th-grade students. They found that 12th graders were more likely to be employed than 10th graders and to spend longer hours on the job. White students were more likely to be employed than minority students, but among the students who were employed, African American and Hispanic students were more likely than White students to spend long hours on the job, and Asian American students were less likely than White students to work intensively. The researchers also found that intensive work was related, overall, to poor school performance and substance use, but the relationship between intensive work and problem behaviors was significantly weaker for Hispanic and African American students than for White and Asian American students—and significantly weaker for low-income students than for less economically disadvantaged students (Bachman, Staff, O’Malley, & Freedman-Doan, 2013). These findings suggest the need for further research about how different groups of adolescents benefit or are harmed by intensive work.

Technology

According to a 2018 report from the Pew Research Center, 95% of U.S. teens (ages 13 to 17) have a smartphone or access to one, and 88% report having access to a desktop or laptop computer at home (Anderson, 2018). Teens from households with an annual income of $75,000 or more are more likely than teens from households with an annual income of $30,000 or less to have access to a computer at home (96% vs. 75%). In addition, teens with parents with a bachelor’s degree are more likely than teens with parents with a high school degree or less to have access to a computer at home (94% vs. 78%). With this high level of access to mobile Internet connections, teens engage in persistent online activities; 45% of teens report being online on a near-constant basis. In 2015, Facebook was the dominant online platform for teens, but in 2018 51% of teens reported using Facebook compared to 85% using YouTube, 72% using Instagram, and 69% using Snapchat. Girls are more likely than boys to say Snapchat
is their most used site and boys are more likely than girls to identify YouTube as their most used site. Lower-income teens are more likely to use Facebook than higher-income teens, White teens are more likely than Hispanic and Black teens to use Snapchat, and Black teens are more likely than White teens to use Facebook. A majority of both boys and girls play video games, but gaming is almost universal among boys with 97% playing compared to 83% of girls. As new platforms are developed, teens are more likely than other age groups to try them out, and they are quite fluid in their usage. Some teens (31%) report that social media has a mostly positive effect on their lives, others (24%) report that it has a mostly negative effect, and the largest share (45%) report that social media has neither a positive nor negative effect on their lives.

Sherry Turkle (2011), professor of social studies of science and technology at the Massachusetts Institute of Technology, has been studying the impact of ICTs on human behavior since the 1990s. She acknowledges that the Internet fosters social connections, identity development, and access to information of almost any kind. She also suggests that, like adults, today’s adolescents are tethered to their technologies, living in a constant state of waiting for connection and endangering themselves by texting while walking or driving. Some adolescents complain that their technologies mean they are always “on call” to parents and friends alike. They work on identity development in an era when photos or messages can be sent to audiences they did not select. They are often physically present in one setting while mentally present in one or more other settings, and they interact with both parents and friends who are physically present while being mentally present elsewhere.

Common Sense Media explored technology addiction for adolescents and found that 69% of parents and 78% of teens check their mobile devices at least hourly, 48% of parents compared to 72% of teens feel the need to respond immediately to text/social media notifications on their devices, and 59% of parents believe their children are addicted to their mobile devices compared to 50% of the teens who feel they are addicted (Felt & Robb, 2016). Finally, parents, school officials, and legislators have become increasingly concerned about
adolescents’ exposure to sexually explicit material and pornography and direct contact, harassment, or exploitation via the Internet. Assessing prevalence rates of intentional pornography usage among adolescents is complicated by the method of data collection, sampling, and design. Peter and Valkenburg (2016) examined 20 years of research and found a great variation in the prevalence for lifetime pornography exposure, but boys were consistently found to make greater use of pornography than girls. They also found that pornography use among adolescents increased with advancing age and that pornography users were more likely than other adolescents to hold permissive sexual attitudes and gender-stereotypical sexual beliefs. Finally, the Crimes Against Children Research Center reports that Internet sex crimes are more often cases of statutory rape where adult offenders meet, develop relationships with, and openly seduce teenagers (Wolak, Finkelhor, Mitchell, & Ybarra, 2008).

CRITICAL THINKING QUESTIONS 6.3

Children and adolescents in the United States spend less time on school-related activities than students in most other high-income countries. Do you think children and adolescents in the United States should spend more time in school? How would you support your argument on this issue? How could high schools in the United States do a better job of supporting the cognitive development of adolescents? Should the high school be concerned about supporting emotional and social development of adolescents? Why or why not?

ADOLESCENT SPIRITUALITY/RELIGIOSITY

Psychologists and anthropologists have proposed that adolescence is a time of universal “spiritual awakening.” Research has supported this idea, noting elements of service, inner spiritual growth, and a relationship with a higher power as a part of adolescent spirituality (Benson, Roehlkepartain, & Scales, 2012; Cobb, Kor, & Miller, 2015). Many cultures and religious traditions have coming-of-age rituals that have a spiritual component (Cobb et al., 2015). As adolescents develop greater capacity for abstract thinking, they often search for meaning in life experiences, and some researchers consider adolescence to be the most sensitive life stage for spiritual exploration (Kim & Esquivel, 2011; Magaldi-Dopman & Park-Taylor, 2010). In recent years, behavioral scientists and mental health professionals have developed an interest in spirituality/religiosity (S/R) as a source of resilience for adolescents (Kim & Esquivel, 2011). Spirituality is a personal search for meaning and relationship with the sacred, whether that is found in a deity or some other life force. Religiosity comprises beliefs and actions associated with an organized religious institution (Good, Willoughby, & Busseri, 2011). S/R includes both personal and institutional ways of connecting with the sacred.

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

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

The largest cluster at both time periods was the disconnected wonderers, a group that was not involved in any form of spiritual or religious practices but reported often wondering about spiritual issues. As you can see, this group grew from 11th to 12th grade, and the group with high spirituality/high religiosity declined. The meditators may or may not have been meditating as a spiritual practice; meditating may have been related to a physical fitness or other type of physical and/or mental health regimen.

Another research team studied spirituality and religion among a group of junior high and high school students in Israel. They found four patterns of spiritual life among their sample of adolescents. One group, consisting of 28% of the sample, had both strong religious practice and strong spiritual beliefs and experiences; this group was labeled Highest Overall Spirituality. Another group consisting of 28% of the sample had moderate...
to high levels of spiritual experience but generally no religious practice; this group was labeled the Spiritual Experience Group. A group labeled Religious Practice constituted the smallest group of the sample (11%); this group had moderate to high levels of religious practice and low levels of spiritual experience. The largest group in the sample (34%) reported low levels of spiritual experience and low levels of religious practice; this group was labeled the Lowest Overall Spirituality group (Cobb et al., 2015). This research did not examine how many in this low spirituality group might be the disconnected wanderers identified in the Canadian study.

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

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

ADOLESCENT SEXUALITY

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

Sexual Decision Making

Transition into sexual behavior is partly a result of biological changes. The amount of the sex hormone DHEA in the blood peaks from ages 10 to 12, a time when both boys and girls become aware of sexual feelings. The way sexual feelings get expressed, however, can depend largely on sociocultural factors. Youth are influenced by the attitudes toward sexual activity that they encounter in their environment, at school; among peers, siblings, and family; in their clubs or organizations; in the media; and so on (Cox, Shreffler, Merten, Schwerdtfeger Gallus, & Dowdy, 2015). When and how they begin to engage in sexual activity are closely linked to what they perceive to be the activities of their peers (Hafen et al., 2012). Risk factors for early sexual activity include early puberty, poor parent–adolescent communication, weak parental monitoring, poor school performance, and sexually active peers (Negriff, Susman, & Trickett, 2011). Finally, beliefs and behaviors regarding
sexuality are also shaped by one’s culture, religion/spirituality, and value system. Adolescents report a variety of social motivations for engaging in sexual intercourse, including developing new levels of intimacy, pleasing a partner, impressing peers, and gaining sexual experience (Impett & Tolman, 2006).

As the pubertal hormones cause changes throughout the body, most adolescents spend time becoming familiar with those changes. For many, exploration includes masturbation, the self-stimulation of the genitals for sexual pleasure. In the most comprehensive U.S. sex study in decades, the National Survey of Sexual Health and Behavior conducted in 2009 included a nationally representative sample of 14- to 17-year-olds and questions about masturbation (Herbenick et al., 2010). Seventy-four percent of boys and 48% of girls reported ever masturbating. Masturbation has negative associations for some adolescents. Thus, masturbation may have psychological implications for adolescents, depending on the way they feel about it and how they think significant others feel about it. Female college students who are high in religiosity report more guilt about masturbation than female college students who are low in religiosity (J. Davidson, Moore, & Ullstrup, 2004).

The 2015 YRBSS suggests that in the United States the rate of engaging in sexual intercourse among high school students has decreased since the last survey. In 2015, approximately 41% of high school students reported having had sexual intercourse during their life, 3.9% had sexual intercourse for the first time before age 13, 11.5% have had sexual intercourse with four or more persons during their life, and 30.1% were sexually active during the last 3 months (Kann et al., 2016). Of the 30.1% of high school students who indicated that they are currently sexually active, 56.9% report that either they or their partner used a condom during last sexual intercourse, 20.6% had drunk alcohol or used drugs before their last sexual intercourse, and 13.8% reported not using any method to prevent pregnancy during their last sexual intercourse (Kann et al., 2016). Adolescents are about as likely to engage in oral sex as vaginal intercourse (Casey Copen, Chandra, & Martínez, 2012).

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

Rates of sexual activity among teens in the United States are fairly comparable to those in western Europe, yet the incidence of adolescent pregnancy and childbearing in the United States exceeds that in other economically advanced countries (Martinez, Copen, & Abma, 2011). For instance, the teen birth rate in the United States in 2015 was more than twice the rate in Canada and more than 3 times the rate in Finland, Germany, Iceland, Italy, Libya, Luxembourg, Maldives, Norway, and Sweden (United Nations Population Division, 2017). This discrepancy is probably related to three factors: Teenagers in the United States make less use of contraception than teens in European countries, reproductive health services are more available in European countries, and sexuality education is more comprehensively integrated into all levels of education in most of Europe than in the United States.

**Sexual Orientation**

As they develop as sexual beings, adolescents begin to consider sexual attraction. Sexual orientation refers to erotic, romantic, and affectionate attraction to people of the same sex (gay or lesbian), the opposite sex (heterosexual), both sexes (bisexual), or none. There are also questioning adolescents who are less certain of their sexual orientation than those who label themselves as heterosexual, bisexual, or gay/lesbian, and increasingly we are aware that sexual orientation is more fluid and complex than we once thought (Poteat, Aragon, Espelage, & Koenig, 2009). Research indicates that the current generation of lesbian, gay, bisexual, and questioning youth uses the Internet to get information about sexual orientation and to begin the coming-out process. This provides a safe and anonymous venue for exploration and questioning as well as for initiating the coming-out process; it can lead to greater self-acceptance before coming out to family and friends (Bond, Hefner, & Drogos, 2009). Researchers are currently focusing on three indicators of same-sex sexual orientation: same-sex attractions; same-sex sexual behaviors; and self-labels as gay, lesbian, or bisexual (see Russell et al., 2012; Saewyc, 2011). Glover, Galliher, and Lamere (2009) suggest that sexual orientation should be conceptualized as a “complex configuration of identity, attractions, behaviors, disclosure, and interpersonal explorations” (pp. 92–93).
Theory and research about adolescent sexual orientation are not new, but there has been a very large increase in research on the topic in the past 15 years. The following discussion presents the major themes of Elizabeth Saewyc’s (2011) comprehensive review of the research on adolescent sexual orientation published in the decade from 1998 to 2008. The research is still trying to untangle the multiple influences on sexual orientation, but there is general agreement that both genetic and environmental influences are involved. Researchers have struggled with how to define and measure sexual orientation, for example, whether to use measures of attraction, self-identity, or sexual behavior. Even though different measures are used across different studies, researchers consistently find that adolescents with a sexual orientation other than heterosexual report less supportive environments and less nurturing relationships with their parents than heterosexual youth. The research also consistently indicates that sexual minority youth have increased risk for developmental stressors and compromised health.

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

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

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

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

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

Saewyc’s (2011) research review indicates the important influence of school climate on the well-being of sexual minority youth. For decades, GLSEN (the Gay, Lesbian, and Straight Education Network) has conducted a National School Climate Survey (NSCS) to document the unique challenges that 6th- to 12th-grade LGBTQ students face and to identify interventions that can improve school climate. The 2015 NSCS (Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016) found that 85.2% of LGBTQ (lesbian, gay, bisexual, transgender, and queer) students experienced verbal harassment at school and 56.2% reported hearing homophobic remarks from their teachers or other school staff. A third of LGBTQ students (31.8%) missed at least one entire day of school in the past month because they felt unsafe or uncomfortable. Moreover, several students noted discriminatory policies/procedures at their schools, including students being prevented from wearing clothes incongruent with their sex assigned at birth,
attending a dance/function with someone of the same gender, or forming or promoting a GSA (gay/straight alliance) (Kosciw et al., 2016). Based on the 2015 NSCS findings, GLSEN makes five recommendations that have relevance for social workers working in school settings:

1. Increase student access to appropriate and accurate information regarding LGBTQ people, history, and events through inclusive curricula and library and Internet resources.

2. Support student clubs, such as GSAs, that provide support for LGBTQ students and address LGBTQ issues in education.

3. Provide professional development for school staff to improve rates of intervention and increase the number of supportive teachers and other staff available to students.

4. Ensure that school policies and practices, such as those related to dress codes and school dances, do not discriminate against LGBTQ students.

5. In individual schools and districts, adopt and implement comprehensive bullying/harassment policies that specifically include sexual orientation, gender identity, and gender expression, with clear and effective systems for reporting and addressing incidents that students experience. (Kosciw et al., 2016, p. xxv)

Pregnancy and Childbearing

In 2014, there were 249,078 babies born to adolescent girls aged 15 to 19 in the United States (Hamilton, Martin, Osterman, & Curtin, 2015). This is a birth rate of 24.2 per 1,000 15- to 19-year-old females. Of these births, approximately 89% occurred outside of marriage and 17% were to adolescents who already had a child. The teen pregnancy rate in the United States has declined relatively consistently since the early 1990s (the 1991 rate was 61.8/1,000), but it is still higher than the rate in many other economically advanced countries (Hamilton et al., 2015). Teenage pregnancy rates and birth rates vary considerably by race and ethnicity as well as by region of the country. In 2014, Hispanic/Latinx girls had the highest birth rate (38 per 1,000), and Black girls had the second highest rate (34.9 per 1,000), followed by their White counterparts (17.3 per 1,000) (Hamilton et al., 2015). The lowest teen birth rates were reported in the Northeast, Wisconsin, Minnesota, Indiana, Utah, and Washington, and the highest teen birth rates were from the southern region of the United States, from New Mexico east to West Virginia, plus Wyoming. (See how your state compares on pregnancy rates, birth rates, sexual activity, and contraceptive use at www.hhs.gov/ash/oah/resources-and-publications/facts.)

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

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

Sexually Transmitted Infections

Youth have always faced pregnancy as a possible consequence of their sexual activity, but other consequences include infertility and death as a result of sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs). Adolescents aged 15 to 24 comprise half of the 20 million new cases of STIs each year in the United States, and one out of every four sexually active teenaged girls has an STD such as chlamydia or human papillomavirus (Centers for Disease Control and Prevention [CDC], 2017g).
Research has found several contextual and personal factors to be associated with STIs, including housing insecurity, exposure to crime, childhood sexual abuse, gang participation, frequent alcohol use, and depression (Buffardi, Thomas, Holmes, & Manhart, 2008). The CDC (2017g) adds that the “higher prevalence of STDs among adolescents also may reflect multiple barriers to accessing quality STD prevention and management services, including inability to pay, lack of transportation, long waiting times, conflict between clinic hours and work and school schedules, embarrassment attached to seeking STD services, method of specimen collection, and concerns about confidentiality” (para. 1).

Data collection on STIs is complicated for several reasons. State health departments have different requirements about which STIs must be reported. STIs are not always detected and reported. Some STIs, such as chlamydia and HPV (human papillomavirus) are often asymptomatic and go undetected. In addition, many surveys are not based on representative samples. So despite the fact that the best estimates available indicate that adolescents and young adults ages 15 to 24 constitute 25% of the sexually active population, they account for half of the STI diagnoses each year (CDC, 2017g).

Unfortunately, HIV/AIDS is also a risk to adolescent health around the world. In 2016, there were 30.8 to 42.9 million people living with HIV worldwide, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2017). The number of new HIV infections in 2016 is estimated from 1.6 to 2.1 million, and the number of AIDS-related deaths was from 830,000 to 1.2 million for the same year (UNAIDS, 2017). In the United States in 2015, young people aged 13 to 24 accounted for 22% of the new HIV diagnoses, and despite the fact that the rate for new HIV infections is declining for gay and bisexual men, they still made up most of the new cases in 2015 (CDC, 2017h). The Centers for Disease Control and Prevention cite five barriers to HIV prevention for youth: (1) inadequate sex education: few high schools cover the 16 topics recommended by the CDC including information for gay and bisexual men, sex education does not begin early enough, and sex education has been declining over time (percentage of students required to receive HIV prevention information declined from 64% in 2000 to 41% in 2014); (2) youth risk behaviors, including rates of HIV testing, substance use, condom use, and multiple partners; (3) higher STD rates for youth; (4) HIV stigma, which means that youth may not feel comfortable disclosing their status; and (5) feelings of isolation. Gay and bisexual youth are more likely to experience bullying, violence, mental distress, substance use, and risky sexual behaviors. In the 2015 YRBSS, only 10.2% of students stated that they had been tested for HIV (Kann et al., 2016).

### CRITICAL THINKING QUESTIONS 6.4

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

### POTENTIAL CHALLENGES TO ADOLESCENT DEVELOPMENT

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

### Substance Use and Abuse

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

The rate of illicit drug use declined among U.S. adolescents aged 12 to 17 from 11.6% in 2002 to 9.3% in 2008,
then increased to 10.1% from 2009 to 2011, declined to 9.5% in 2012, and declined again to its lowest rate since 2002, 8.8%, in 2015, according to the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Abuse and Health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). Earlier research suggested that high school students in the United States maintain a higher rate of illicit drug use than youth in other economically developed countries (Johnston, O’Malley, Bachman, & Schulenberg, 2004, 2005). More recent research indicates that rates of adolescent use of illicit substances are lower in Latin America than in the United States (Torres, Peña, Westhoff, & Zayas, 2008). Overall, in 2015, SAMHSA reports that for those aged 12 to 17 in the United States, 7% were currently using marijuana, 2% were misusing psychotherapeutic drugs, 1.1% were misusing pain relievers, 0.7% were misusing tranquilizers, 0.5% were misusing stimulants, and 0.1% were misusing sedatives (SAMHSA, 2016). SAMHSA also documented that 53,000 adolescents aged 12 to 17 reported currently using cocaine in 2015 (approximately 0.2% of the adolescent population), and less than 0.1% of youth were currently using heroin in 2015 (~5,000 adolescents). For that same age group and year, 0.5% were currently using hallucinogens, 0.5% were using inhalants, and 0.7% were using methamphetamines (SAMHSA, 2016). Alcohol continues to be the most widely used of all substances for adolescents. Approximately 20% of the 12- to 20-year-old population reported drinking alcohol during the past month in 2015 (SAMHSA, 2016). Furthermore, 13.4% considered themselves binge drinkers (for boys, drinking 5 or more drinks on an occasion; for girls, drinking 4 or more drinks on an occasion), and 3.3% stated that they were heavy drinkers (those who engage in binge drinking on 5 or more days in the past 30 days) (SAMHSA, 2016). Tobacco use has steadily decreased but only slightly declined over time. In 2015, 10.8% of 9th- to 12th-grade students had smoked cigarettes on at least one day in the previous month; 10.3% had smoked cigars, cigarillos, or little cigars; 7.3% had used smokeless tobacco; and 24.1% had used electronic vapor products including e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens on at least one day in the previous month (Kann et al. 2016).

When asked why youth choose to use alcohol and other drugs, adolescents cite the following reasons: to experiment, to have a good time with friends, to appear adult-like, to relieve tension and anxiety, to deal with romantic relationships, to get high, to cheer up, and to alleviate boredom (Palamar, Griffin-Tomas, & Kamboukos, 2015; Patrick, Schulenberg, O’Malley, Johnston, & Bachman, 2011; Titus, Godley, & White, 2007). Adolescents also report the desire to gain insight as a reason for using marijuana (Palamar et al., 2015; Patrick et al., 2011). One research team studied the reasons for starting, continuing, and quitting use of alcohol and other drugs. The most common reasons for starting to use were to experiment and to be social. The most common reasons for continuing to use were liking the physiological effects and the assistance that alcohol and drugs provided for coping. The most common reasons for quitting were negative feedback and other problems associated with use (Titus et al., 2007).

Although many adolescents use alcohol and other substances, not all of them get into trouble with their usage, except for the potential legal trouble related to the illegality of their use of these substances. Some researchers have been interested in whether reasons for using during adolescence predict current and future problems with substance abuse. In longitudinal study, they have found that using alcohol and marijuana to experiment or to have fun with friends does not predict later problems. Reasons for using alcohol that did predict later substance abuse problems included using to get high, using because of boredom, using to relax, using to control emotions, and using to increase the effects of other drugs. The reasons for using marijuana during adolescence were not as predictive of future substance abuse problems, but using to get high and using to gain insight predicted more frequent long-term use (Patrick et al., 2011). Another research team found that using marijuana because of boredom, to gain insight, or to enhance the effect of other drugs increased the odds of using other illegal substances (Palamar et al., 2015). Problematic alcohol and drug use can have a negative influence on adolescents, their families, and their communities. Learning to regulate emotions is an important developmental task of adolescence, and using substances to regulate emotions can interfere with the learning process (Patrick et al., 2011). Because alcohol and illicit drugs alter neurotransmission, regular use can have harmful effects on the developing brain and nervous system (Wu, Woody, Yang, Pan, & Blazer, 2011). Early substance use increases the risk for later addiction and depression (Esposito-Smythers, Kahler, Spirito, Hunt, & Monti, 2011). Use of alcohol and other drugs can also affect the immune system and emotional and cognitive functioning, including sexual decision making (Weichold, 2007).

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

**Juvenile Delinquency**

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

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

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reports that in 2014, approximately 975,000 delinquency cases were processed in the United States, a figure down 42% since 2005 (Hockenberry & Puzzanchera, 2017). The FBI reports that in 2014, 1,023,800 juveniles (persons younger than 18) were arrested, accounting for 9.1% of all arrests in the United States (Puzzanchera & Kang, 2017). The OJJDP and the vast majority of juvenile court jurisdictions categorize juveniles along a gender binary, female/male, based on biological primary sex characteristics. Although the percentage of delinquency among those classified as girls increased from 19% in 1985 to 28% in 2005, it has plateaued since then with the 2014 rate also at 28%. In 2014, girls were involved in approximately 269,900 cases of delinquency, compared to 705,100 for boys (Hockenberry & Puzzanchera, 2017). It is important to note that for the total U.S. adolescent population in 2014, White/Caucasian youth comprised 54%, Hispanic/Latinx youth comprised 23%, Black/African American youth comprised 14%, Asian American youth comprised 5%, multiracial youth comprised 3%, American Indian/Alaska Native comprised 1%, and Native Hawaiian/Other Pacific Islanders comprised 0.5%. However, 43% of the delinquency cases handled in 2014 were for White/Caucasian youth, 36% were for Black/African American youth, 18% were for Hispanic/Latinx youth, 2% were for American Indian/Alaska Native youth, and 1% were for Asian American youth. Despite similar offending patterns and rates of self-reported crime, the delinquency case rate for Black youth (75.1 per 100,000) was triple the rate of White and Latinx youth (which were similar at 24.1 and 25.1 respectively) (Hockenberry & Puzzanchera, 2017) in a phenomenon called disproportionate minority contact (McCarter, 2011). This is an important issue for social work concern.

**Bullying**

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

- **Verbal bullying**: saying or writing mean things (teasing, name calling, inappropriate sexual comments, taunting, threatening to cause harm)
- **Social/relational bullying**: hurting a person’s reputation (leaving someone out on purpose, telling others not to be friends with someone, spreading rumors about someone, publicly embarrassing someone)
- **Physical bullying**: hurting a person’s body or possessions (hitting/kicking/pinching, spitting, tripping/pushing, taking or breaking someone’s things, making mean or rude hand gestures)
Most adolescents who bully may also have been victims of bullying, and both bullies and victims can have serious, lasting problems.

The 2015 YRBSS found that 20.2% of high school students had been bullied on school property in the 12 months preceding the survey (Kann et al., 2016). Prevalence rates were higher for girls (24.8%) than boys (15.8%); higher for White youth (23.5%) than Hispanic (16.5%) and Black youth (13.2%); and highest for younger youth, led by 9th graders (23.4%) and followed by 10th graders (20.8%), 11th graders (20.3%), and 12th graders (15.9%). Similarly, 15.5% of high school students had been cyberbullied or electronically bullied (via e-mail, chat rooms, instant messaging, websites, or texting) during the 12 months before the YRBSS, following the same prevalence trends as those bullied on school property with the exception of age.

### School-to-Prison Pipeline

The “school-to-prison pipeline” refers to the pathway, most notably for vulnerable students, from the education system into the juvenile and criminal justice systems (American Civil Liberties Union, 2017). Eight factors typically affect youth in the school-to-prison pipeline: (1) “zero-tolerance” policies, (2) high-stakes testing, (3) exclusionary discipline, (4) race/ethnicity, (5) gender identity/sexual orientation, (6) socioeconomic status, (7) disability/mental health, and (8) school climate (which includes the presence of school resource officers [SROs], school social workers, guidance counselors, and nurses) (McCarter, 2017). Students of color, with disabilities, or with nonheterosexual orientation are overrepresented in school disciplinary actions. The U.S. Department of Education (2014) reports that, during the 2011–2012 school year, 3.5 million students were suspended in school, 3.45 million students were suspended out of school, and 130,000 students were expelled. Exhibit 6.6 lists the percentage of all school suspensions and expulsions by race/ethnicity during the 2011–2012 school year. For some time, the data have clearly shown that Black/African American students are suspended and expelled at 3 times the rate of White students, and students with disabilities are twice as likely as students without disabilities to receive out-of-school suspension (U.S. Department of Education, 2014). This is an important policy practice issue for social workers who work in school settings.

According to a Council of State Governments’ study (Fabelo et al., 2011) of almost a million students in Texas, only 3% of the schools’ disciplinary actions were for state-mandated suspensions and expulsions, demonstrating the role that local school discretion plays in suspensions and expulsions. In that study, approximately 83% of African American male students had at least one discretionary violation, meaning a violation of

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**EXHIBIT 6.6 ● Percentages of All School Suspensions and Expulsions by Race/Ethnicity, 2011–2012**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of Total Enrollment</th>
<th>Percentage of In-School Suspensions</th>
<th>Percentage of Out-of-School Suspensions</th>
<th>Percentage of Multiple Out-of-School Suspensions</th>
<th>Percentage of Expulsions</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>51%</td>
<td>40%</td>
<td>36%</td>
<td>31%</td>
<td>35%</td>
</tr>
<tr>
<td>Two or More</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>24%</td>
<td>22%</td>
<td>23%</td>
<td>21%</td>
<td>22%</td>
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<tr>
<td>Black/African American</td>
<td>16%</td>
<td>32%</td>
<td>33%</td>
<td>42%</td>
<td>34%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.5%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

the school’s code of conduct rather than a violation of state law. When the state researchers used multivariate analyses to control for 83 different variables and isolate the effects of race on disciplinary action, they found that African American students had a 31% higher likelihood of school discretionary action when compared with identical White or Hispanic youth.

When students are suspended or expelled, the likelihood that they will repeat a grade, drop out, or have contact with the juvenile or criminal justice system increases significantly. Fabelo et al. (2011) report that students who have been suspended or expelled at least once have a more than 1-in-7 chance of subsequent contact with the juvenile justice system. Of David, Carl, and Monica, who do you think is most likely to face school disciplinary action and possible juvenile justice involvement? For what reasons?

**Community Violence**

The Bureau of Justice Statistics and the National Center for Education Statistics reported that in 2014 approximately 850,100 nonfatal victimizations occurred at school (includes 363,700 theft victimizations and 486,400 simple assault and serious violence victimizations) for students aged 12 to 18 (Zhang, Musu-Gillette, & Oudekerk, 2016). This equates to 33 nonfatal victimizations at school per 1,000 students; another 24 victimizations per 1,000 students occur away from school. From 1992 to 2014, the total victimization rate for students at school declined 82%. Notably, students in rural schools experienced higher rates of total victimization at school (53/1,000 students) as compared to students in suburban schools (28/1,000 students) (Zhang et al., 2016).

Data collected in 2015 as part of the YRBSS reveal that on at least 1 of the 30 days preceding the survey, 16.2% of high school students had carried a weapon and 5.3% had carried a gun. During the 12 months that preceded the survey, 2.9% had been in a physical fight for which they had to be treated by a doctor or nurse and 7.8% had been in a physical fight on school property one or more times in the last 12 months (Kann et al., 2016). Even if they are not perpetrators or direct victims of violence, many U.S. adolescents witness violence, and adolescents are at particular risk for exposure to violence. Exposure to community violence, either as victim or witness, has been linked to a variety of mental health outcomes, including involvement in antisocial behaviors, delinquency, and aggression, as well as depression, anger, anxiety, dissociation, post-traumatic stress, and trauma symptoms (Baskin & Sommers, 2015; Farrell, Mehari, Kramer-Kuhn, & Goncy, 2014). These outcomes have been found in samples of low-income families, inner-city youth, and suburban youth.

Homicide also disproportionately affects younger persons in the United States. In 2014, 4,300 youth aged 10 to 24 were the victims of homicide, representing 12 youth murders each day. Of those homicide victims, 86% were boys and 14% were girls. Homicide was the third leading cause of death for all juveniles ages 10 to 24, and 86% of the homicides in 2014 were committed with a firearm (CDC, 2016e).

School shootings have received considerable media attention since the 1990s, and many youth report feeling unsafe at school. Media attention to school shootings became more intensive as such shootings moved from urban to suburban and rural schools. Researchers report that school shootings are extraordinarily rare and schools remain one of the safest environments for children and youth. And yet when these tragedies occur, they devastate the school and community. Mongan (in press) distinguishes five types of school shootings: targeted school shootings, government school shootings, terrorist school shootings, mass school shootings, and rampage school shootings. In the targeted school shooting, the perpetrator targets one or more students or school staff and does not randomly shoot other people. This is by far the most frequent type of school shooting but not the one that gets the most media attention. Government school shootings are rare but typically involve law enforcement using force in instances of some type of disturbance. Terroristic school shooting is another rare type of school shooting. In these shootings, a school is attacked for political or ideological reasons. The specific school and victims are usually chosen at random. Terroristic school shootings have not occurred in the United States in recent times and are more likely to occur in places like Israel where there are active warring parties. Mass school shootings are done by perpetrators who have no current or past connection to the targeted school but choose a school setting because schools provide for a high number of causalities. Rampage school shootings are the type most people think of when they talk about school shootings. These shootings involve perpetrator(s) who are current or former members of the school and who shoot multiple victims, with at least some of the victims being chosen at random. These school shootings are planned in advance and are not the result of impulsive behaviors. Mongan (in press) reports that there have been 35 rampage school shootings in
primary and secondary schools in the United States since 1974, but I know of at least one that has occurred since his count.

After each rampage school shooting, people grapple with why it happened. A variety of explanations have been put forward, including perpetrator mental health, easy access to weapons, bullying of the perpetrator, violent video games, antidepressants, and neglectful or harsh parenting. Too many access doors was suggested as a factor in the recent rampage shooting in Santa Fe, Texas. Research suggests that none of these explanations is adequate to explain all rampage shootings. Mongan (in press) suggests that a process theoretical approach may be the most useful way to think about how perpetrators come to engage in rampage school shootings. He recommends Prochaska and DiClemente’s (2005) transtheoretical stages of change model (TTM) to understand how a school shooter develops over an extended period. This model suggests that a behavior such as perpetrating a school shooting develops through stages of precontemplation, contemplation, preparation, and action. Most rampage school shootings end in the perpetrator either committing suicide or being killed, making it hard to develop an understanding of their motives for and processes of coming to be a school shooter.

**Dating Violence and Statutory Rape**

Dating violence is violence that occurs between two people in a close relationship; it includes physical violence, emotional violence, and sexual violence. **Acquaintance rape** can be defined as forced, manipulated, or coerced sexual contact by someone known to the victim. Women ages 16 to 24 are the primary victims of acquaintance rape, but junior high school girls are also at great risk (Lauritsen & Rezey, 2013). In the United States in 2015, 9.6% of high school students responded to the YRBSS that they had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend at least once over the course of the 12 months that preceded the survey (Kann et al., 2016). The YRBSS data reveal that 6.7% of the students stated that they had been physically forced to have sexual intercourse against their will. This prevalence was higher for girls (10.3%) than boys (3.1%), and overall, the prevalence was higher among Black (10.5%) and Hispanic (8.8%) than White (7%) students. Because they are underreported, dating violence and acquaintance rape may be even more prevalent among adolescents than the data suggest.

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

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

Additional threats to physical and mental health may stem from poverty and low educational attainment, both of which are rampant in the nonindustrialized world. Poverty is also a growing problem among U.S. adolescents aged 12 to 17. In 2014, 18% of U.S. adolescents lived in families with incomes below the poverty line (defined as a family of four making $23,850 or less) (U.S. Census Bureau, 2015). Black (36%), American Indian (34%), and Hispanic (31%) children and youth are more likely to live in poverty than Asian (13%) and White (12%) children and youth (Annie E. Casey Foundation, 2017). Living in poverty in adolescence increases the likelihood of low academic achievement, dropping out of school, teen pregnancy and childbearing, engaging in delinquent behavior, and unemployment during adolescence and young adulthood (Wight, 2011).

Low school attainment has a negative effect on adult opportunities and health across the adult life course. In the United States, high school graduation rates are a key measure of whether schools are making adequate yearly progress (AYP) under the provisions of the No Child Left Behind (NCLB) legislation. For a number of years, educational experts were confident that high school graduation rates in the United States had risen from about 50% in the mid-20th century to almost 90% by the end of the century (Pharris-Ciurej, Hirschman, & Willhoft, 2012). Around 2004, researchers began to suggest that a more accurate picture was that 65% to 70% of high school students actually earned a high school diploma. Controversies developed about how to measure high school graduation. A number of researchers noted that the percentage of GED recipients are more similar to high school dropouts than to those who receive a high school diploma. Students from low-income families are 25% less likely than students from nonpoor families to graduate from high school. Recent research indicates that transition to 9th grade is a particularly vulnerable time for students who will later drop out of school (Pharris-Ciurej et al., 2012). The Annie E. Casey Foundation’s (2017) Kids Count Data Center reports that one in six (17%) high school students do not graduate in 4 years.

Obesity and Eating Disorders

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

An increasing minority of adolescents in the United States is obese, and the risks and biopsychosocial consequences of this can be profound (Cromley, Neumark-Sztainer, Story, & Boutelle, 2010). The Centers for Disease Control and Prevention estimate that the percentage of adolescents aged 12 to 19 who are obese increased from 5% in 1980 to 20.5% in 2014 (obesity is defined as a BMI greater than or equal to the 95th percentile) (Ogden, Carroll, Fryar, & Flegal, 2015).

It is important to note that this is a worldwide trend. According to one report (James, 2006), almost half of the children in North and South America, about 38% of children in the European Union, and about 20% of children in China were expected to be overweight by 2010. Significant increases were also expected in the Middle East and Southeast Asia. Mexico, Brazil, Chile, and Egypt have rates comparable to fully industrialized countries. Although nationally representative data on obesity are rare, the available data indicate that child and adolescent obesity continues to increase around the world (Harvard School of Public Health, 2012).

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

Adolescents’ body dissatisfaction reflects the incongruence between the societal ideal of thinness and the beginning of normal fat deposits in pubescent young people. Body dissatisfaction is a significant factor in three feeding/eating disorders, anorexia nervosa, bulimia nervosa, and binge eating disorder, that often have their onset in adolescence. (See Exhibit 6.7 for a description of these disorders; American Psychiatric
Additional symptoms of depression not unique to adolescence include pervasive inability to experience pleasure, severe psychomotor retardation, delusions, and a sense of hopelessness (Mayo Clinic, 2017a). Depressed adolescents often present with irritable rather than depressed mood (Thapar et al., 2012).

The many challenges of adolescence sometimes prove overwhelming. We have already discussed the risk of suicide among gay male and lesbian adolescents. In the United States during the 12 months preceding the 2015 YRBS survey, 29.9% of high school students reported having felt so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities (Kann et al., 2016). Furthermore, 17.7% had seriously considered attempting suicide; 14.6% had made a suicide plan; 8.6% had actually attempted suicide; and 2.8% had made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (Kann et al., 2016). Overall, suicide is the second leading cause of death for adolescents in the United States accounting for 17.4% of the deaths for those aged 10 to 24 in 2014 (Kochanek, Murphy, Xu, & Tejada-Vera, 2016). Cheryl King and Christopher Merchant (2008) have analyzed the research on factors associated with adolescent suicidal thinking and behavior and identified a number of risk factors: social isolation, low levels of perceived support, childhood abuse and neglect, and peer abuse.

### SOCIAL WORK GRAND CHALLENGE: ENSURE HEALTHY DEVELOPMENT FOR ALL YOUTH

Recently, the American Academy of Social Work and Social Welfare identified 12 grand challenges for social work as a call to action (Padilla, & Fong, 2016). One of these 12 grand challenges is to “ensure healthy development for all youth,” which focuses on behavioral and mental health problem prevention through primary health care. To this end, six recommendations are offered (American Academy of Social Work and Social Welfare, 2016):

1. **Ensure that 10% of all public funds spent on young people support effective prevention programs.**
2. **Increase local and state capacity to support high-quality implementation of effective preventive interventions.**
3. **Develop community-level systems to monitor risk, protection, and behavioral-health outcomes.**
4. **Provide tested, effective, family-focused, preventive interventions without cost to...**

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**EXHIBIT 6.7: Feeding and Eating Disorders That Often Begin in Adolescence**

- **Anorexia nervosa** is characterized by a distorted body image and excessive dieting that results in severe weight loss. It involves a pathological fear of becoming fat.

- **Bulimia nervosa** is characterized by episodes of binge eating followed by behaviors such as self-induced vomiting at least once a week to avoid weight gain.

- **Binge eating disorder** is characterized by recurring episodes of eating significantly excessive amounts of food in a short period of time; the episodes are accompanied by feelings of lack of control.

*Source: Based on American Psychiatric Association, 2013.*
patients or families through primary health care providers.

5. Reduce the duration of untreated mental illness in young people.

6. Train and enable a workforce for effective prevention practice.

For more information, please visit the Grand Challenges website (http://aaswsw.org/grand-challenges-initiative) and read more about the ideas to ensure healthy development for all youth at https://csd.wustl.edu/Publications/Documents/PB1.pdf.

**RISK FACTORS AND PROTECTIVE FACTORS IN ADOLESCENCE**

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

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

**CRITICAL THINKING QUESTIONS 6.5**

Adolescence is a time of rapid transition in all dimensions of life—physical, emotional, cognitive, social, and spiritual. What personal, family, cultural, and other social factors help adolescents cope with all this change? What factors lead to dissatisfaction with body image and harmful or unhealthy behaviors? How well does contemporary society support adolescent development? What do you see as risk factors and protective factors for David Costa, Carl Fleischer, and Monica Golden?

**IMPLICATIONS FOR SOCIAL WORK PRACTICE**

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

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

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

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

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

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

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

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

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

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

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

### Key Terms

<table>
<thead>
<tr>
<th>Term</th>
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### Active Learning

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

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

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

**ABA’s Juvenile Justice Committee:** http://apps.americanbar.org/dch/committee.cfm?com=CR200000
Site presented by the American Bar Association’s Juvenile Justice Committee contains links to juvenile justice-related sites.

**Add Health:** www.cpc.unc.edu/projects/addhealth
Site presented by the Carolina Population Center contains a reference list of published reports of the National Longitudinal Study of Adolescent Health (Add Health), which includes measures of social, economic, psychological, and physical well-being.

**Adolescent and School Health:** www.cdc.gov/healthyyouth
Site maintained by the Centers for Disease Control and Prevention contains links to a variety of health topics related to adolescents, including alcohol and drug use, sexual behavior, nutrition, youth suicide, and youth violence.

**BRAINWORKS:** https://sites.duke.edu/brainworks/about-brainworks
Site presented by BRAINWORKS, an interdisciplinary team of neuroscientists, psychologists, physicians, and social scientists at Duke University, contains links to research and publications directed to public understanding of the brain.

**Interagency Working Group on Youth Programs:** https://youth.gov
Site maintained by the Interagency Working Group on Youth Program, created by representatives from 20 federal agencies, includes topics, funding sources, evidence and innovation, and federal resources for youth programs.

**Social Work Grand Challenges:** http://aaswsw.org/grand-challenges-initiative
Site maintained by the American Academy of Social Work and Social Welfare includes information on the Grand Challenges for Social Work, a groundbreaking initiative to champion social progress powered by science. It’s a call to action for all of us to work together to tackle our nation’s toughest social problems.

**Understanding Sexual Health:** www.ashasexualhealth.org/sexual-health
Site maintained by the American Sexual Health Association, which is dedicated to improving sexual health, contains information about sexual health, STDs, and publications.

**Youth Risk Behavior Surveillance System (YRBSS):** www.cdc.gov/healthyyouth/data/yrbs/index.htm
Site presented by the Centers for Disease Control and Prevention contains the latest research on adolescent risk behavior.