



Mapping adolescent health risk behaviours¹

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Teens normally engage in risky behaviours

Taking risks in adolescence is a part of identity formation. As experimentation, risk behaviours may enhance self-confidence and help build relationships with peers and connections with others. Some teens, however, move beyond behaviours that might be considered developmentally-appropriate experimentation, putting themselves in situations that carry the potential for serious problems, including impairment.

Research suggests that youth who have been abused or neglected are more likely than youth without such histories to engage in behaviours that may have negative long-term consequences. This information sheet reviews research about youth risk behaviours and introduces the Maltreatment and Adolescent Pathways (MAP) project, a study of risk behaviours among teens who receive child welfare services.

Some teens engage in risky behaviours that may cause long-term problems

Although many risk behaviours may be considered a normal part of adolescent development, surveys suggest that some youth engage in forms of risk-taking that may be associated with adverse long-term consequences. For example, survey data from the U.S. Youth Risk Behaviour Surveillance Survey² (2001) indicates that 10–20% of youth engage in behaviours that put them at substantial risk for negative secondary problems (e.g., pregnancy, sexually transmitted diseases, negative self-feelings). Approximately 11% of females and 17.2% of males in Grade 9 report four or more sexual partners, but only slightly more than half used a condom. One quarter of all teens aged 14 to 17 consumed alcohol or drugs prior to their last intercourse.

Data from the Ontario Student Drug Use Survey (OSDUS)³ reveal that 14% of youth reported driving after using alcohol, with even

greater proportions reporting driving after cannabis use (20%) and having been a passenger in a car in which the driver had been drinking (29%). Hazardous levels of drinking were reported by 19% of students (27% of drinkers). Such levels of drinking increase the risk of negative consequences such as date rape⁴ and substance abuse among teens has been linked to sexually risky behaviours including unprotected sex, teen pregnancy, and a greater number of sexual partners.

Abused and neglected youth exhibit higher rates of risk-taking

Data from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect suggest high rates of problem behaviours among maltreated teens.⁵ The study found that 56% of children aged 12 to 15 reported for maltreatment were identified with behaviour problems, such as substance abuse, running away, irregular school attendance, negative peer involvement, violence toward others, and age-inappropriate sexual behaviour.

Research that compares maltreated and non-maltreated youth supports the view that maltreated youth are more likely to engage in problematic risk taking behaviours. Some of the differences documented are:

- Early drug and alcohol use,⁶ heavy drug and alcohol use,⁶ binge drinking,⁷ use of multiple substances,⁸ street drug use,⁹ and at least weekly use of tobacco, alcohol and/or marijuana^{10,11} are reported more often among maltreated than non-maltreated teens.
- Running away from home,¹² dropping out of school,^{10,11} having sexual intercourse, causing pregnancy or being pregnant,^{10,11} teen parenthood,¹³ sexual promiscuity and sexual risk-taking^{11,14} occur in larger proportions of maltreated youth.
- Carrying weapons, engaging in delinquent behaviour (e.g., assault and vandalism), and

exposure to threatening and violent dating behaviour¹⁵ are more common among abused and neglected teens.

Each of these risky behaviours on its own may be associated with negative consequences. Recent research suggests risk behaviours often occur in clusters,¹⁶ placing youth at risk for a variety of adverse outcomes.

How are child maltreatment and risky adolescent behaviours linked?

The research cited above shows that teens who have experienced maltreatment are more likely than non-maltreated teens to engage in patterns of risky behaviour. To date, research studies have not examined the pattern of risky behaviours among maltreated teens who have been involved with the child welfare system. In addition, little is known about the factors that predispose maltreated youth to higher rates of risk taking. It may be, for example, that one consequence of early victimization is a greater likelihood of “drifting” into higher risk situations and engaging in a broader array of risky behaviours.¹⁷

The Maltreatment and Adolescent Pathways (MAP) research study is designed to learn more about risky behaviours and choices of adolescents involved with the child welfare system.¹⁸ The MAP study explores substance use, dating violence, risky sexual behaviour, and psychological/ psychiatric problems. Over three years, the MAP is surveying youth aged 14 to 17 from Toronto children’s aid societies. It is expected that this information will provide an evidence base for tailoring effective screening, assessment, treatment, and prevention strategies for maltreated youth.

- 1 This information sheet was peer reviewed by experts in the field of child welfare.
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- 5 Trocmé, N., & Wolfe, D. A. (2001). *Canadian incidence study of reported child abuse and neglect: Selected results*. Ottawa, ON: Minister of Public Works and Government Services Canada.
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- 17 Wekerle, C., & Wolfe, D. A. (1998). The role of child maltreatment and attachment style in adolescent relationship violence. *Development & Psychopathology, 10*, 571–86.
- 18 The MAP study is funded by the Canadian Institutes of Health Research as part of a larger grant on community health alliance research. It is led by Drs. Christine Wekerle (University of Western Ontario), Anne-Marie Wall (York University), Harriet MacMillan (McMaster University), Nico Trocmé (University of Toronto), and Mike Boyle (McMaster University). Toronto children’s aid society representatives are on the MAP Research Advisory Committee, responsible for implementation, planning, and knowledge translation. The MAP team acknowledges the agency research leadership from Bruce Leslie, Deb Goodman, and Yosi Derman.

CECW information sheets are produced and distributed by the Centre of Excellence for Child Welfare to provide timely access to Canadian child welfare research.

Suggested citation: Wekerle, C., Wall, A.-M., Knoke, D. (2004). *Mapping adolescent health risk behaviours*. CECW Information Sheet #15E. Toronto, ON, Canada: Faculty of Social Work, University of Toronto.

The Centre of Excellence for Child Welfare (CECW) is one of the Centres of Excellence for Children’s Well-Being funded by Health Canada. The CECW is also funded by Canadian Institutes of Health Research and Bell Canada. The views expressed herein do not necessarily represent the official policy of the CECW’s funders.



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