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# Adolescent risk behaviours and protective factors against peer influence



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#### ABSTRACT

This study examined the relationships between protective factors and involvement in risk behaviour of Italian adolescents with friends involved in risk. Protective factors were drawn from models of peers and from individual skills (perceived regulatory self-efficacy, intolerant attitudes about deviance) and orientation (to health, school, religion). The data are from two waves, 1 year apart, of a questionnaire survey of adolescents in northwestern Italy. Participants were 908 adolescents (42% boys) ages 14–16 years. Results of a hierarchical regression revealed that religiosity is a protective factor and that friends' models for conventional behaviours and positive attitude about health can mitigate the influence of deviant friends on adolescent risk behaviour 1 year later, even after controlling for prior levels of risk behaviour. Possible implications of this study suggest the importance of implementing preventive interventions by involving the peer group, especially at about 16 years, and working with heterogeneous (deviant and nondeviant) groups.

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Involvement in various types of risk behaviours increases during adolescence. Research has shown that adolescent risk behaviours vary widely and include, among others, deviant behaviour, violence, sexual behaviour, drug use, cigarette smoking, alcohol abuse, and risky driving. These behaviours are often examined individually. Nevertheless, although they differ in how they are carried out and in their consequences, they are strongly related and are linked to common problems that are characteristic of adolescence. In fact, it has been shown that different behaviours may perform similar functions, such as acceptance by the peer group, feeling like an adult, and asserting their own identity (Moffitt, 1993; Silbereisen, Eyferth, & Rudinger, 1986). Researchers who have investigated specific risk behaviours and those who have examined cumulative risk indices have sought to identify possible risk and protective factors in different contexts. One of the most important risk factors is the influence of deviant peers.

During adolescence, peer influence increases markedly and becomes a significant alternative to parental expectations. Friends perform important functions in the growth process and can be a source of support and well-being. Conversely, they can become models of deviance and sources of stress and discomfort (Hartup & Stevens, 1997; Rubin, Bukowsky, & Parker, 2006).

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Developmental theories suggest that affiliation with deviant peers and susceptibility to peer influence are notable contributors to adolescent involvement in risk behaviour (Dodge, Dishion, & Lansford, 2006; Monahan, Steinberg, & Cauffman, 2009; Wanner, Vitaro, Carbonneau, & Tremblay, 2009). Many studies have established that adolescents' association with deviant peers is a major factor in the growth of deviancy (Dodge, Coie, & Lynam, 2006) and in other problem behaviours (Dishion, Ha, & Véronneau, 2012; Keijsers et al., 2012).

Much has been discussed about the similarities between adolescents and their friends with respect to two main processes operating in sequential and complementary ways: selection and socialization (Dodge, Coie, et al., 2006, Dodge, Dishion, et al., 2006; Urberg, Luo, Pilgrim, & Degirmencioglu, 2003). Some studies have shown that imitative and socialization mechanisms and processes contribute to adolescents' tendency to assume the behavioural patterns of their friends, yet other studies have revealed that, in the choice of friends, selection processes are at work during which the adolescent tends to build and attend to relationships with peers who have characteristics similar to theirs (e.g., Engels, Knibbe, Drop, & de Haan, 1997; Ennett & Bauman, 1994; Kandel, 1978). In middle adolescence both selection and socialization influence youths' similarity with respect to antisocial behaviour (Monahan et al., 2009).

The link between affiliation with deviant peers and adolescent problem behaviour is well established, especially the link between peer contagion and delinquent behaviour (e.g., Dishion, Dodge, & Lansford, 2008; Fergusson, Vitaro, Wanner, & Brendgen, 2007; Mathys, Vitaro, & Born, 2014) and between peer influence and the use of tobacco, marijuana, and alcohol (e.g., Larsen, Engels, Souren, Granic, & Overbeek, 2009; de Leeuw, Engels, Vermulst, & Scholte, 2009). In particular, deviant peer influences appear to be stronger for early and middle adolescents, for boys, and for those youths who are exposed to peers who are slightly more deviant than they are, as well as in unstructured, unsupervised settings (Dishion et al., 2008). There remains a need for in-depth examination of specific protective factors, especially in the context of countries other than the United States.

#### **Protective factors**

Interest in protective factors emerged initially from studies of developmental psychopathology (Rutter, 1987). Protective factors are considered to be independent variables that can have their own direct effects on behaviour but, in addition, can moderate the relation between risk factors and behaviour (Fergusson et al., 2007; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). Jessor expanded on problem behaviour theory to describe the relationship between psychosocial protective factors and risk factors and involvement in problem behaviour. The theoretical model consists of three types of protection (models, controls, and support) and three types of risk (models, opportunity, and vulnerability). Regarding protection, *models* includes measures of models, such as friends' involvement in community groups and volunteer work; *controls* includes individual-level measures of control, such as attitudinal intolerance of deviance; and *support* includes measures of contextual supports, such as family closeness. With regard to risk, *models* includes measures of models, such as peers' alcohol use; *opportunity* includes opportunity measures, such as availability of alcohol in the home; and *vulnerability* includes measures of personal vulnerability, such as perceived stress and low self-esteem (Jessor et al., 2003). Similar protective and risk factors have been examined in several other investigations of adolescent risk behaviour (e.g., Felix-Ortiz & Newcomb, 1992; Fergusson et al., 2007).

Most work with respect to adolescent behaviour and development has been confined to Western, especially North American, populations. Less numerous are studies carried out in European countries, and rarer yet are those concerning the Italian context. As far as risk behaviour is concerned, in Italy, as in other European countries, adolescence is a crucial period for experimentation with behaviours that put people's health and well-being at risk. National statistics (ISTAT, 2013) reveal that alcohol consumption and cigarette smoking are widespread, with boys and girls showing no major statistical differences in usage, and these behaviours usually occur in social settings with friends. Cannabis is the most commonly used drug, with initiation most often occurring between ages 15 and 17 years. The rate of juvenile delinquency is somewhat low, and boys are more often implicated than are girls. Theft is the crime most frequently committed by young people, particularly in a group situation, although the phenomenon of criminal gangs is limited. Although the number of automobile-related deaths is progressively decreasing, road accidents remain the main cause of death among adolescents and young people between ages 14 and 24 years. For those ages 14 to 17, motorcycle accidents are most common. The causes are most often associated with lack of respect for the traffic code, and lack of attention to safety increases the seriousness of the effects. Nonuse of safety systems and risky driving increase when adolescents are in the company of their peers (Bonino, & Cattelino, 2012; ISTAT, 2013).

Progressing from Jessor's problem behaviour theory and its reformulation and extension with regard to the protective-risk model (Jessor et al., 2003), Bonino, Cattelino, and Ciairano (2005) studied the function of risk behaviours and risk and protective factors in the Italian context; that is, seven risk behaviours (cigarette smoking, alcohol consumption, marijuana and other drug use, risky driving, antisocial behaviour, risky sexual behaviour, disturbed eating) and their relation to the personality system (values, attitudes, expectations, self-perception), as well as three main social contexts in which adolescents are embedded (family, peers, school). With respect to this explanatory, theory-based, psychosocial model used in various cultural contexts, such as the United States and the People's Republic of China (Costa et al., 2005; Jessor et al., 2003), the main risk and protective factors for Italian adolescents' risk behaviours were found in a cross-sectional design. Individual risk behaviours (cigarette smoking, alcohol consumption, marijuana and other drug use, risky driving, antisocial behaviour, sexual behaviour, and disturbed eating) were analysed separately, and some risk and protective factors were found to exert a

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