

YOUTH RISK TAKING



Risk taking behaviour is a major contributing cause for injury, particularly among male adolescents. A report by the Australian Institute of Health and Welfare entitled *Australia's Young People – their Health and Wellbeing 1999* stated that more than two thirds of deaths in young people were attributable to some form of injury, including accidents and suicide.

Researchers from CARRS-Q and the University of Queensland have been funded by IPCA (Injury Prevention and Control Association) to develop, implement and evaluate an intervention program to reduce injuries in young people of around Year 9 that are due to risk taking behaviour.

WHAT DO WE KNOW ABOUT YOUTH RISK TAKING?

Results from Phase 1 of the Longitudinal Study of Risk, the WA Young Driver Study and the Sibling Study revealed that, compared to the normative group, high risk takers were:

- More likely to hold the belief that engaging in high risk behaviour is pleasurable;
- Less likely to hold the belief that they would get caught if they engage in high risk behaviours;
- More likely to report negative attitudes toward authorities;
- More impulsive, higher on sensation-seeking, and perceive more opportunities for risk taking;
- More likely to have parental and friendship norms supporting risk taking behaviour; and
- More likely to report high alcohol use in association with high risk taking.

Further, results from the studies suggested that attitudes towards risk taking behaviour are consistently linked to behaviour. While these attitudes towards risk taking behaviour are unstable across time, actual risk taking behaviours remain relatively stable across time.

The main protective factor that emerged for risk takers in adolescence was parental control/supervision, with other protective factors including a lack of commitment to the high risk behaviour and experience of potentially adverse outcomes from the behaviour.

THE CURRENT PROJECT

The current project aims to increase the protection of adolescents through reducing risk-taking behaviour and increasing their involvement in activities with a lower risk of injury. This will be achieved through improving first aid skills, changing adolescents beliefs about their peers, masculinity and risk-taking, and encouraging the development of a supportive adult community.

The research program consists of two phases. Phase 1, which identified risk and protective factors associated with risk taking behaviour, has been completed.

Phase 2 involves the development, implementation and evaluation of an intervention to reduce risk taking and associated injury among high risk adolescents.

"A recent Queensland study found that at least three-quarters of secondary students engaged in at least one risk-taking behaviour with a high proportion of high risk-takers around fifteen years old."

TARGETS OF CHANGE

Attitude changes:

- Decrease positive perceptions of high risk taking peers
- Challenge the opinion that risk behaviours are positive
- Increase positive attitudes to other low risk activities
- Encourage positive attitudes to authority
- Challenge the adolescent male notion that you have to take risks to be 'cool'
- Encourage a sense of belonging in the school

Behaviour changes:

- Decrease the frequency of alcohol use
- Decrease the frequency of high risk behaviours and increase participation in alternative activities
- Adults to become actively involved in supervision and mentoring
- Increase knowledge of injury risk and experience
- Training in relevant first aid

THE INTERVENTION

The intervention targeting high risk youth will be designed for (1) school and (2) community settings, and will address a range of risk taking behaviours including:

- Underage/unlawful driving
- Passengers of risky drivers
- Drink-cycling
- Interpersonal violence
- Underage drinking and other substance use

The intervention will take a multi-level approach, with the central tenet being that adolescents are influenced and may be protected by multiple mentors, in a variety of groups and settings.

PROGRAM EVALUATION

Following implementation, an assessment of the execution of the program in practice will be conducted. Trained observers will rate how closely the implemented program followed the specifications of the program manual. Students and teachers will also report in focus groups how they felt the intervention was implemented.

An impact evaluation of the program will also be conducted. Two groups will be used with multiple schools in each group - one group will be a control group and will not receive the intervention and the second group will receive the intervention program.

All students will complete a questionnaire package before any participation in the program begins, at the time immediately after completion of the program and again 6 months after the intervention group has completed the program. The questionnaire will aim to assess level of injury, and engagement in risk taking behaviour, attitudes and beliefs regarding risk taking behaviour.

High risk takers:

- *Are more likely to be impulsive*
- *Enjoy high risk activities*
- *Are less likely to believe they will be caught*
- *Are more likely to report negative attitudes towards authority figures*