

## Risk-taking among adolescents: Associations with social and affective factors

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### Abstract

The research investigated the associations of social and affective factors with risk-taking in male and female adolescents. A sample of 269 Israeli adolescents completed questionnaires measuring frequency of involvement in risk-taking behaviours, relationships with parents, orientation towards peer group, depressive mood, and aggressive behaviour. Correlations and multiple regression analyses showed that risk behaviour among male adolescents was mainly related to orientation towards peer group, while for female adolescents relationships with parents was the prominent factor in risk behaviour. The parental factor also contributed to the depressive mood of both genders in the sample. However, depressive mood showed only a weak association with risk taking. These results underscore the differential associations of relationships with parents vs. peers among adolescent boys and girls, respectively, in regard to risk taking.

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**Keywords:** Risk-taking; Adolescents; Parents; Peers; Depressive mood; Aggressive behaviour

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## Introduction

### *Risk-taking among adolescents*

The period of adolescence (ages 11–21) is a time of multiple transitions, namely, the transition to puberty and transitions involving parent–child relationships, school, peers, and cognitive and emotional abilities. This period is also characterized by an increase in risk-taking behaviours, e.g. those linked to careless driving, substance use, unprotected sexual behaviour, eating disorders, delinquency, homicidal and suicidal behaviours, and dangerous sports (e.g., [Muuss & Porton, 1998](#)). These behaviours are defined as risky since they are usually volitional, their outcomes are uncertain ([Furby & Beyth-Marom, 1992](#); [Igra & Irwin, 1996](#)), and they entail negative consequences ([Irwin, 1990](#)).

Increasingly larger segments of young people today seem to adopt risk-taking behaviours ([DiClement, Hansen, & Ponton, 1996](#)). The National Longitudinal Study of Adolescent Health in the United States ([Zweig, Duberstein-Lindberg, & Alexander-McGinley, 2001](#)) found that the most frequent risk-taking or risk-associated behaviours among high school adolescents were the consumption of alcohol (66% of the males and 65% of the females), smoking cigarettes (64% and 64%, respectively), sexual intercourse (49% and 48%, respectively), binge drinking (38% and 31%, respectively), using marijuana (35% and 31%, respectively), and being in a physical fight (41% and 20%, respectively). Less frequent were behaviours such as using other illicit drugs besides marijuana, and having serious thoughts about and attempts at suicide (13% and 17%, respectively). A WHO longitudinal cross-national study in 2001/2002 investigating health behaviour in school-aged children in 35 countries in the America and Europe showed that by age 15, 23% of young people smoked cigarettes, 29% drank alcohol on a weekly basis, 22% tried cannabis, and 45% of all age groups (11, 13 and 15 yr old) reported at least one injury in the previous year ([Currie et al., 2004](#)). In Israel ([Harel, Kany, & Rahav, 1997](#)), 24% of a broad sample of adolescents reported that they had been involved in risk-taking behaviour once or twice over the preceding year in order to feel “how it is” or to prove they could do so; and 26% of the boys and 11% of the girls reported they had been involved in risk-taking behaviour several or many times during the same period. The data indicate that overall, risk-taking behaviours begin at an early age, increase over the adolescent years, and are more common among boys than girls. The present study focuses on the associations of social relationships and negative affects with risk taking among adolescents.

### *Social factors*

Social/environmental theories emphasize the influence of parents, peers, teachers, community and culture on risk taking during adolescence, which is conceptualized as a period of growing autonomy and emerging individuation from the family ([Igra & Irwin, 1996](#)), yet in parallel sustained reliance on parents and other significant adults ([Laible, Carlo, & Raffaelli, 2000](#)). In this period adolescents undergo changes in roles and status that redefine their place in society and may lead to confrontations and conflicts with parents ([Coleman, 1992](#); [Holmbeck, Paikoff, & Brooks-Gunn, 1995](#); [Paikoff & Brooks-Gunn, 1991](#); [Paikoff, Carlton-Ford, & Brooks-Gunn, 1993](#)). However, good parenting, which includes frequent communication, regular daily involvement,

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