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**Risk Taking and Personal Safety** is Volume 349 in the ‘Issues in Society’ series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

**KEY ISSUES IN THIS TOPIC**
Experimentation, pushing boundaries and testing your own limits is a part of growing up, however there are many potentially unsafe situations in which teenagers may find themselves at risk and their safety compromised by making harmful personal choices. Everyone has the right to feel safe and to live without fear, this includes travelling alone at night on public transport, going out partying with friends, even accessing the internet at home. What are the strategies and precautions you can take to maximise your feelings of safety and reduce your actual exposure to injury or assault? Risk taking can be fun and positive, but sometimes taking unhealthy risks may affect your wellbeing and cause you harm. Common teenage risk-taking behaviours include: fighting, truancy, alcohol and drug use, dangerous driving, risky sexual behaviour, and deliberate self-harm.

This book is a useful guide for teenagers, parents and teachers to understand the issues around risk-taking behaviours and personal safety. How can young people be encouraged to make safer choices?

**SOURCES OF INFORMATION**
Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:

- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

**CRITICAL EVALUATION**
As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

**EXPLORING ISSUES**
The ‘Exploring issues’ section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

**FURTHER RESEARCH**
This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The ‘Web links’ section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
Personal safety and crime victimisation

Who’s afraid? Feelings of personal safety

Following is an article from a social trends report by the Australian Bureau of Statistics

INTRODUCTION

Fear of crime can affect the health and wellbeing of individuals and communities. If people feel unsafe, this can influence their socialisation patterns through limiting or avoiding social activities, and can reduce trust within neighbourhoods by weakening an individual’s sense of community.

Feeling unsafe can be shaped by personal experience of crime, but is also associated with personal characteristics such as age, sex, ethnicity, education, health and economic status. Media reports and social networks can also influence people’s perceptions about their personal safety in the wider social and physical environment in which they live.

Using information on feelings of safety when alone at home, when walking in the neighbourhood or when using public transport alone at night, this article examines the characteristics of people who feel unsafe.

PREVALENCE OF FEELING UNSAFE

In 2008-09, over four million adults, or 26% of those aged 18 years and over, reported feeling unsafe alone at home, walking alone at night in their neighbourhood, or using public transport alone at night.

DATA SOURCE AND DEFINITIONS

This article uses data from the ABS 2008-09 Crime Victimisation Survey, which is collected as part of the Multi-Purpose Household Survey. The summary of findings from this survey is contained in ABS Crime Victimisation, Australia, 2008-09 (cat. no. 4530.0).

Felt unsafe refers to people aged 18 years and over who felt unsafe when alone in at least one of the following situations: at home during the day or night, or when walking in their neighbourhood or taking public transport after dark. It includes people who were never alone in at least one of these situations because they thought it was unsafe.

Neighbourhood problems refer to louts or youth gangs; prowlers or loiterers; drunkenness; vandalism, graffiti or damage to property; dangerous or noisy driving; illegal drugs; and problems with neighbours that respondents identified as occurring in their neighbourhood (a given area, street or whole suburb, as defined by the respondents themselves).

Perceptions of crime refers to car theft, other theft, household break-ins, sexual assault and other types of assault that people reported as problems in their neighbourhood.

Personal crime refers to a robbery, physical assault, threatened assault or sexual assault. Victims of personal crime refers to people who experienced at least one of these offences in the 12 months prior to the survey.

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taking public transport at night alone. Included in this ‘felt unsafe alone’ population were 19% of people who avoided being alone in at least one of these situations because they thought it was unsafe.

**CHARACTERISTICS INFLUENCING FEELINGS OF SAFETY**

**Crime victimisation**

In the 12 months prior to the survey, 6% of the adult population had experienced at least one robbery, physical assault, threatened assault and/or sexual assault. Victims of these types of personal crimes were generally more likely than those who had not been a victim to report that they felt unsafe (38% compared with 25%). Men who had been victims of crime were twice as likely as other men to feel unsafe (26% and 13% respectively), and similarly among women, 54% of female crime victims reported feeling unsafe compared with 36% of those who had not been a victim. Despite being more likely to feel unsafe, victims only accounted for 9% of the adult population who felt unsafe.

**Sex**

Women were more likely than men to feel unsafe alone in their community (37% and 14% respectively). Almost three-quarters (74%) of adults who felt unsafe were women, although men were more likely to be victims of crime – 58% of adults who experienced personal crime were male in 2008-09. The disproportionate number of women who felt unsafe alone compared with men may be attributed to women’s greater sense of personal vulnerability.4

**Age**

While 18-24 year olds were twice as likely to be victims of personal crime as people aged 25 years and over (11% and 5% respectively) young adults felt no more unsafe than older age groups (with around 26% of each age group reporting feeling unsafe).

Older people were overall no more likely than the rest of the adult population to report feeling unsafe. However, this was in part because they were less likely to be alone in situations outside of the home. For example, around three-quarters (76%) of people aged 55 years and over did not use public transport at night for reasons other than feeling unsafe. Excluding these people from the population aged 55 years and over, 44% (530,000) avoided using public transport because they thought it was unsafe.

Among adults aged less than 55 years, 62% didn’t use public transport at night for reasons other than safety. Of the remaining 38% of adults this age, one-quarter (one million) avoided using public transport because they felt unsafe doing so.

Around half (51%) of people aged 55 years and over did not walk alone in their neighbourhood after dark for reasons other than their personal safety. Excluding these people from the population aged 55 years and over, just over one-third (36%) of them avoided this activity because it felt unsafe.

Less than one-third (31%) of adults aged less than 55 years did not walk alone after dark in their neighbourhood for reasons other than feeling unsafe. Of the remaining 69% of adults this age, one in five did not walk alone because it felt unsafe to them.

**Neighbourhood problems**

Perceptions of antisocial neighbourhood problems, including the occurrence of crime, can erode people’s sense of social order. This may lead to some people sensing a breakdown of morals in the community and affect people’s sense of safety.5

Just over two-thirds (69%) of adults reported at least one antisocial or criminal problem in their neighbourhood. Adults who felt unsafe were almost twice as likely as those who felt safe to have reported four or more neighbourhood problems (42% compared with 22%).

The types of problems most commonly reported by adults who felt unsafe were dangerous driving (50%); vandalism, graffiti or damage to property (49%); house break-ins (43%); and louts or youth gangs (33%). Although adults who felt unsafe reported similar types of neighbourhood problems as those who felt safe, the prevalence of problems was higher in their neighbourhoods. For example,
break-ins, thefts, and problems with louts or youth gangs were around twice as likely to be reported by adults who felt unsafe.

**AREAS OF SOCIOECONOMIC DISADVANTAGE**

Neighbourhoods with high levels of perceived crime problems are often areas that are socioeconomically relatively disadvantaged. Living in areas of social disadvantage may place people at greater risk of being a victim and increase the likelihood of people feeling unsafe.

The ABS Socio-Economic Indexes for Areas (SEIFA) Index of Relative Disadvantage combines social and economic indicators of geographic areas in which people live and ranks areas according to level of socioeconomic disadvantage. In 2008-09, adults living in the areas of most disadvantage were twice as likely to be victims of personal crime (8%) as adults living in areas of least disadvantage (4%).

Victims of crime felt more unsafe than non-victims regardless of their level of socioeconomic disadvantage. However, victims of crime in the most disadvantaged locations were more likely to feel unsafe than victims living in the least disadvantaged locations (46% and 29% respectively). Adults who had not been a victim of crime, and who were living in the most disadvantaged areas, felt more unsafe than those living in the least disadvantaged areas.

**Trust**

Based on information from the 2006 General Social Survey, adults who felt safe reported lower levels of general distrust in others, compared with those who felt unsafe (39% compared with 28%).

The socioeconomic status of the area in which a person lived was also associated with levels of trust. Among adults who felt unsafe, those living in the most disadvantaged locations were more likely to disagree that most people can be trusted (47%) compared with those living in the least disadvantaged locations (31%).

People living in the areas of greatest disadvantage who felt safe reported slightly higher levels of distrust than those living in the areas of least disadvantage (30% compared with 24%).

**States and territories**

The proportion of adults who felt unsafe varied considerably between jurisdictions. Whilst nationally, 26% of adults felt unsafe, the proportion in the Northern Territory who felt unsafe was 35%. The Northern Territory also had the highest crime victimisation rate (12%), and the highest proportion of victims who felt unsafe (58%). Western Australia had the second highest proportion of the adult population who felt unsafe with 31%, while Victoria was just over the national rate with 28%.

Four states and territories recorded below the national average for feeling unsafe – New South Wales (24%), Queensland (23%), ACT (19%) and Tasmania (17%).

**CONCLUSION**

Feeling unsafe is a significant issue for many people and affects individual and community mental health and mental health consequences of experience of violence

Experience of violent crime can have a range of mental health consequences for the victim, such as the development of Post-Traumatic Stress Disorder (PTSD). In 2007, around one million people aged 18-85 years said that the most traumatic event in their lives was being beaten, held up or threatened with a weapon, or sexually assaulted. Of these people, 521,000 (3.4% of all people in this age range) experienced symptoms such as flashbacks, nightmares or anxiety, that were sufficiently severe and long-lasting for a diagnosis of PTSD.

Around half of those diagnosed with PTSD (1.7% of all people aged 18-85 years) had experienced violent crime-related symptoms of PTSD during the 12 months prior to being surveyed. Women were around twice as likely as men to have had PTSD with recent symptoms, and around four times as likely to have had PTSD but without recent symptoms.

People aged 18-54 years were around twice as likely as those aged 55-85 years to have recently experienced violent crime related PTSD (2.1% compared with 0.8%).

**PEOPLE**

**WHO EXPERIENCED VIOLENT CRIME**

**RELATED SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER**

<table>
<thead>
<tr>
<th>%</th>
<th>PTSD during lifetime but no(d) recent symptoms</th>
<th>PTSD during lifetime with(d) recent symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Aged 18-85 years.
(b) Being beaten, held up or threatened with a weapon, or sexually assaulted.
(c) A delayed and/or protracted response to a psychologically distressing event that is outside the range of usual human experience.
(d) During the 12 months prior to survey.

Source: ABS 2007 National Survey of Mental Health and Wellbeing For more information on PTSD see ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (cat. no. 4326.0).
Feeling unsafe is strongly linked with experience of crime, and with the number and type of problems reported in a neighbourhood. Gender is also a factor, as women, whether they had been a victim of crime or not, disproportionately felt unsafe. Adults living in areas of socioeconomic disadvantage experienced more crime, and felt more unsafe compared with adults living in less disadvantaged areas.

ENDNOTES


The likelihood of indigenous adults experiencing violence decreased with age. Indigenous people aged 18-24 years were four times as likely as people aged 55 years and over to have been victimised recently (33% compared with 8%). Older victims of violence were more likely than victims aged less than 55 years to feel unsafe. Awareness of neighbourhood problems or crimes was generally more commonly reported among indigenous adults who felt unsafe, while those who felt safe were more likely to report no problems (29% compared with 16%). Among those who felt unsafe, 48% said that they thought alcohol was a problem in their neighbourhood, compared with 39% of those who felt safe. Almost half (47%) of indigenous adults who felt unsafe disagreed that most people could be trusted, while 36% of those who felt safe reported general distrust in others.

Information from the 2008 *National Aboriginal and Torres Strait Islander Social Survey* should not be compared with other data used in this article, due to differences in definitions and survey methodology.


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**PROPORTION(a) WHO DISAGREE THAT MOST PEOPLE CAN BE TRusted, BY RELATIVE DISADVANTAGE OF AREA – 2006**

- **Q1 – Most disadvantaged**
  - Felt unsafe alone
  - Felt safe alone
- **Q2**
- **Q3**
- **Q4**
- **Q5 – Least disadvantaged**

(a) Of people aged 18 years and over living in each quintile.
(b) People who reported feeling unsafe when alone in any of three situations: at home during the day, or night, or when walking in their neighbourhood after dark.
(c) People who did not report feeling unsafe when alone in any of the above three situations and who felt safe in at least one situation. 

Source: ABS 2006 General Social Survey

**FEELINGS OF SAFETY AMONG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**

In 2008, 29% of Aboriginal and Torres Strait Islander people aged 18 years and over said that they felt unsafe when alone at home during the day and/or night, or when walking alone in their neighbourhood after dark. Indigenous women were three times as likely as men to report feeling unsafe (42% compared with 14%). However, indigenous men and women had the same victimisation rate for actual and/or threatened physical violence during the last 12 months (24%).

Indigenous adults who had been a victim of violence were more likely than those who had not been a victim to say they felt unsafe (36% compared with 26%). Indigenous women were much more likely than men to report that they felt unsafe – 51% of indigenous female victims reported feeling unsafe, compared with 19% of male indigenous victims. Indigenous women who were not victims were around three times as likely as men who were not victims to feel unsafe (39% compared with 12%).

**EXPERIENCE OF CRIME AND FEELING UNSAFE, BY STATE AND TERRITORY – 2008-09**

- **Victims(a)**
- **Victims(b) felt unsafe alone(b)**
- **Non-victims(a) felt unsafe alone(b)**

(a) Victims refers to people who experienced actual and/or threatened physical violence during the 12 months prior to survey.
(b) People who reported feeling unsafe when alone at home during the day or night, and/or when walking alone in their neighbourhood after dark.

Source: ABS 2008 National Aboriginal and Torres Strait Islander Social Survey

The likelihood of indigenous adults experiencing violence decreased with age. Indigenous people aged 18-24 years were four times as likely as people aged 55 years and over to have been victimised recently (33% compared with 8%). Older victims of violence were more likely than victims aged less than 55 years to feel unsafe. Awareness of neighbourhood problems or crimes was generally more commonly reported among indigenous adults who felt unsafe, while those who felt safe were more likely to report no problems (29% compared with 16%). Among those who felt unsafe, 48% said that they thought alcohol was a problem in their neighbourhood, compared with 39% of those who felt safe. Almost half (47%) of indigenous adults who felt unsafe disagreed that most people could be trusted, while 36% of those who felt safe reported general distrust in others.

Information from the 2008 *National Aboriginal and Torres Strait Islander Social Survey* should not be compared with other data used in this article, due to differences in definitions and survey methodology.

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ALCOHOL AND DRUGS PERCEIVED
TO BE INVOLVED IN MOST ASSAULTS

Crime victimisation survey results from the Australian Bureau of Statistics

Most victims of physical and face-to-face threatened assault in 2010-11 felt that alcohol or drugs were a contributing factor in their most recent incident, according to the latest figures from the Australian Bureau of Statistics (ABS).

- Victims aged 18 years and over were asked whether they perceived alcohol or other substances to be a contributing factor to their most recent incident. It was estimated that nearly two-thirds (64%) of physical assault victims thought this was the case; as did more than half (57%) of the victims of face-to-face threatened assault.
- The majority of both male and female victims of physical assault believed that alcohol or drugs contributed to their most recent incident (71% of males and 56% of females). This was also the case for male victims (61%) and female victims (53%) of face-to-face threatened assault.
- The Crime Victimisation Survey also found that victimisation rates for most personal and household crimes have remained stable since 2009-10, with the exception of malicious property damage.
- The rate for malicious property damage fell from 9.1% in 2009-10 to 8.5% in 2010-11. An estimated 722,800 households were affected in 2010-11 with 1.1 million incidents nationwide.
- In the 12 months prior to the survey it was estimated that 242,400 households were victims of break-ins (2.8% of households), 186,700 households (2.2%) were victims of attempted break-in and 70,200 households (0.8%) had a motor vehicle stolen.
- When asked about social disorder problems in their neighbourhood, an estimated 35% (5.8 million) of people aged 18 years and over perceived noisy driving to be a problem and 34% (5.7 million) believed dangerous driving to be a problem. In contrast to this, 7.6% (1.3 million) felt the use or dealing of drugs to be a problem.
- An estimated 41% (6.9 million) of people were of the opinion that they had no social disorder issues in their local area.

Further information is available in Crime Victimisation, Australia, 2010-11 (cat. no. 4530.0).

NOTES

- Due to differences in mode of data collection and survey questions, data from the 2010-11 survey is only directly comparable with data from the 2008-09 and 2009-10 Crime Victimisation Surveys.
- The Crime Victimisation Survey asked people aged 15 and over whether they experienced a crime in the preceding 12 months for a selected range of personal and household offences (physical assault, threatened assault (including face-to-face and non face-to-face), robbery, break-in, attempted break-in, motor vehicle theft, theft from a motor vehicle, malicious property damage and other theft). Questions about sexual assault were asked of people aged 18 years and over. Data for the contribution of alcohol or any other substance to physical or face-to-face threatened assault are reported for people aged 18 years and over only. People aged 18 years and over were also asked questions relating to perceptions of social disorder in their local area.
- When reporting ABS data the Australian Bureau of Statistics (or ABS) must be attributed as the source.
**PERSONAL CRIME**

Findings from ‘Crime Victimisation, Australia’ by the Australian Bureau of Statistics

**SUMMARY**

It is estimated that in the 12 months prior to interview in 2010-11, of the 17.7 million people aged 15 years and over in Australia:

➤ 486,500 (2.7%) were victims of at least one physical assault
➤ 594,300 (3.4%) were victims of at least one threatened assault, including face-to-face and non face-to-face threatened assaults
➤ 77,400 (0.4%) were victims of at least one robbery
➤ 54,900 (0.3%) were victims of at least one sexual assault (people aged 18 years and over only). (Table 1)

Nationally, there were no significant changes in the selected personal crime victimisation rates for 2010-11 compared with 2009-10.

The percentage of victims who had the most recent incident of personal crime they experienced reported to police varied depending on the type of crime:

➤ 51% for physical assault
➤ 34% for face-to-face threatened assault
➤ 32% for non face-to-face threatened assault
➤ 60% for robbery
➤ 31% for sexual assault. (Table 1)

**Physical assault**

During the 12 months prior to interview, there were an estimated 1.5 million incidents of physical assault in Australia (Table 1). The victimisation rate for South Australia decreased significantly from 3.3% in 2009-10 to 2.4% in 2010-11 (Table 2). There were no other significant changes for the remaining states and territories.

**Threatened assault**

In the 12 months prior to interview, an estimated 2.4 million incidents of face-to-face threatened assault were experienced by 543,700 victims and approximately 1.0 million incidents of non face-to-face threatened assault were experienced by an estimated 170,700 victims. (Table 1)

**Contribution of alcohol or any other substance to assault (physical and threatened)**

The 2010-11 survey was the first time that victims of physical assault and face-to-face threatened assault were asked whether they believed alcohol or any other substance contributed to their most recent incident of assault.

Nationally, 64% (278,000) of physical assault victims aged 18 years and over believed alcohol or any other substance contributed to their most recent incident, while 57% (285,100) of face-to-face threatened assault victims believed the same.

The majority of both male and female victims of physical assault believed that alcohol or any other substance contributed to their most recent incident (71% of males and 56% of females). This was also the case for face-to-face threatened assault, with 61% of male victims and 53% of female victims believing that alcohol or any other substance contributed.

**Robbery**

During the 12 months prior to interview, there were an estimated 126,300 incidents of robbery. Both victimisation rates and reporting rates for robbery remained stable for 2010-11 compared with 2009-10, with no significant differences between these two periods both at a national and state and territory levels. (Table 1)

---

**TABLE 1: PERSONAL CRIME VICTIMISATION RATES**

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face threatened assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non face-to-face threatened assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 2: PHYSICAL ASSAULT VICTIMISATION RATES, BY STATE AND TERRITORY**

<table>
<thead>
<tr>
<th>State</th>
<th>2010-11 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>4.2</td>
</tr>
<tr>
<td>Vic</td>
<td>2.4</td>
</tr>
<tr>
<td>Qld</td>
<td>3.1</td>
</tr>
<tr>
<td>SA</td>
<td>1.9</td>
</tr>
<tr>
<td>WA</td>
<td>1.8</td>
</tr>
<tr>
<td>Tas</td>
<td>3.3</td>
</tr>
<tr>
<td>NT</td>
<td>4.4</td>
</tr>
<tr>
<td>ACT</td>
<td>2.8</td>
</tr>
<tr>
<td>Aust</td>
<td>3.0</td>
</tr>
</tbody>
</table>

(a) Refers to mainly urban areas only.

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Physical and sexual assault can have complex short-term and long-term adverse effects on the physical and psychological health of young people, and increases the risk of these young people later victimising others. In 2008-09, an estimated 138,000 young people (7%) were victims of physical or sexual assault and, in 2007, nearly 40% of young people were victims of alcohol- or drug-related violence.

Being a victim of violence can be detrimental to a young person’s health, sense of safety and security, and their feelings about the future. For some young people, being victimised may lead to diminished educational attainment and social participation in early adulthood, or may result in physical injury, thoughts of suicide and suicidal behaviour, depression, disability and even death (Arboleda-Florez & Wade 2001; Macmillan & Hagan 2004; Simon et al. 2002).

Physical and sexual assault can have complex short-term and long-term negative effects on the physical and psychological health of young people. In particular, a history of child sexual abuse has been associated with psychopathology, depression, anxiety disorder, phobias, panic disorder, post-traumatic stress disorder, substance abuse, and violent and sexual offending later in life (Lee & Hoaken 2007; Molnar et al. 2001; Rick & Douglas 2007).

Of major concern is that young people who are victimised are at greater risk of perpetrating violence, and adolescence is the peak period for both being victimised and offending. International approaches to crime prevention are increasingly recognising the strong links between youth victimisation and offending. Young victims of violent crime are also more likely than other young people to become victims of violent crime in adulthood (Johnson 2005).

Obtaining an accurate count of the number of young people who are victims of violence is difficult. Victims of crime, especially violent crime, are often reluctant to report crimes to the police and therefore the actual level of crime experienced by young people is likely to be under-estimated. Children and young people, in particular, may feel intimidated and reluctant to report personal crimes if the perpetrator is known to them or in a position of power (for example, they may be older or an authority figure).

**PHYSICAL AND SEXUAL ASSAULT**

This section examines physical and sexual assault among young people, using data from the Australian Bureau of Statistics’ (ABS) 2008-09 *Crime Victimisation Survey*. Information on physical assault is only available for 15-24 year olds and on sexual assault for 18-24 year olds.

There is currently no Australian crime victim survey statistics reported to police and substantiations for child abuse for this age range. Victimisation rates from administrative data sources tend to be significantly lower than those based on survey data, as many people do not report crimes to the police or child protection authorities.

**National indicator:** Rate of young people aged 15-24 years who have been the victim of physical or sexual assault.

Physical assault and threatened assault were the most common types of crimes affecting young people aged 15-24 years in 2008-09 (each affecting 7% of young people), while sexual assault and robbery were less common, affecting around 1% of young people (sexual assault refers to those aged 18-24 years; ABS 2010b).

An estimated 138,000 young people aged 18-24 years reported being victims of physical or sexual assault – a victimisation prevalence rate of 7% in 2008-09.

In 2008-09, for physical assault among young people aged 15-24 years:
An estimated 200,700 young people reported being victims of physical assault – a victimisation prevalence rate of 7%. Over half of these victims (55%) experienced physical injury and 39% of victims reported the assault to police.

Adolescents aged 15-19 years had the highest victimisation rates for physical assault across all age groups – 9%, compared with 5% among 20-24 year-olds, 4% among 25-44 year olds and 2% among those aged 45 years and over (ABS 2010b).

The rate for young males was over twice as high as for young females (10% compared with 4% respectively).

Nearly two-thirds (61%) of young people who experienced physical assault knew the offender, with almost one in ten (9%) indicating that the offender was a family member, 17% a friend, and 13% a colleague or fellow student (Figure 24.1).

The most common location of the assault was in the street or other open land (28%), followed by at work or place of study (19%), and at a place of entertainment or recreation (14%).

Of the victims of physical assault, half experienced one physical assault, 19% two and 31% experienced three or more physical assaults in the previous 12 months.

In 2008-09, for sexual assault among 18-24 year olds: An estimated 13,000 young people reported being victims of sexual assault – a victimisation rate of 0.6%, a similar rate to those aged 25 years and over (0.3%) (ABS 2010b).

Around 20% of sexual assaults were reported to police, but this estimate should be interpreted with caution due to the small sample size.

**ALCOHOL- AND DRUG-RELATED VIOLENCE**

There is a strong link between alcohol and other drug consumption and violence. Young people are significantly over-represented among victims of alcohol- and drug-related violence, particularly young males (Wells & Thompson 2009). Hazardous and harmful levels of alcohol use and substance use are also key risk factors for domestic violence. Domestic violence can feature in relationships between young people and in family breakdown, which can have significant effects upon young people (AIHW 2011c; WHO 2006b).

Violence can include physical and verbal abuse, as well as being put in fear by another person, which can affect a person’s health and wellbeing (AIHW 2007b; Regoezzi 2000).

The ABS National Drug Strategy Household Survey collects information on alcohol- and drug-related violence and is the data source used in this section.

In 2007, among young people aged 12-24 years:

- An estimated 1.43 million young people reported being victims of alcohol- or other drug-related violence (including physical and verbal abuse, and being put in fear by another person) in the previous 12 months – a victimisation rate of 38%. Since 1998 the victimisation rate has declined for 14-24 year olds, from 52% to 42% in 2007.
- Verbal abuse was the most common form of alcohol- or drug-related violence experienced (32%), followed by being put in fear (20%) and physical abuse (9%).
- Males were more likely than females to have experienced physical abuse (12% and 6% respectively). Females were more likely to have been put in fear as a result of the alcohol or drug use of others (24%, compared with 16% for males) (Figure 24.2). There was no statistically significant difference in the proportions of young males...
and females experiencing verbal abuse (35% and 29% respectively)
➤ Older youth (18-24 year olds) were over twice as likely to be victims of alcohol- or drug-related violence as those aged 12-17 years (49% and 23% respectively), and had the highest victimisation rate across all age groups. Those aged 12-17 years had the second lowest victimisation rate (23%), with only those aged 65 years and over having a lower rate (11%)
➤ The victimisation rate for alcohol-related violence (36%) was higher than the rate for incidents related to drugs (17%).

DO RATES OF PHYSICAL AND SEXUAL ASSAULT VARY ACROSS POPULATION GROUPS?
Cultural, historical, environmental and socioeconomic factors all contribute to health and wellbeing, and may place certain population groups at higher risk of a variety of factors, including violence (ABS & AIHW 2008; AIHW 2008d). Aboriginal and Torres Strait Islander people, and those living in remote areas and areas of socioeconomic disadvantage have been found to have higher rates of interpersonal crime and violence (Bourke & Geldens 2007; De Costa 2002; Haynie et al. 2006).

Alcohol and drug use can also have severe social and economic effects on communities, including domestic violence, crime and assaults, which can be more prevalent in low socioeconomic areas, remote areas and in Aboriginal and Torres Strait Islander communities (AIHW 2010b, 2011c). Alcohol-related violence is disproportionately high in indigenous communities – 70% of indigenous homicides over the period 1999-2000 to 2006-07 involved both the offender and victim having consumed alcohol, compared with 23% of non-indigenous homicides (SCRGSP 2009). Those living in remote areas and areas of socioeconomic disadvantage have also been found to have higher rates of alcohol and substance use, which also increases their risk of experiencing violence.

Aboriginal and Torres Strait Islander young people
Indigenous young people aged 18-24 years were more likely to experience physical or threatened violence than all young people (33% compared with 24% respectively, according to the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey and the ABS 2006 General Social Survey). The disparity is even greater for young indigenous females, where the rate of physical or threatened violence was twice that of all young females (34% and 17% respectively). This may reflect the higher rate of domestic violence among Aboriginal and Torres Strait Islander populations (AIHW 2006b).

Remoteness
The victimisation rate of reported physical or sexual assault among young people aged 18-24 years was similar across areas of remoteness, with Major cities and Other areas (including Inner regional, Outer regional and Remote areas) both experiencing a victimisation rate of 7%.

Victimisation rates of reported alcohol- or other drug-related violence among young people aged 12-24 years was significantly lower in Outer regional areas than in Major cities (27% and 39% respectively). Young people in Inner regional areas (39%) and Remote and Very remote areas combined (36%) also experienced higher victimisation rates than those in Outer regional areas (27%), however this difference was not statistically significant (Figure 24.3).

Socioeconomic status
Victimisation rates for reported physical or sexual assault and alcohol- or other drug-related violence did not vary significantly by socioeconomic status (SES) for young people:
➤ For physical or sexual assault among those aged 18-24 years, victimisation rates were 6% and 9%, respectively, for young people living in areas of highest and lowest SES
➤ For alcohol- or drug-related violence among 12-24 year olds, those living in the lowest and the highest SES areas had victimisation rates of 42% and 43% respectively (Figure 24.3).
**PERSONAL SAFETY**

**TIPS FROM REACH OUT AUSTRALIA TO HELP YOU TO MAXIMISE YOUR SAFETY**

Everyone has the right to feel safe and to live without fear. There are a number of potentially unsafe situations you might come across in your everyday life. These might include travelling alone on public transport (especially at night), walking alone in deserted areas, and going out partying with friends.

Having confidence is a source of power. If you find yourself in a situation where you don’t feel confident, fake it.

There are strategies and precautions you can take to maximise your feeling of safety and to enhance your quality of life – you might want to choose the ones you think are important for you and create your own safety plan.

**TIPS FOR STAYING SAFE**

There are a number of things you can do to maximise your safety. It’s important to trust your intuition if you feel threatened or unsafe, but it’s also a good idea to keep your fear of violence in check; sometimes this fear is disproportionate to the reality of crime. Read on for more tips on how to stay safe.

**Out and about on the street**

It is important to stay safe when you are out, especially if alone, in an area where there aren’t many people, or at night.

Act confident – Having confidence is a source of power. If you find yourself in a situation where you don’t feel confident, fake it. Strong confident body language includes standing tall with your head up, shoulders back, and walking with a purpose. Make brief eye contact with those around you, this shows you aren’t intimidated.

Be aware of your surroundings – Look around, take it in, and be relaxed and comfortable without being paranoid. However, trust your instincts; if you feel uncomfortable or pick up bad vibes, leave the situation, try to be assertive in your actions and words.

If you think someone is following you, check by crossing the street – more than once if necessary – to see if the person follows. If you are still worried, call the police and get to the nearest place where there are other people – a pub or anywhere with a lot of lights on.

Vary your route and time and stick to well-lit roads – with pavements when jogging or cycling. Keep to main paths and open spaces where you can see and be seen by other people. If you are listening to music, remember you can’t hear traffic, or somebody approaching behind you.

Don’t take short-cuts through dark alleys, parks or across waste ground. Walk facing the traffic so a car cannot pull up behind you unnoticed.

Get a personal attack alarm – If you often walk home in the dark. Carry it in your hand so you can use it immediately to scare off an attacker. Make sure it is designed to continue sounding if it’s dropped or falls to the ground. Personal alarms are often available where travel accessories are sold.

Carry your bag close to you – With the clasp facing inwards. Carry your house keys in your pocket. If someone grabs your bag, let it go. If you hang on, you could get hurt. Remember your safety is more important than your property.

If a car stops and you are threatened, scream and shout – Set off your personal attack alarm if you have one. Get away as quickly as you can. This will gain you vital seconds and make it more difficult for the car driver to follow. If you can, make a mental note of the number and description of the car. Write down details as soon as possible afterwards.

**Staying safe in taxis**

If you are going to be out late or don’t want to travel on public transport on your own, try to arrange a lift home with someone you know who is not drinking, or make your journey by taxi.

Taxis give you a degree of protection because vehicles and drivers must meet suitability criteria, including local minimum standards for vehicles and a criminal record and health checks for drivers, before they are licensed.

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Here are a few suggestions for how to stay safe when catching a taxi:

➤ You should always ensure that you travel in a licensed taxi, and try to take note of the taxi’s number and driver’s name if visible

➤ When you get to your destination, ask the driver to wait until you are inside

➤ If travelling alone, always sit behind the driver in the back seat. If you feel uneasy, ask to be let out in a well-lit area where there are plenty of people. If in any doubt, make an excuse and don’t get in the vehicle.

Travelling by bus – Try to stay away from isolated bus stops, especially after dark. If you are on the bus by yourself, sit near the driver. It might also be a good idea to have someone you trust meet you at your bus stop, or phone them when you are close.

Travelling by train – Try to sit near the guard’s compartment – often this will be around the middle of the train and will be marked by a light. Otherwise, sit in a compartment where there are several other people, and ideally sit in a carriage that will be near the exit of your stop.

You have every right to defend yourself ... the law however doesn’t allow carrying anything which can be described as an offensive weapon.

It’s good to think about how you can keep yourself and your friends safe when partying. There are a few simple things that you can do to have fun in a safe way, and to minimise potential negative impacts of partying. These include:

Make a plan before you go – know how you’re going to get home and how you can get help if you need it.

Tell someone where you are going and who you are going with – offenders may try to confirm with their victims that family or friends do not know where they are.

Be aware of drink spiking – It is a good idea to always buy your own drinks so you know what you’re getting, and to keep an eye on your drink at all times while you’re out.

Avoiding getting drunk – If you are going to drink alcohol, there are a number of things you can do to avoid getting drunk. Check out the Binge drinking fact sheet for more info.

Avoid getting into fights – Using alcohol increases the likelihood of acting in a violent way. If you find yourself in a situation where someone else is trying to start a fight with you, try to not aggravate the situation and back off before the fight starts.

Safe sex – If you’re drinking at a party, you might be less inhibited and be more likely to do things you wouldn’t normally. For more info check out the fact sheets on Taking care of your sexual health and Sexual assault.

Preparing for the possibility of being attacked

Think what you would do if someone attacked you. Could you fight back, or would you avoid resisting and wait to escape? Only you can decide whether to fight back, but preparing yourself for all possibilities could provide a split-second advantage.

If someone threatens you, shout and scream for help and set off your personal attack alarm if you have one. This may unnerve the attacker and frighten them off.

You have every right to defend yourself, with reasonable force with items which you have with you like an umbrella, hairspray or keys can be used against the attacker. The law however doesn’t allow carrying anything which can be described as an offensive weapon.

Self-defence and safety awareness classes may help you feel more secure and confident. You could ask your local police or community centre if they have classes.

If you have been attacked

Assaults and rapes are serious crimes, whether committed by a stranger or someone you know.

Call the police straight away or talk to somebody that you can trust about the incident.

In order to catch the attacker, the police need your help.

You can help the police by:

➤ Taking the name or address of any witness, if you know it

➤ Trying to remember exactly what the attacker looked like, take notice of any scars, tattoos, piercings or any distinguishing marks that could identify the attacker

➤ If a car was involved, try to note the colour, model and registration number.

If you do get attacked, you do not need to go to the police station to report an assault – you can be interviewed in your own home if you prefer. These crimes are dealt with sympathetically, regardless of sex.

Police stations have specially trained officers who will help and support you, and many areas have comfortable victim suites, separate from the police station, where you can be interviewed privately.

Even though your immediate reaction will probably be to wash, try not to if you can possibly help it. It will destroy vital medical evidence that will help prove the case against the person who raped or assaulted you.

After reading these tips, think about which might be more relevant to you, and incorporate them into your own safety plan.
Despite what we hear about from the media, mostly our world in Australia is very safe. Every day people are able to walk safely down the road, be alone at home, go to the beach with friends and walk with friends after dark without being a victim of personal violence. You are at much more danger of hurting yourself seriously by falling over! Very few people are at danger from a ‘home invader’. Mostly when people are the victim of personal violence it is from someone they know.

However houses get broken into, date rape does occur, road accidents happen, and sometimes people are hurt by strangers.

Many people are anxious about being alone at night, walking somewhere after dark, driving in a car by themselves. There are things that you can do to keep yourself safer, and to feel safer.

Think safe – be aware that there are people who are not as nice as they may seem.

Think smart – organise so that you have what you need.

Think ahead – plan carefully so that you can deal with emergency situations.

Think first – before you act in such a way that you could put yourself in danger.

All of life is taking a risk but you can minimise risks by thinking ‘safe’.

Thinking safe when you are out

If you thought about all the ‘What if’s?’ you wouldn’t get out of bed in the morning!

All of life is taking a risk but you can minimise risks by thinking ‘safe’.

- Make sure that someone knows where you are going and what time you will return
- Walk on busy streets if you are alone and walk with friends at night
- Walk on the side of the road where you face oncoming traffic
- Wear something light coloured or reflective if you are walking at night
- If wearing headphones, keep the volume down so that you can hear what is happening around you
- Carry a mobile phone, a phone card or enough money to make a call so that you can get help if you need it
- Have your house or car key ready in your hand before you need it so that you don’t have to stand around looking for it
- Keep your money, phone, camera or headphones out of sight. Don’t carry valuable things unless you really have to
- Make sure you and your friends look after each other, like walking each other home or having a designated driver to get you safely home.

Avoid places where you think that there could be a danger – dark streets near a pub or nightclubs may not be a good idea.

You are much more likely to be hurt in a car accident than be hurt by a stranger on the road. So cross roads carefully, drive safely and never get into a car when the driver has been drinking.

Plan ahead so that if you could be unsafe you know what you can do.

If you are out walking and you think you are being followed

- Cross the street
- Keep walking in the direction you need to go to get home or wherever you were going. If you try to get away by going a different way you could end up trapped or lost
- Look for a safety house or the nearest well lit house, shop or service station
- Call someone on your mobile and tell them where you are and what is happening. Keep talking as you walk
- Call the police if you are scared. You can call 000 from a phone box without using money. Stay in the phone box until the police, or your friend arrives
- If you need to run, then get rid of...
anything heavy and lose the high heels if you are wearing them

- Run towards well lit areas, shops or houses and shout, “Call the Police!” or “Fire!” to attract attention. You have more chance of attracting attention than if you called “Help”
- Remember that if someone is following you, that person is more likely to want to rob you than assault you. Be prepared to let go of your bag if it is grabbed rather than run the risk of being hurt some more.

**If a car is following you**

- Change direction so that the car will have to turn round
- Write down the licence number of the car or put it into your mobile phone
- Walk, run, or drive if you are in your car, to the nearest well lit area, shops, petrol station or the Police station.

**If your car has broken down**

If your car has broken down at night, or in a lonely place, and you’re alone:

- Raise the hood or bonnet, get back in the car, and lock all the doors
- Use your mobile to call for help
- No mobile?
  - Wait until someone comes past and ask him or her, through the window, to call for help
  - Wait until it’s light before looking for a phone box.

Cars do break down, so it’s a good idea to join a motor rescue organisation e.g. RAA.

**Travelling**

Lots of older teens get the ‘travel bug’. As you travel around part of the fun is meeting new people. Don’t assume that because someone ‘looks safe’, seems to be a similar person to you, or is friendly, that this is someone you can trust.

- Make sure that someone at home or where you are staying always knows where you are
- Be careful about suddenly deciding to change your travel plans to go off with new ‘friends’. Check things out well first
- Keep maps and make sure you know where you are in case you need to get help
- Get ‘Global Roaming’ on your mobile phone before you leave home if you are leaving Australia.
  - Calls are expensive but text is cheap
- Remember that alcohol and drugs make you unsafe
- Stick with the people with whom you are travelling and arrange to keep an eye out for each other.

Remember that much of the danger when you travel is from eating unsafe food, drinking unsafe water, having things stolen and car accidents.

If the locals advise you not to go somewhere – don’t go there!!!!

Remember though that much of the danger when you travel is from eating unsafe food, drinking unsafe water, having things stolen and car accidents.

- Read information about safe travelling before you go
- Have a look at the topic Travel in the Young Adult section of the
Home alone

If you are home alone or live alone you can be safer if you:

➤ Have outside lights turned on, or have sensor lights fitted
➤ Don’t invite strangers into your house. People who you have just met are still ‘strangers’ until you know them well
➤ Keep doors and windows locked when you are alone. However – remember that you could need to get out if there is a fire – so lock those doors, but keep the keys in deadlocks while you are inside the house
➤ Ask to see the identity of anyone who says he or she is on official business, e.g. reading the meter or the landlord, unless you know about the visit beforehand.

If it seems like someone is trying to break in:
➤ Switch all the lights on and make sure the doors and windows are locked
➤ Call the Police and tell them what is happening – call 131 444 unless there is a real emergency – when you would dial 000.

Keeping safe on the internet

The internet is great and you can have a great time hooking up with people in chat rooms but …

➤ Never give personal details. You don’t know who you are really talking to
➤ Even if you feel that you’ve made a great friend be wary about giving out personal details. You could be putting yourself and your family or housemates at risk
➤ Making new friends is exciting but be careful about arranging to meet someone. Tell a friend or family if you do decide to meet up and choose a safe place – like a café or shopping centre.

The information from this site should not be used as an alternative to professional care. If you have a particular problem, see a doctor, or ring your state/territory youth healthline.
Many of us have openly welcomed the internet into our lives. For most of us the internet is part of our daily routine for keeping in touch with friends and family, working, studying, playing games, shopping and paying bills.

While the internet offers us many benefits, there are also a range of safety and security risks associated with its use. These include threats to the integrity of our identities, our privacy and the security of our electronic communications, in particular financial transactions, as well as exposure to offensive and illegal content and behaviour.

Whether you are new to using the internet or a regular user, here are eight simple tips you can take to protect yourself online:

1. Install and renew your security software and set it to scan regularly.
2. Turn on automatic updates on all your software, including your operating system and other applications.
3. Think carefully before you click on links and attachments, particularly in emails and on social networking sites.
4. Regularly adjust your privacy settings on social networking sites.
5. Report or talk to someone about anything online that makes you uncomfortable or threatened – download the Government’s Cybersafety Help Button.
6. Stop and think before you post any photos or financial or personal information about yourself, your friends or family.
7. Use strong passwords and change them at least twice a year.
8. Talk within your family about good online safety.

What these steps show is that protecting yourself online is about more than just how you set up and use your computer, mobile phone or any internet enabled device. It’s also about being smart in what you do and the choices you make while using the internet.

There are criminals who use the anonymity of the internet to run old and new scams.

There are criminals who use the anonymity of the internet to run old and new scams. While many of these are scams that most people would spot a mile away if they were attempted in the ‘real’ world, online scams are very sophisticated and often harder to detect.

So it’s important to remember that while the technology may be new, the old wisdom still applies. If something you see online or which is sent to you seems suspicious or too good to be true, it probably is.

The booklet Protecting Yourself Online – What Everyone Needs to Know offers further information and advice. It will help you secure your computer, be smart online and be safe online.

The booklet is available online at www.ag.gov.au/cybersecurity. You can request hard copies of this publication from cybersecurity@ag.gov.au

WHERE TO GO FOR MORE INFORMATION

Cyber security
- www.cybersmartonline.gov.au – for individuals and small business
- www.cert.gov.au – for large companies
- www.icode.net.au for information on the Internet Industry Association’s voluntary code of practice on cyber security (the icode).

Identity security

Offensive content
- www.acma.gov.au

Online shopping
- www.accc.gov.au or phone 1300 302 502

Privacy
- www.privacy.gov.au

Scams and fraud
- www.scamwatch.gov.au
- SCAMwatch twitter – follow SCAMwatch on Twitter at http://twitter.com/SCAMwatch_gov or @SCAMwatch_gov

Spam
- www.spam.acma.gov.au
- Phone the spam hotline on 1300 855 180
- Spam SMS can be forwarded to 0429 999 888.
RISK TAKING

Taking risks can have a negative effect on day to day life but there can be positive ways to get an adrenaline rush. Some advice from Reach Out Australia

Taking a risk is when you experiment with a new behaviour. It can be healthy and a positive way to:
➤ Test your limits
➤ Test other peoples boundaries
➤ Learn new skills and experience new things (including in work, study, relationships)
➤ Experiment with new identities
➤ Increase your self-esteem
➤ Take on more independence and responsibility for your life.

Taking risks can be fun and give you an adrenaline rush but sometimes those risks may affect your wellbeing and cause you harm.

Lower risk ways to get that adrenaline rush
It’s possible to get an adrenaline rush without risking injury or the safety of yourself or others.

Depending on what gets you going, you might try:
➤ Surfing or skateboarding
➤ Bungee jumping
➤ Skydiving
➤ Canyoning
➤ Rock climbing
➤ Rollerblading
➤ Going on rides at a fun park.

When taking a risk might be a problem
Taking a risk might become a problem if it has a negative effect on your day to day life.

Taking risks can be fun and give you an adrenaline rush but sometimes those risks may affect your wellbeing and cause you harm.

Examples of unhealthy risky behaviours might be:
➤ Unprotected sex
➤ Drink driving
➤ Train surfing
➤ Drug or alcohol abuse, including binge drinking
Deliberate self-harm
- Dropping out of school or getting suspended regularly
- Breaking the law, e.g. shoplifting
- Severe or excessive dieting.

When deciding if your risk taking is a problem it may be useful to consider the following questions:
- Does it interfere with, or have an negative effect on, other parts of your life, such as relationships, study and work?
- Does it put yourself or others in danger?
- Do you have previous experience or enough information about it or the consequences of the behaviour?

Sometimes you may not be aware that a behaviour is unhelpful or unhealthy. Identify the risks and benefits of your behaviour and how it effects others and yourself.

Why take unhealthy risks?
The reasons you might take in unhealthy risks, include:
- Peer pressure – It is not uncommon to want to have respect from your friends or those whose opinion may be important to you. Engaging in a risky or dangerous activity or behaviour may be a way for you to feel accepted and part of the group. For more information about peer pressure and how to manage it check out the fact sheets on the Reach Out Australia website
- Believing that it’s a way of proving to yourself or others that you’re an adult and that you are responsible for your own actions
- Dealing with problems or escaping from unhappy situations or feelings. It may not always be obvious that you are using the behaviour as a way of managing your problem or unhappy situation. For ideas on how you might be able to manage your situation in a healthier and safer way, check out the fact sheets on the Reach Out Australia website
- As a form of rebellion against something or someone
- To get attention or a response from someone.

Deciding to change your behaviour
You may be thinking about taking a risk or else are already taking risks. Changing your behaviour can be tough, particularly if you have been doing it for a while, feel pressure to do it or it means changing your lifestyle, or moving away from people you’ve always hung around with.

The following steps may help you decide whether you want to continue or change your behaviour:
1. Identify: Sometimes you may not be aware that a behaviour is unhelpful or unhealthy. Identify the risks and benefits of your behaviour and how it effects others and yourself (e.g. health, work, family etc)
2. Contemplation: Think about the pros and cons of changing your behaviour. This might include thinking about how you can reduce the risks associated with the behaviour
3. Decision: If you do decide a change in behaviour is needed, start by making a plan to change. This might include action plans and setting small, gradual goals
4. Action: As you start carrying out your action plan make sure you reward yourself for reaching each goal to provide positive reinforcement. Identifying barriers to change, coping skills, and social supports is also important
5. Maintenance: Develop strategies for sustaining the changes. This may be through your social supports and by reminding yourself why you changed your behaviour
6. Relapse: You might find yourself reverting back to the unhelpful behaviour. It’s important not to blame yourself or feel guilty. Changing behaviour can be hard and relapse is not uncommon. If you do relapse, go back to the Decision and Action steps.

Teenagers’ brains are wired to take risks
In a study published in May 2010 in the journal Nature Neuroscience, scientists from the University of Texas, Austin (USA) found that the brain of an adolescent is extra sensitive to the rewarding signals it gets when something better than expected happens.
The discovery might help explain why teenagers take risks – such as dangerous driving and experimenting with drugs – which do not appear worth it to adults.

Source: Discovery News. ‘Teen Brain Wired to Take Risks’. By Emily Sohn, 17 May 2010
Injury and poisoning is the leading cause of death and hospitalisation among young people, yet many injuries are preventable through public health interventions. In 2007, there were 926 deaths due to injury or poisoning among young Australians (a rate of 25 per 100,000), with land transport accidents and suicide accounting for two-thirds of these deaths. Injury death rates are substantially higher among indigenous young people and those living in Remote or Very remote areas – 3 times as high as the national rate.

Injury, including poisoning, has a major, but largely preventable, impact on the health of young Australians. It is a leading cause of death and hospitalisation among young people and can leave many with serious disability or long-term conditions, such as acquired brain injury or spinal cord injury. This can severely affect their future health and wellbeing as well as their employment, educational and recreational opportunities. Effects may also extend beyond the injured person, as parents may need to resume or extend their care-giving role (NPHP 2004).

In adolescence and early adulthood, young people are most vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could result in accidents or injury (NPHP 2004). This is the stage of life when young people engage in behaviours that can jeopardise not only their current state of health but often their health for years to come (WHO 2010). The result is an over-representation of young people in injury and poisoning death statistics, in Australia and around the world.

Of particular concern is the over-representation of young people, particularly those aged 18-24 years, in road traffic accidents. This has been linked to risky driving behaviours including speeding, driving when fatigued, and driving under the influence of alcohol or other drugs (Smart et al. 2005). In high-income countries, traffic accidents caused 32% of deaths in males and 27% in females aged 10-24 years in 2004 (Patton et al. 2009). Intentional injuries, such as self-harm or suicide and assault, are also important causes of hospitalisation and death among young people.

Injuries are largely preventable and, because of their adverse effects on the health of individuals and their impact on Australia’s health system, injury prevention and control was made a National Health Priority Area in 1986; this led to the development of the National Injury Prevention and Safety Promotion Plan: 2004-2014 (NPHP 2004).

Deaths from injury and poisoning
Injuries are a major cause of burden of disease among young people, accounting for an estimated 18% of the overall burden of disease in Australia among 15-24 year olds in 2003. Three-quarters of this burden was due to premature mortality. Among males, road transport accidents were the third leading specific cause of disease burden after anxiety, depression and substance use disorders (10%, 17% and 14% respectively) (Begg et al. 2007).

Unless otherwise stated, the Australian Institute of Health and Welfare’s (AIHW) National Mortality Database is used in this chapter to examine injury mortality differentials and leading causes of injury deaths (see Appendix 2 Data sources for more information on this data collection). Reference should be made to Appendix 1 Methods for technical notes regarding the analysis of injury data, since recent changes in classification methods have complicated the interpretation of rates and trends for particular causes of injury and poisoning death. As with overall mortality, injury deaths are measured as the number of injury deaths per 100,000 young people of the same age group.
In 2007, there were 933 injury and poisoning deaths (hereafter referred to as injury deaths) among young people aged 12-24 years – a rate of 25 per 100,000 young people:

➤ Injury accounted for two-thirds (66%) of all deaths among young Australians. This proportion was similar for 15-19 and 20-24 year olds (69% and 66% respectively) but lower for 12-14 year olds (49%). Death rates from injury varied by age, from 7 per 100,000 for 12-14 year olds to 25 for 15-19 year olds and 34 for 20-24 year olds

➤ Males accounted for over three-quarters (76%) of all injury deaths among young people. The injury death rate for young males was overall 3 times the rate for young females (36 and 12 per 100,000 respectively). However, the gap in injury deaths for males and females increases with age. Among 12-14 year olds, rates were similar (7 and 6 per 100,000 for males and females, respectively). Among 15-19 year olds, rates were twice as high for males as females (34 and 14 per 100,000 respectively), increasing to almost 4 times as high for 20-24 year olds (54 and 14 per 100,000 males and females, respectively)

➤ Injury death rates declined by 46% over the period 1997-2007, declining from 45 to 25 deaths per 100,000 young people. Death rates among males fell from 69 to 36 per 100,000 (47% decline) and among females from 21 to 12 (42% decline) over this period. The rate of decline over this period was similar among 15-19 and 20-24 year olds (46% and 48% decline, respectively), but was lower among 12-14 year olds (28% decline) (Figure 8.1)

➤ Between 2002 and 2007, injury death rates continued to decline among 15-19 year olds and 20-24 year olds (27% and 24% decline, respectively); however, rates remained relatively steady among 12-14 year olds (4-7 per 100,000 over this period).

Causes of injury deaths

In 2007, among 15-24 year olds, around one-third of injury deaths were caused by land transport accidents (35%, 303 deaths) and a further 32% were due to suicide (284 deaths). Accidental poisoning and assault were also responsible for a considerable number of deaths among young people aged 15-24 years (40 and 26 deaths respectively) (Figure 8.2). These specific causes are examined in more detail in the following sections.

Road traffic accidents

Young people are a vulnerable group of road users because of cognitive, attitudinal, behavioural and social factors. Globally, road traffic injuries are the leading cause of death among young people – each year nearly 400,000 people under 25 years die on the world’s roads (WHO 2007c). In high-income countries, traffic accidents caused 32% of deaths in males and 27% in females aged 10-24 years in 2004 (Patton et al. 2009).

Both globally and within Australia, young drivers are significantly over-represented among those killed or injured in road traffic accidents, as young drivers are more likely to engage in risky driving behaviours (WHO 2010). Over the last two decades there have been large declines in the number of young people dying on Australia’s roads, mainly due to initiatives such as random breath testing, compulsory seat belts, safer vehicles and better roads. Many jurisdictions have also put in place young driver education programs, although there is no empirical evidence as yet that these programs have any effect on road crashes (Mayhew & Simpson 2002).

The most accurate information on road transport accident deaths is from the Australian Transport Safety Bureau’s Fatal Road Crash Database (see Appendix 2 Data sources for more information on this database). These data are not comparable with those from the AIHW National Mortality Database for road transport accident deaths.
Based on the Fatal Road Crash Database, in 2009, among young people aged 12-24 years:

➤ There were 370 deaths due to road transport accidents, a rate of 9 per 100,000 young people, a substantial decline from 28 per 100,000 in 1989 (Figure 8.3)

➤ Young males accounted for three-quarters of road transport accident deaths, with death rates almost 3 times as high among males as females (13 and 5 per 100,000 respectively)

➤ Death rates varied by age among young people, ranging from 1 per 100,000 among 12-14 year olds to 11 and 12 among 15-19 and 20-24 year olds respectively. Death rates start to decline again over the age of 25 years to 9 per 100,000 among 25-34 year olds and 7 per 100,000 among those aged 35 years and over

➤ Most transport accident deaths (80%) were related to either driving a car (45%) or being a passenger (36%), with considerably lower proportions for motorcycle riders (10%), pedestrians (8%) or cyclists (1%). As would be expected, this varied by age. Most deaths of 12-14 year olds occurred when the young person was a passenger in a car (73% of accident deaths), while 15-19 year olds were equally likely to be drivers or passengers (both 41% of accident deaths). For 20-24 year olds, the most common situation was for the death to occur while driving a car (50% of accident deaths).

**Assault and homicide**

Both fatal and non-fatal assaults involving young people contribute significantly to the global burden of premature death, injury and disability. Violence among young people affects both the victims themselves and their families, friends and communities, contributing to increased health and welfare costs, reduced productivity, decreased value of property and disrupted essential services (Krug et al. 2002). Harmful and hazardous alcohol use are risk factors both for being victimised and perpetrating youth violence, and are therefore priority areas for intervention (WHO 2006b).

The most accurate information on assault (homicide) deaths is from the Australian Institute of Criminology’s National Homicide Monitoring Program (NHMP), which reports regularly on the number of homicides in Australia and collates data from police and coronial reports to build up a picture of both offenders and victims. Data from the NHMP are not comparable with assault deaths in the AIHW National Mortality Database (see Appendix 2 Data sources for more information on these data collections).

**National indicator: Assault death rate for young people aged 12-24 years**

In 2007-08, among young people aged 12-24 years, according to the NHMP:

➤ There were 50 deaths due to assault (homicide), a rate of 1.3 per 100,000 young people

➤ Two-thirds of assault deaths (64%) occurred among males, but rates between males and females were not significantly different (1.6 and 1.0 per 100,000 respectively)

➤ Death rates due to assault were higher among 20-24 year olds than 15-19 and 12-14 year olds (2.0, 1.2 and 0.4 per 100,000 respectively)

➤ Young people accounted for 18% of all homicide victims, similar to the proportion for 25-34 year olds (20%), but lower than for 35-49 year olds who made up 26% of all homicide victims

➤ The overall assault (homicide) rate appears to have decreased from 1.8 in 2001-02 to 1.3 in 2007-08 (a 29% decline); however, this difference is not statistically significant due to the small number of reported cases.

**Suicide**

A range of interacting factors – related to individual mental health, family and social circumstances – are associated with the increased risk of suicide among young people. Some of these factors include mental illness combined with harmful drug use, previous suicide attempts or intentional self-harm, family history of suicide or suicidal behaviour, socioeconomic disadvantage or poor education (Beautrais 2000; Goldney 1998). Other
Males were more likely to die from suicide than females, with rates being 3 times as high for males as for females overall (15 and 4 per 100,000 respectively). The difference between the sexes was greater among 20-24 year olds (18 and 5 per 100,000 males and females respectively) than among 15-19 year olds (11 and 4 per 100,000) (Figure 8.4).

Suicide rates were similar for 15-19 and 20-24 year olds (8 per 100,000 15-19 year olds and 11 per 100,000 20-24 year olds). The 15-24 year age group (together with 65-74 year olds) had the lowest suicide rate, while the highest rate occurred among 30-39 year olds (15 per 100,000).

Suicide rates appear to have declined since a peak in 1997 at 19 deaths per 100,000, after fluctuating between 14 and 16 per 100,000 between 1986 and 1997. These data should be interpreted with caution, as there are data quality issues with suicide data, which have resulted in an under-count of the number of deaths due to suicide from 2003 onwards (see Appendix 1 Methods for further details).

**Accidental poisoning**

Accidental poisoning is one of the leading causes of death among young Australians.

Accidental poisoning includes poisoning by substances such as gases and vapours, pesticides, corrosive and caustic agents, glues and adhesives, paints, dyes, soaps and detergents, poisonous foodstuffs and poisonous plants. It also includes poisoning by drugs, including accidental overdose, accidents in the use of drugs, medications and biological substances in medical and surgical procedures, and cases where the wrong drug is given, taken in error or taken inadvertently. It does not include cases where there is drug dependence, administration with suicidal or homicidal intent, or where the correct drug is properly administered but an adverse effect occurs. The data presented in this section focuses on deaths due to accidental poisoning only, not all deaths due to poisoning.

The AIHW National Mortality Database has been used in this section to report on deaths from accidental poisoning.

**National indicator: Accidental poisoning death rate for young people aged 12-24 years**

In 2007, among young people aged 12-24 years:

- Accidental poisoning accounted for 41 deaths among young people (3% of all youth deaths) – a rate of 1.1 per 100,000 young people. Accidental poisoning was the third highest specific cause of injury death among young people after land transport accidents and suicide.
- Death rates due to accidental poisoning were 3 times as high among males as females (1.6 and 0.5 per 100,000, respectively), with 20-24 year old males accounting for three-fifths (59%) of all the accidental poisoning deaths among young people.
- The death rate due to accidental poisoning among 12-24 year olds was the lowest of all age groups, with the highest death rates occurring among 25-34 year olds (5.3 per 100,000) and 35-44 year olds (4.8 per 100,000).
Most accidental poisoning deaths were due to poisoning by drugs (71%). Alcohol and organic solvents each caused 7% of deaths, with the remaining 15% caused by other gases, vapours or substances.

Death rates from accidental poisoning have remained steady over the past two decades, with rates generally fluctuating between 1.0 and 2.0 per 100,000 young people (Figure 8.5). The death rate increased between 1998 and 2001, with a peak in 1999 of 6 deaths per 100,000, which coincided with an epidemic of drug poisoning by opiate narcotics, mainly heroin (Henley et al. 2007).

Injury and poisoning hospitalisations

Hospital data provide an indication of the incidence of the more severe injuries sustained by young people, but this is only a part of the overall picture. For all the reasons previously stated that result in young people being more likely to engage in risk-taking behaviour, it stands to reason that they are more likely to sustain injury during this time of their life.

The Australian Bureau of Statistics’ 2004-05 National Health Survey collected information about the most recent injury that was sustained in the 4 weeks preceding the survey for which an action was taken (for example, receiving medical treatment or reducing usual activities). After children, young people were found to have the highest incidence rate of injury, with 23% of 12-24 year olds reporting having sustained an injury in the preceding 4 weeks. Only 6% of these attended hospital for treatment (including admitted hospital stays and visits to emergency or outpatient clinics), confirming that hospital data reveal only a small part of the overall burden of injury among young people (AIHW: Eldridge 2008).

The information on injury hospitalisations in this section is obtained from the AIHW National Hospital Morbidity Database (see Appendix 2 Data sources for more information on this data collection). Hospitalisation data (also known as ‘hospital separations’) only include patients admitted for an episode of care and do not include those who attend emergency or outpatient clinics. The data are a measure of an episode of care, and multiple admissions for the same individual are therefore counted as multiple episodes of care (see Appendix 1 Methods for the methods used for analysing hospital separations for injury).

FIGURE 8.7: INJURY AND POISONING HOSPITAL SEPARATIONS FOR YOUNG PEOPLE AGED 12-24 YEARS, BY EXTERNAL CAUSE OF INJURY, 2008-09

<table>
<thead>
<tr>
<th>External Cause of Injury</th>
<th>Per cent of hospitalisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport accidents</td>
<td>Male 23.2%  Female 24.1%</td>
</tr>
<tr>
<td>Falls</td>
<td>Male 18.5%  Female 17.1%</td>
</tr>
<tr>
<td>Inanimate mechanical forces</td>
<td>Male 9.8%  Female 9.7%</td>
</tr>
<tr>
<td>Other factors</td>
<td>Male 8.9%  Female 9.1%</td>
</tr>
<tr>
<td>Assault</td>
<td>Male 2.3%  Female 1.8%</td>
</tr>
<tr>
<td>Intentional self-harm</td>
<td>Male 2.5%  Female 2.5%</td>
</tr>
<tr>
<td>Animate mechanical forces</td>
<td>Male 1.6%  Female 1.6%</td>
</tr>
<tr>
<td>Overexertion/travel/privation</td>
<td>Male 0.7%  Female 0.7%</td>
</tr>
<tr>
<td>Event of undetermined intent</td>
<td>Male 0.3%  Female 0.3%</td>
</tr>
<tr>
<td>Accidental poisoning</td>
<td>Male 0.9%  Female 1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>Male 1.0%  Female 1.0%</td>
</tr>
</tbody>
</table>

Notes
1. ICD-10-AM codes S00-T75, T79.
2. Based on the first reported external cause per injury hospital separation only.

Source: AIHW National Hospital Morbidity Database.

In 2008-09, injury and poisoning (hereafter referred to as ‘injury’) was the third most common cause of hospital separation among young people aged 12-24 years, with 85,360 separations, representing 14% of all hospital separations for young people:

- The injury hospital separation rate was 2,199 separations per 100,000 young people, a 6% increase since 1998-99, with similar increases for males and females.
- Males accounted for 72% of injury hospital separations, varying little by age group (74%, 72% and 72% for 12-14, 15-19 and 20-24 year olds respectively) – a rate of 3,100 per 100,000 males and 1,251 per 100,000 females.
- The injury hospital separations rate for young people varied by age: 15-19 and 20-24 year olds had similar rates (2,394 and 2,305 respectively) while the rate for 12-14 year olds was lower (1,667) (Figure 8.6).

The event or circumstance that led to an injury is known as the external cause of injury. This provides important information for developing preventive strategies to reduce the risk of serious injury to young people. Multiple external causes of injury can be reported, but for this analysis, only the first reported external cause is included.

In 2008-09, among young people aged 12-24 years:
- The most common external cause of injury leading to hospitalisation was transport accidents, accounting for 21% of injury hospital separations among young people (17,539 hospitalisations, at a rate of 452 per 100,000 young people) (Figure 8.7).
- Falls and exposure to inanimate mechanical forces (for example, being struck by a thrown or fallen rock) were the second and third most common reason for injury hospitalisation, accounting for 17% and 16% of injury hospital separations, respectively.
- Males made up the majority of injury hospital separations for most external causes (52-83% of hospitalisations). The exceptions were intentional self-harm and accidental poisoning, where females accounted for 70% and 56% of these hospital separations, respectively.
- The most common external causes of injury hospitalisation differed for the youngest age group, with falls being the most common cause for 12-14 year olds (34% of separations), followed by transport accidents (22%).
WHY TEENS TAKE RISKS

Although it can be stressful for parents, adolescence and risk taking go hand in hand. This is because teenagers need to explore their own limits and abilities, as well as the boundaries you set. It’s part of their path to becoming independent young adults.

Also, the parts of the teenage brain responsible for impulse control don’t fully mature until about age 25. This means teenagers are more likely to make impulsive, emotional decisions without thinking through the consequences.

And teenagers want to be accepted by their peers. Some teenagers take risks because of peer pressure.

Common teenage risk-taking behaviours that can cause parents concern include:

➤ Fighting
➤ Truancy
➤ Risky sexual behaviour
➤ Alcohol use
➤ Illegal substance use (mainly smoking marijuana)
➤ Tobacco smoking
➤ Dangerous driving
➤ Illegal activities like trespassing or vandalism.

Risk taking is an important way for teenagers to learn about themselves. It can include less concerning behaviours, such as trying new tricks at the skate park, or expressing an unpopular opinion. It peaks at around 15–16 years and tends to tail off by early adulthood.

REDUCING RISK TAKING

Knowing that it’s normal doesn’t make teenage risk taking any easier to live with.

The parts of the teenage brain responsible for impulse control don’t fully mature until about age 25.

Here are some ideas to limit risk taking and keep your child safer:

➤ Help your child learn to assess risk. You can talk about other people’s behaviour and its consequences (for instance, in movies or on the news). For example, ‘If he hadn’t been speeding, he wouldn’t have lost his licence. Now he’s going to lose his job as well’

➤ Work out some agreed ground rules with your child. Explain to her that your role is to keep her safe, and her job is to experiment, so you need to find a compromise between the two. Decide together on what the consequences should be if the rules are broken. You’ll need to be flexible and adapt the ground rules as your child grows and shows she is ready for more responsibility

➤ Talk about values – the earlier the better. Knowing what’s important to your family will help your child develop a sense of responsibility and personal values

➤ Keep an eye on your child. Knowing who he is with and where he is can help you prevent some risk-taking behaviour

➤ Keep the lines of communication open. Try to stay connected to your child. Strong connections with parents reduce the chance of risky teenage sexual behaviour, for example

➤ Be a good role model. Teenagers are guided by how their parents behave. If your child sees you applying double standards – from speeding to excessive drinking or...
aggressive behaviour – she might not respect your rules

➤ Encourage a wide social network. You probably can’t stop your child from being friends with a particular person or group – but you can give him the chance to make other friends through sport, church or family activities. Make your child’s friends welcome in your home – you’ll know where he is at least some of the time

➤ Give teenagers a way out. If your child feels pressured to take risks to fit in, you could help her think of ways to opt out without losing credibility. For example, she could tell her friends that smoking gives her asthma. Let her know she can send you a text message anytime she needs to be picked up, without worrying that you’ll be angry.

ENCOURAGING ‘SAFE’ RISK TAKING

Teenagers need to take some risks to learn more about themselves … this means that wrapping them in cotton wool is likely to backfire.

Adrenaline-charged sports like rock-climbing, martial arts, canoeing or mountain biking can supply plenty of thrills. Attention-seekers might find they love the ‘rush’ of performing in drama or creative arts.

Another strategy is to give teenagers autonomy and independence in some areas, so that they can explore their freedom without resorting to rebellion.

For example, you might not like it if your teenager chooses blue hair or dresses in ripped clothing, but these are safe ways to experiment. For more information, read the article on *Shifting responsibility to your child* on the Raising Children Network website.

GETTING SUPPORT

Risk taking is a fairly normal part of adolescence, and most teenagers will not take it to the extreme.

If your child occasionally stays out past curfew, you might not worry too much. But if he regularly does things with dangerous consequences – like using drugs, getting into fights, drinking or breaking the law – consider seeking help and support. Also seek help if you’re worried that your child’s behaviour is self-destructive or might be a sign of a deeper problem.

The best place to start is to ask your family GP for a referral to a psychologist or other mental health professional.

If you’re having a hard time talking with your child about risk taking, it might help to ask a relative or trusted family friend to broach the subject. Some teenagers find it hard to talk about sensitive issues like sex and drug use with their parents, but they might be willing to talk to somebody else. You could also ask your child’s school counsellor for advice.

MORE INFORMATION ABOUT TEENAGE RISK TAKING

Risk-taking behaviours vary according to gender. Boys are more likely to experiment with fighting and skipping school. They also tend to drink more than girls. Girls have slightly higher rates of smoking. They are more likely than boys to binge drink.

Some teenagers are more likely to behave in risky ways. Research suggests this might be because they are ‘sensation-seekers’. That is, they enjoy the ‘rush’ of adventure and want new and exciting experiences.

Other teenagers might see risk differently from their parents. Therefore, they don’t see any real danger in what they’re doing. When teenagers think their actions will have negative consequences, they do think more carefully about acting (although it’s not certain whether they actually change their behaviour).

Some teenagers also take risks because of peer pressure. They want to be accepted, so they do what is considered ‘normal’. Some teenagers want to perform, impress, show off or be different. In fact, risk taking among teenagers doubles when peers are around.

Sourced from the Raising Children Network’s comprehensive and quality-assured Australian parenting website | [http://raisingchildren.net.au](http://raisingchildren.net.au) © Raising Children Network

Last reviewed 18 October 2010

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AT A GLANCE
➤ The best way for teen boys to take safe risks is for you to do it with them
➤ One of the biggest ways to take risks is to meet new people
➤ Boys vulnerable to dangerous risk-taking behaviour generally show signs early in their life
➤ Some risk taking is natural during the teenage years
➤ A parenting approach which is loving but firm supports boys to be safe risk takers.

Andrew Fuller, a child psychologist from University of Melbourne, says today’s ‘Nintendo’ generation of teen boys get to save the world every day on the computer. In the real world, they can be forbidden from going down the road alone.

It’s a conundrum parents need to be aware of because without the chance to take part in real adventures, things can become a bit dull – teen boys’ desire to explore life can get out of hand if they’re not given some space to do it safely.

“We have a world that sanitises away risk, so that means risk becomes even more alluring,” Andrew says.

“Boys are going to take some risks in some way, and you can either provide them with options to do that with you, or they’ll do it separately.”

Dangerous risk taking includes:
➤ Binge drinking
➤ Smoking
➤ Drug taking
➤ Aggressive driving
➤ Aggressive, bullying behaviour.

Andrew says parents need to think about how they can help their boys take risks in ways that allow them to safely have a go at things, particularly when they’re younger teenagers. The best way to do this is to take some risks together.

“Families need to be more daring ... it’s partly about parents being curious themselves and being prepared to have a go as much as they can,” he says.

“It doesn’t have to be that exotic ... parents can give themselves permission to go off and do different stuff – stay at a backpackers’ hostel for a night, whatever it might be – under the guise of giving their kids a broader life experience.”

It could be volunteering for a homeless refuge or taking part in Clean Up Australia Day, he says.

“One of the biggest risks for many young people is the social risk of meeting new people, actually going around and staying with other families in youth hostels, or mixing with entirely different groups of people.

“What you are trying to do is devise things that will help them to broaden out as people, and have a sense of the world,” Andrew says.

It also gives them a sense that they can make a contribution in a positive way, he says.

“A lot of kids these days are provided with a lot of things but are not asked to do much. Kids are very capable but because we don’t call upon that competency they then feel they have to prove their own worth and autonomy through taking negative risks.”

Teen boys’ desire to explore life can get out of hand if they’re not given some space to do it safely.

RISK TAKING IS NATURAL

Boys are more prone to risk taking from puberty because the brain chemical dopamine, which is responsible for motivation and pleasure, declines in potency for a while. Teen boys become more lethargic and grumpy, and they start taking more risks because they’re actually looking for a lift in dopamine, Andrew says.
Lifting dopamine levels includes giving boys:
➤ Rewards
➤ Regular feedback
➤ Reassurance they’re loved
➤ Clear expectations and boundaries
➤ Encouragement to do activities with lots of repetitive movement such as handball, volleyball, swimming or drumming.

During adolescence the area of the brain responsible for executive functions is going through immense change, which can play havoc with decision making and organisational skills.

SERIOUS RISK TAKING

Associate Professor Susan Towns, head of the Department of Adolescent Medicine at The Children’s Hospital at Westmead, says also during adolescence the area of the brain responsible for executive functions is going through immense change, which can play havoc with decision making and organisational skills.

However, Sue says dangerous risk taking doesn’t just happen.

There are signs early on that may show a boy is more vulnerable and usually it’s a combination of factors including:
➤ ADHD and other developmental issues
➤ Inadequate parenting support
➤ Personality traits or developing mental health problems such as depression or anxiety
➤ School-related issues such as being bullied or peer pressure.

Sue says the best parenting approach to support boys through this time is one that is loving, but firm – high warmth, high structure, high supervision and guidance done in a supportive way.

“It’s about creating boundaries,” Sue says. “They respond to structure. Certainly during the adolescent years they push the boundaries and it’s the parents’ job to say what’s appropriate and what’s not.”

Approaches that can encourage rebellious behaviour in boys include laissez-faire parenting where there is a lot of love and nurturing but not enough boundaries or structure, and ‘authoritarian’ parenting, which is low on warmth and nurturing but high on strictness and discipline, she says.

“We don’t want boys to feel as though they can’t chase after their dreams … but it’s a matter of being safe and supported and knowing how to do that.”

WISE BOUNDARIES TO GIVE YOUR TEENAGE SON

➤ Ask them to tell you what time they will be home
➤ Have an agreement that trust develops if they keep to the rules
➤ Have house rules and household chores
➤ Know how much money your son has
➤ Talk to the school as needed
➤ Know who their friends are
➤ Be introduced to their friends
➤ Talk to other mums and dads about their sons’ boundaries and ideas they have on parenting.

If you feel your son’s behaviour is putting him in danger, contact your local health professional or contact The Department of Adolescent Medicine at The Children’s Hospital at Westmead, which can help you find local support.
Young people at greatest risk of harm from others’ misuse of alcohol

A report by the Alcohol Education and Research Foundation suggests that much more needs to be done to support young people from the negative effects of the current drinking culture.

- 70,000 Australians are reported victims of alcohol-related assaults every year
- 24,000 women are victims of alcohol-related domestic violence assaults
- 20,000 children are victims of alcohol-related child abuse.

The Alcohol Education and Rehabilitation Foundation (AER Foundation) recently commissioned a new report The Range and Magnitude of Alcohol’s Harm to Others, which has just been published.

The AER is a unique, independent, not-for-profit organisation with a goal to change the way we drink.

The Range and Magnitude of Alcohol’s Harm to Others report was carried out by the AER Centre for Alcohol Policy Research in Melbourne. It offers an insight into how individual acts of alcohol misuse affect both families and communities.

Young people are one of the most vulnerable groups in our community when it comes to the impact of others’ drinking.

Young Australians bear the brunt of the negative effects of drinking by others, with young women suffering the most when a person they were in a relationship with misused alcohol.

According to The Range and Magnitude of Alcohol’s Harm to Others report, young people aged 18-29 years were three times more likely to be affected by the drinking of someone they knew compared with older people and they were also twice as likely to be affected by strangers.

AER Foundation Director Professor Ian Webster said: “We often talk about young people as being part of the problem when it comes to alcohol-related harms. But we now know that they are one of the most vulnerable groups in our community when it comes to the impact of others’ drinking.”

He added “Much more needs to be done to support our young people, particularly young women, to prevent them from being negatively affected by our current problematic drinking culture.”

As part of the report, the Alcohol’s Harm to Others survey also found that young people aged 18-29 years were more likely to experience harm from the drinking of strangers by:

- Being forced or pressured into sexual activity
- Being physically abused
- Encountering trouble or noise related to a licensed venue
- Having to avoid places where drinkers are known to hang out
- Being involved in a traffic accident
- Being verbally abused and threatened

The survey found that 46% of young women who lived with a drinker would need to care for that person as a result of their drinking habits.

Nearly 75% of both men and women aged 18-29 years who had been negatively affected in the last year by the drinking of a family member or friend said they also had to spend time looking after that person as a result of their drinking (cleaning up after them, driving them somewhere, caring for them or their children).
The survey found that 46% of young women who lived with a drinker would need to care for that person as a result of their drinking habits. They were also likely to experience verbal abuse from that person, which could also lead to cases of domestic violence.

The 2007 National Drug Strategy Household Survey found that younger men were more likely than women to experience verbal and physical abuse, while both younger and older women were more likely to be put in fear by someone affected by alcohol.

“We need to be asking what we can do to ensure that the whole community is protected from these harms. Now more than ever alcohol policy development is supported by a sound evidence base that shows which strategies are effective in reducing alcohol-related harms,” said Professor Webster.

The hidden cost of harms caused by someone else’s drinking brings the total economic impact of alcohol misuse in Australia to $36 billion annually.

He concluded “Significant policy reform is required in alcohol taxation, advertising and sponsorship restrictions, and limiting the availability of alcohol to protect young people.”

The report found the hidden cost of harms caused by someone else’s drinking brings the total economic impact of alcohol misuse in Australia to $36 billion annually, more than double previous estimates.

* Alcohol’s Harm to Others is a national survey completed in 2008 of more than 2,600 Australians aged 18 years or older conducted by Turning Point Alcohol and Drug Centre.

Writer Helen Splarn, Editor Dr Ramesh Manocha.
Source: Alcohol Education and Rehabilitation Foundation.
First posted on the Generation Next blog by Dr Ramesh Manocha, 24 August 2010

Generation Next | www.generationnext.com.au
But why are young men more likely to take risks on the roads and can they be stopped from killing themselves and others?

A number of recent incidents all have one thing in common; a young man was behind the wheel.

An 18-year-old man was charged with reckless driving after being clocked doing 183 kph on the Kwinana Freeway. Just weeks before, two young men were caught by a fixed speed camera racing down the Mitchell Freeway at up to 195 kph.

While they probably wouldn’t consider themselves lucky to be caught, it could be argued otherwise.

Two young men involved in a high speed crash on Riverside drive just before Christmas weren’t so lucky. They hit a tree at such speed, their car was sheared in two and burst into flames.

Seasoned crash scene investigators described it as one of the worst crashes they’d ever seen and two families had to be told their sons weren’t coming home for Christmas.

When it comes to speeding, males make up about 85 per cent of speed-related fatal crashes, with the 17-24 age group comprising nearly half those deaths.

Grim statistics

There’re plenty of statistics which paint a grim picture for young male drivers.

The Office of Road Safety’s preliminary figures show in 2011 a quarter of the people who died on the roads were aged 17-24; that’s 44 young people who had their lives cut tragically short last year.

A look over the figures for the past five years reveals 225 young lives have been lost.

When it comes to speeding, males make up about 85 per cent of speed-related fatal crashes, with the 17-24 age group comprising nearly half those deaths.

Monash University Accident Research Centre’s Belinda Clark says one of the main reasons young male drivers are over-represented in the figures is that they have a propensity for taking risks coupled with an over-estimation of their driving capabilities.

She says young men in the focus groups she’s conducted say they speed for the thrill of it and don’t think about the consequences.

That kind of attitude can be hard for their parents and others to swallow.

“It’s very frustrating for the older members of the community who do understand that they’ll probably grow out of it but unfortunately motor vehicles are weapons,” she said.

In an Office of Road Safety survey of road safety attitudes, 73% of young male drivers admitted to deliberately speeding.

Most of the risk-taking behaviour is at the lower to middle end of the spectrum but the fact remains that young people are constantly taking risks behind the wheel.

The question is; why do they do it?

Risk taking

Research shows the young brain isn’t fully developed until it’s at least 25 years old.

The head of UWA’s Centre for Child and Adolescent Related Disorders, psychologist Stephen Houghton says in many cases young men’s brains are not wired correctly to help them regulate their behaviour to stop themselves from taking risks.

“The prefrontal cortex of the brain is not matured to a point where risk can adequately be assessed, the control over risk taking is not sufficiently exerted and so there’s this inevitability of taking risks among some young people,” he said.

Professor Houghton says scans on adolescent brains have also shown differences between boys and girls,
suggesting boys are more predisposed to risk taking.

Aside from their brain make-up, he says the next biggest factor in risk-taking behaviour is peer pressure.

“Reputation is one of the most significant factors in why young people behave in the way that they do,” he said.

Research suggests that the adolescent brain weighs risk versus reward differently to adults; if taking a risk is going to get them the kudos they desire, they value that more heavily than what any penalty or consequences might be.

Fast cars, peer pressure and young inexperienced drivers are often a lethal mix.

Changing behaviour

Road safety authorities have the task of working out the best ways of trying to change the behaviour of young male drivers.

Some research suggests that using advertising campaigns to play to their emotions doesn’t work.

Professor Houghton says this is partly because the area of the brain that regulates emotion isn’t fully developed in young men and again, peer pressure can play a part.

“In groups where kudos and status is important for the driving prowess, why would you appeal to their emotions when the reinforcement from the group is much more important than the message you’re trying to get over?” he asked.

So, what does work?

The ‘pinkie’ campaign in New South Wales in 2007 seemed to have some success in addressing the social acceptability of hoon behaviour.

The ads featured young men showing off in their cars while young females stood on the roadside holding up their pinkie finger to suggest the men were doing it to compensate for having a small penis.

“The admiration they get from peers is really important so perhaps the message being conveyed by the young females was such that it didn’t reinforce the reputations that the young men were seeking,” said Professor Houghton.

Apart from advertising, most states have introduced anti-foon legislation which includes increased fines and impounding cars.

Belinda Clark says the measures seem to act as a deterrent for some young men but not for others, depending on their attitudes to hoon driving.

“It might be a one-off event or a spontaneous event and they tend to be the group that the fines and the impoundment have the greatest effect on,” she said.

“But, when you’re talking about the hard core group that have no ownership that they’ve done something wrong, it’s probably not as effective.”

Early intervention

Professor Houghton says early intervention is the key to targeting risk-taking behaviour.

He says even spontaneous behaviour can be curbed if children are educated young enough.

“I think we have to get down to the primary and pre-primary school level and work with children in terms of impulse control, risk-taking behaviour, sensation seeking and empathy,” he said.

“I think that’s one of the big things that’s missing.”

He says not giving young hoons the attention they seek is also important and pictures in the media of cars that have been impounded or young hoon drivers swaggering out of court is exactly what they want.

“In many ways the best treatment of these young people would be not to show them, not to give them any kudos for the acts they’ve committed and that removes the reputation they seek,” he said.

He says the good news is, if young drivers can be kept alive long enough, the majority of them will eventually just grow up.

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PARTYING SAFELY – TIPS FOR TEENAGERS

If you are informed about safe partying, you are more likely to protect yourself and your friends, according to this advice from the Better Health Channel

Partyng is fun for people of all ages. Teenagers in particular like to party. This may include clubbing, attending a concert or festival, having a party at home or going to a party at a friend’s house. If you follow a few simple suggestions, it will help you stay safe while you’re having a good time.

Australian statistics show that if you are informed about safe partying, you are more likely to protect yourself and your friends.

A range of hazards
Some of the things that can go wrong at teenage parties and clubs include:
- Binge drinking
- Drink driving
- Unprotected sex
- Drug overdose
- Drink spiking

➤➤

Remember that you don’t have to use alcohol or other drugs to have fun.

General suggestions
Make smart decisions, including:
- Remember that you don’t have to use alcohol or other drugs to have fun
- Eat well before you leave home. A full stomach slows the absorption of alcohol
- Drink in moderation. Don’t let others top up your drinks and go for low alcohol options wherever possible
- The best way to avoid drug-related problems is not to use at all. If you do, make sure you know what you’re taking and find out how to reduce the risks of overdose or injury
- Trust your own judgement. Don’t let peer pressure sway you into doing anything you don’t want to do
- Keep your wits about you and stay close to friends you trust
- Take condoms with you if you think you might end up having sex – and use them
- Don’t get into a car with a driver who has been drinking
- Remember that your judgement may be impaired if you’ve been drinking or taking drugs – don’t take risks you may regret such as diving into water if you don’t know how deep it is or fooling around near swimming pools
- Leave for somewhere safe if you feel unsafe at a venue or party.

Plan the night out
If you’re going out with friends to party, safety suggestions include:
- Know where you’re going and how you’re getting there
- Plan how to get home – for example, take enough money to share a taxi or nominate a driver to stay sober
- Have a plan B to get home if plan A falls through – for example, ask someone’s parent if they will pick you up if you can’t get a taxi
- Decide to stay together in a group and look after each other
- Don’t leave drinks unattended and don’t accept a drink from a stranger. Don’t take your eyes off your drink
- Decide on a drink limit and stick to it. Avoid ‘shouts’ or drinking games. You are likely to make silly or even dangerous decisions when you have had too much to drink
- Remember that it is illegal to drink alcohol on the street or in a public place or to carry or use illicit drugs. You could be arrested and conviction may impact on your future employment or travel plans.

Avoid potentially violent situations
Alcohol and some drugs can lead to physical fights and assault. Suggestions include:
- Don’t lose control as a result of using drugs or alcohol. Pace yourself
- Decide with friends beforehand to look out for each other
- Don’t get into a verbal argument if someone aggressively confronts you. Walk away
- Don’t go off with a person you’ve only just met. Stay in the public place. If they interest you, get a phone number
- Seek help and advice from your doctor, a social worker or alcohol and drug worker if you tend to pick fights when you’re drunk or on drugs.

Overdoses can be avoided
Drugs can cause many health problems including overdose. Safety suggestions include:
- Educate yourself about drugs and their effects. There are easy-to-read fact sheets on the Better Health Channel
- Tell a friend what you are taking if you intend to take an illegal drug. They can advise the ambulance staff if necessary
- Don’t assume that medications are a safer option than illegal drugs. Medications can be dangerous, even life-threatening, if used incorrectly
- Remember that illegal drugs are not manufactured to a precise formula like medicines. An illegal drug may be much stronger than you expect. It may not actually be the drug you think it is, but may contain something else
- Be aware that mixing alcohol and drugs can put you in extreme danger of overdose. The depressant effects of alcohol can mask the effects of stimulant drugs like speed
- Never use alone and don’t share needles.

Safe partying at home
If you are throwing a party at home, safety suggestions include:
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Register your party with your local police at least one week in advance
Insist that the party is ‘invitation only’ to reduce the risk of gatecrashers. Ask your guests not to spread the word to others via SMS or the internet
Indicate clearly on the invitation whether the party is ‘alcohol-free’ or if alcohol is provided or is BYO. Say whether cigarette smoking is permitted. State firmly that illegal drugs are not welcome
Ask parents of party guests to call beforehand for more information
Ask parents of guests to provide transport to and from the party
Secure all valuables on your property
Make sure you have responsible adults on hand to monitor the party
Make sure the host (and the host's parents and other responsible adults) remain sober so that any problems can be dealt with quickly and safely
Consider a hired security guard; it may seem extreme, but it could give you (and your guests) additional peace of mind
Serve plenty of food. Guests are more likely to get drunk on an empty stomach. Avoid salty foods, which may encourage guests to drink
Serve plenty of water and soft drinks
Be vigilant if you have a swimming pool – intoxicated guests may fall in
Turn the music down after midnight
Have a plan of action if a guest becomes drunk or ill
Ask gatecrashers to leave immediately or threaten that the police will be called. Follow through with your threats
Call the police if you feel that a situation is beyond your control.

Safe partying for guests at a home party
If you’ve been invited to a party at someone’s home, safety suggestions include:
Don’t advertise the party via SMS or the internet. You risk gatecrashers and violent situations
Arrange for your parents to drive you to the party and pick you up at a designated time
Give your parents the host’s phone numbers
Take soft drink, not alcohol
Don’t keep quiet and allow unsafe behaviour. If you are concerned at all, speak to the host, the host’s parents or the designated ‘responsible adults’.

How to help a friend in need
If your friend is suffering from the effects of alcohol or drugs or needs assistance, suggestions include:
Always dial triple zero (000) for an ambulance in an emergency. Don’t avoid calling the ambulance because you’re afraid the police may become involved. Your friend may suffer serious consequences if you delay getting them help. Ambulance officers only care about saving lives
Stay close by your friend and monitor their wellbeing. Offer reassurance
If your friend is unconscious, lay them on their side to reduce the risk of aspirating (breathing in) vomit
If they are not breathing, commence cardiopulmonary resuscitation (CPR). If you don’t know how to perform CPR, call 000 and emergency services staff will guide you over the phone. The ambulance officers will take over as soon as they arrive
If your friend has been assaulted, or thinks they may have been drugged and assaulted, encourage them to immediately contact the police or go to the emergency department of the nearest hospital. Offer your support.

Things to remember
Some of the things that can go wrong when teenagers are partying include binge drinking, drink driving, arrest, unprotected sex, drink spiking, sexual assault, injury and drug overdose
Australian statistics show that teenagers who are informed about safe partying are more likely to protect themselves and their friends
Know where you’re going, how you’re getting there and how you’re getting home.

WHERE TO GET HELP
Your doctor.
Police, call triple zero (000) or 112 (if your mobile is out of phone range or credit).
Ambulance, call triple zero (000) or 112 (if your mobile is out of phone range or credit).
Emergency department of your nearest hospital.
Kids Helpline Tel. 1800 551 800.
DirectLine Tel. 1800 888 236 — for 24-hour confidential drug and alcohol telephone counselling, information and referral.
YSAS Line Tel. 1800 014 446 – for young people, 24-hour confidential drug and alcohol telephone counselling, information and referral.
DrugInfo Clearinghouse Tel. 1300 858 584 – for information.
Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100.
Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619.
Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017.
Action Centre (for young people 25 and under) Tel: (03) 9654 4766 or 1800 013 952.
Sexual Assault Crisis Line and CASA Tel. 1800 806 292.
Victims of Crime Helpline 1800 819 817.
Parentline Tel. 132 289.
Victoria Police Party Safe program—call your local police station.
Family Drug Help — for information and support for people concerned about a relative or friend using drugs Tel. 1300 660 068.

This page has been produced in consultation with, and approved by, Reach Out Australia.
MA President, Dr Steve Hambleton, today cautioned young people to play it safe as they set off for traditional Schoolies Week celebrations around the country to mark the end of a tough school year and, for many, the end of their high school days.

The Schoolies Week season commences this weekend in Queensland (November 2011), with other States to follow in coming weeks.

Dr Hambleton said that Schoolies Week is a great way to celebrate an important transition time in life but young people need to take extra care with alcohol, sexual activity, and privacy so that they do not end up in hospital emergency departments or in unwanted situations that could change the course of their young lives or the lives of others.

“Schoolies Week can be a lot of fun but it is also a time of high health risk for young people,” Dr Hambleton said.

“Good times can suddenly turn bad through unacceptable or dangerous behaviour as a result of excessive alcohol consumption or unsafe sexual activity. Young people enjoy the social aspects of drinking but they should not put themselves, their friends, or others at risk of alcohol-related harms.

“They must remain aware to prevent the risks of alcohol and binge drinking and the embarrassment, injury or violence that can result from excessive consumption.

“The students should not just look after themselves, they should also look out for their mates. If they’re drinking too much and acting inappropriately, let them know. If they’re getting into difficulty, help them out or find someone who can.

“They must do all that is possible to protect their privacy, especially when

BACKGROUNDS

According to research undertaken by the University of Wollongong, most school leavers expect to drink heavily and engage in sexual activity. When questioned prior to Schoolies Week, most of the group expected to drink 5-10 drinks at a time and ‘hook up’. About half the boys expected to have sex with multiple partners or someone they didn’t know very well (compared to less than one fifth of girls). When questioned after Schoolies Week, it was found that expectations generally matched reality. Importantly, seven in 10 (of the 500 school leavers surveyed) rated their Schoolies Week experience as negative.

Young drinkers are at increased risk of drinking to a point where there is a loss of memory – in the previous month (to survey), 37.5 per cent of 12-17 year olds and 36.5 per cent of 18-19 year olds alcohol drinkers reported loss of memory (2010 National Drug Strategy).

The rate of chlamydia notifications more than tripled over the last decade to over 62,000 in 2009.

44 per cent of males and 62 per cent of females in year 12 in 2008 had had sexual intercourse. There was a 15 per cent increase in Year 12 females in 2008 who had had sex compared to Year 12 females in 2002.

46 per cent of females in Year 12 in 2008 had had sex without a condom (11 per cent increase since 2002).

40 per cent of females in Year 12 in 2008 had had unwanted sex, (an increase of 13 per cent since 2002), and 20 per cent of these because they were too drunk.

38 per cent of Year 12 males in 2008 had three or more partners in the previous year (an increase of 23 per cent since 2002), and

27 per cent of Year 12 females in 2008 had more than three partners in the previous year (an increase of 14 per cent since 2002). (Source: National Survey of Australian Secondary School Students, HIV/AIDS and Sexual Health, 2008 compared to 2002).
affected by alcohol. Embarrassing and damaging stories and images can be instantly circulated via smart phones, Twitter, and other social media. These images can have far-reaching effects.

“It is also important that the businesses and people who sell or provide the alcohol do so responsibly because the consequences for them are serious if things go wrong.

“Everybody should be alert to the possibility of their drink being ‘spiked’ with drugs, or people increasing the amount of alcohol in their drinks by doubling or tripling the shots.”

More than half of all serious alcohol-related road injuries occur among 15-24 year olds, and alcohol is associated with about one-third of self-inflicted injuries and suicides.

Thirteen per cent of deaths among 14-17 year olds are due to alcohol-related harms, including road injury, suicide and violent assault, with a further 60 teenagers hospitalised each week.

In 2010, 22.4 per cent of recent drinkers aged 14 years or older put themselves or others at risk of harm while under the influence of alcohol in the previous 12 months.

Schoolies Week is a time when young people can be pressured to have sex, and alcohol is often involved.

Young people thinking about having sex should:
➤ Talk to their partner openly and honestly about safe sex
➤ Always make sure to use condoms (male or female)
➤ Stay in control and make sure both people feel comfortable enough to initiate and terminate sexual activity at any time
➤ Know the facts about sexual health to make informed choices and decisions, and
➤ Know that it’s okay to say ‘NO’.
The facts about young people and drugs

FACT SHEET INFORMATION FROM THE AUSTRALIAN DRUG FOUNDATION

**Why do young people use drugs?**

People use drugs for many different reasons. Typically adolescence is a time of experimentation. Young people may take drugs as they struggle to establish their independence in a society where alcohol and other drugs are associated with being an adult.

Other reasons that young people may use alcohol and other drugs include:

➤ Curiosity
➤ Social influences (peer pressure)
➤ Enjoying the feeling – for example, the effects of ecstasy include increased energy and confidence
➤ Risk taking and rebellion can be exciting, especially when it involves parental disapproval and illegal substances
➤ Escapism – alcohol and other drugs may be used as a means of avoiding problems associated with family life, school or work frustrations, friendship and relationship difficulties, low self esteem and/or depression. These problems should be addressed as early as possible to prevent any related drug use from escalating.

Importantly, the reasons that young people don’t use drugs include that they’re just not interested, and that they’re addictive and/or bad for your health.

**How many young people use alcohol and other drugs?**

Although many young people will experiment with alcohol and other drugs (legal or illegal) at some stage, most will not go on to experience problems.

The findings of a major survey of households across Australia (2010 National Drug Strategy Household Survey report, AIHW) suggest that:

➤ 26% of 14-19 year olds have never had one full serve of alcohol
➤ 90% of 14-19 year olds have never smoked a cigarette
➤ 76% of 14-19 year olds have never used an illegal drug
➤ The most commonly used illegal drug is cannabis, with 20% of young people aged between 14 and 19 years having used it at least once in their lifetime
➤ The average age for first time use of tobacco is 15.8 years; alcohol 16.9 years; and cannabis 18.8 years.

A survey of Australian secondary school students aged 12-17 years (Australian secondary school students’ use of over-the-counter and illicit substances in 2005), found that:

➤ 86% of 14 year old students had tried alcohol
➤ Smoking cigarettes became more common as students progressed through secondary school
➤ Cannabis was the most commonly used illicit substance among secondary school students, with 18% of all

secondary school students aged between 12 and 17 years reporting the use of cannabis at some time in their life
➤ 5% of students reported having used amphetamines
➤ 5% of students reported having used hallucinogens during their lifetime
➤ 4% of students reported having used ecstasy. Recent use of ecstasy was not common among any age group
➤ 3% of students reported having used steroids without a doctor’s prescription
➤ 3% of students reported having used cocaine
➤ 2% of students reported that they had used opiates such as heroin or morphine without a doctor’s prescription.

It is hard to know what statistics about alcohol and other drug use mean for you and your child. While most young people do not use drugs, a small but significant percentage do. If you are a parent of a child who has used them, you are not alone.

**What are the risks?**

Although most young people who experiment with alcohol and other drugs don't experience major issues, drug use can cause many and varied problems. Using legal or illegal drugs may not only affect the young people themselves, but also friends, family and others around them.

The short-term risks of alcohol and other drug use include risk of injury, loss of possessions, relationship problems, time away from school or work, and perhaps even trouble with the law.

The longer term risks include the risk of developmental problems, dependence (or addiction), and chronic health problems.
<table>
<thead>
<tr>
<th>COMMON MYTHS ABOUT ALCOHOL AND OTHER DRUGS</th>
<th>REALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MYTH</strong></td>
<td><strong>REALITY</strong></td>
</tr>
<tr>
<td>Most young people use illegal drugs.</td>
<td>The opposite is true. Most young people have never even tried illegal drugs, let alone use them on a regular basis.</td>
</tr>
<tr>
<td>You can become addicted to some drugs after taking them once.</td>
<td>No drug is instantly addictive. However, over time people can become dependent on (addicted to) drugs.</td>
</tr>
<tr>
<td>All drug use by young people will lead to problems later as an adult.</td>
<td>While there are very real risks associated with drug use, most young people who experiment with drugs will not go on to develop major problems in adulthood.</td>
</tr>
<tr>
<td>Drinking alcohol is a rite of passage and is safer than taking other drugs.</td>
<td>Although widely perceived as safe and acceptable, drinking alcohol is a risky activity that leads to many more deaths and hospital admissions than illegal drugs.</td>
</tr>
<tr>
<td>You can sober up after drinking alcohol by exercising, taking a cold shower, eating mints, drinking coffee or milk, or vomiting.</td>
<td>A person will only sober up when the alcohol has been naturally processed and removed from the body. It takes about one hour to remove just under one standard drink from the body. There are no tricks that will speed up the process.</td>
</tr>
<tr>
<td>Prescription drugs are safe.</td>
<td>All drugs, even prescribed and over-the-counter medicines, have side effects that can affect a person’s health if they are not used correctly. It is important to always follow the instructions of your doctor or pharmacist.</td>
</tr>
<tr>
<td>Cannabis is much stronger today than it was in the 1970s.</td>
<td>Although the cannabis that is used today may be slightly more potent than what was used 30 years ago, there is no evidence to suggest that cannabis potency has increased markedly, as has been suggested by some commentators.</td>
</tr>
<tr>
<td>Inhalant use is only a problem in Aboriginal communities.</td>
<td>This perception is possibly due to media attention given to petrol sniffing in isolated Aboriginal communities. In reality, inhalants are used by a wide range of people.</td>
</tr>
<tr>
<td>Ecstasy will kill you.</td>
<td>Deaths from ecstasy are relatively rare; however, there are no checks on the ingredients and no ‘safe’ levels of consumption.</td>
</tr>
<tr>
<td>LSD can come as a temporary tattoo or transfer that is placed on the skin.</td>
<td>This is not true. People may be confused because the cartoon characters and images found on blotting paper look like transfers. Absorbing LSD through the skin has very little effect on a person.</td>
</tr>
<tr>
<td>Marijuana is healthier than cigarettes because it’s natural.</td>
<td>Marijuana smoke contains tars and carcinogens just like tobacco smoke.</td>
</tr>
</tbody>
</table>
The risks associated with drinking can be far greater for young people than for adults, because they are still developing, both physically and emotionally. This means that drinking is more likely to cause physical, mental health and social problems for them. Furthermore, as our brains are still developing until our mid-20s, heavy drinking before this age is likely to cause problems with brain development, and can lead to difficulties with memory and learning.


Mental health issues associated with drug use can range from problems that affect a person’s self-esteem, confidence and happiness through to major psychoses. There is evidence that regular use of some drugs (such as cannabis), especially if regular, heavy and commencing at a young age, increases the likelihood of mental health problems occurring in people who have a personal or family history of mental illness.

**Drug effects**

Find more information about the effects/risks of alcohol, amphetamines, cannabis, heroin, inhalants, ecstasy and other drugs at [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)

For more mythbusters, visit the Victorian Department of Education and Early Childhood Development (DEECD) website to download their *Fact or myth?* fact sheet.

**FURTHER INFORMATION**

**Getting help**

Find contact details for help and support services within Australia, [www.druginfo.adf.org.au/contact-numbers/help-and-support](http://www.druginfo.adf.org.au/contact-numbers/help-and-support)

**Drug and alcohol statistics**


As the name suggests, drink driving is when you drive while under the influence of alcohol. Alcohol seriously impairs your ability to react quickly, make good judgements, and drive as well as you might normally.

Driving while over the alcohol limit is illegal, and you will be fined, gain demerit points, and potentially even lose your licence if you’re caught. It also puts you, your passengers, other people on the roads and pedestrians at risk – of injury or even death.

WHY DO PEOPLE DRINK AND DRIVE?
People might drink and drive for a number of reasons including:
➤ They aren’t aware they’re drunk
➤ They feel more confident after drinking and think they are capable of driving, even though they’re really not
➤ People think or hope they won’t get caught
➤ After drinking too much they’re unable to make safe, responsible decisions and deal with complex problems.

WHAT ARE THE LIMITS?
The limits vary depending on your state and the kind of licence you have. This varies anywhere between a blood alcohol concentration (BAC) of zero and 0.05 g/100 mL. A BAC of 0.05 means that there is 0.05 g of alcohol in every 100 ml of blood. For more information about the rules in your state, check out the relevant link on the bottom of the page.

ALCOHOL AFFECTS PEOPLE DIFFERENTLY
Two people who drink the same amount can register quite different blood alcohol concentrations.

How you are affected by alcohol depends on a lot of different factors, including:
➤ Body size – if you’re a smaller person you will have a higher blood alcohol concentration than a larger person
➤ Body fat – people with a lot of body fat tend to have a higher blood alcohol concentration
➤ Gender – a female will almost always have a higher blood alcohol concentration than a male who drinks the same amount. That means keeping up with the boys often isn’t a great idea.

HOW DO YOU KNOW HOW MUCH YOU CAN DRINK?
Since everyone is affected by alcohol differently, there is no set number of drinks to stay under the limit. Even if you drink a set amount on two separate occasions, you might get different blood alcohol concentration readings.

As a guide, coin-operated breath testers are available in some venues, so if you want an idea of how much you can drink and still be under the limit, you could test yourself after different numbers of drinks. Keep in mind that you might still get a different reading another time after drinking the same number of drinks and that these machines can be inaccurate.

Another thing to be aware of is that some medications, mouthwashes and foods may contain alcohol, so it’s a good idea to check labels.

TIPS FOR CONTROLLING YOUR DRINKING
There are a number of things you can do to keep your drinking under control, including the following:
➤ Set limits for yourself and stick to them. You might do...
this by only bringing a certain amount of money with you and limiting yourself to that
➤ Start with a non-alcoholic drink
➤ Try having a ‘spacer’ – alternating non-alcoholic drinks (including lots of water) with alcoholic drinks
➤ Drink slowly. Take sips not gulps
➤ Try a low alcohol alternative to a pre-mixed drink
➤ Only have one type of drink
➤ Eat before or while you are drinking, avoid salty snacks, they make you thirsty
➤ Avoid rounds or ‘shouts’
➤ Have one drink at a time, so you can keep track
➤ Avoid sculling competitions, and drinking games
➤ Stay busy – don’t just sit and drink
➤ Be assertive – don’t be pressured into drinking more than you want or intend to.

For more info check out the Alcohol, Low-risk drinking and Binge drinking fact sheets on ReachOut.com.

DON’T COMBINE ALCOHOL WITH OTHER DRUGS OR MEDICATIONS

Mixing different alcoholic drinks and drugs may increase the speed in which you become drunk and may mean you take more risks. The effect it has depends on the drugs and is unpredictable.

Even small amounts of alcohol consumed in combination with other drugs or medications can reduce your ability to drive.

Check out the Safe partying and Safer drug use fact sheets on ReachOut.com for more info.

WHAT ARE THE PENALTIES?

Penalties for drink driving vary from state to state, and range from losing points on your licence and receiving a fine to losing your licence and going to jail, depending on how much over the limit you are.

For more info, check out the rules and regulations in your state in the links section on ReachOut.com.

HOW WILL THE POLICE TEST YOU?

Police regularly conduct random breath tests on the roads, and this can be at any time of the day, on any day of the week.

Testing can be done in a variety of ways, ranging from breath tests on the roadside to blood and urine tests if further testing is required.

GETTING HOME

Going out and drinking as a young person is not at all uncommon, but it's important that if you are drinking you do so in a responsible way so that it can be safe and fun. It's a good idea to plan alternative transport for nights where you know you might be drinking.

This might include:
➤ Public transport – preferably with a group and travelling near the guard’s compartment marked with a light
➤ A lift with a friend who’s not drinking
➤ A lift from a parent
➤ A taxi.

Another good idea is to organise to take turns with friends to be the designated driver for the night.

If you have a friend who you suspect is over the limit and is planning to drive, organise alternative transport for them to get home and encourage them to pick their car up the next day.

Alternatively, you might decide to stay at a friend's place rather than drive home if you’ve drunk too much. Remember that if you’ve drunk a lot of alcohol it may still be in your system the next day – so the next morning you may still be over the limit.

BEEN CAUGHT FOR DRINK DRIVING

Getting caught for drink driving might leave you feeling a bit down. You might lose points on your licence, receive a big fine to pay, or even lose your licence altogether.

You’ll be able to get your licence back eventually, and it is likely that it will have been a huge learning experience for you.

If you are feeling a bit down it is important that you look after yourself. It may help to talk to someone you trust about it. This may be someone like a friend, school counsellor, uni counsellor or family member.

KEEP SAFE

If you’re unsure whether or not you’re over the limit and are thinking of driving, a good question to ask yourself might be: “Do I really want to be responsible for killing or injuring someone?”

Let us know what you think. Is drink driving a big issue for young people? Have you been caught for drink driving, and if so, how did it affect you? Do you have any other suggestions for staying under the limit and staying safe?

LINKS
➤ NSW – RTA www.rta.nsw.gov.au
➤ VIC – VicRoads www.vicroads.vic.gov.au
➤ ACT – ACT Department of Territory and Municipal Services www.tams.act.gov.au
➤ QLD – QLD Department of Transport and Main Roads www.tmr.qld.gov.au
➤ SA – South Australia Department for Transport, Energy and Infrastructure www.dpti.sa.gov.au
➤ WA – WA Office of Road Safety www.ors.wa.gov.au

Check out some of the stories and resources on ReachOut.com about safe drinking and helping drunk friends.
➤ Safe partying (fact sheet)
➤ Safe partying (video – young people’s perspectives)
➤ Helping a drunk friend (fact sheet)

Drink driving fact sheet, Last updated 25 October 2011
Reach Out Australia | http://au.reachout.com

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A report has found young Australians in their mid-twenties are involved in risky driving behaviour including speeding; drink driving; not wearing a seatbelt; being under the influence of an illegal drug and using a mobile phone while driving. A media release from the Royal Automobile Club of Victoria.

The report, In The Drivers Seat II – Beyond The Early Driving Years by the Australian Institute of Family Studies also found a marked increase in the level of drink driving among young people, up from 14 per cent when they were aged 19-20, to 23 per cent by the time they were 23-24.

The study – a collaborative research project with the Victorian Transport Accident Commission (TAC) and the RACV – reflects the driving habits of 1,000 Victorians aged 23-24, as part of the Australian Institute of Family Studies’ Australian Temperament Project. The research was carried out in two waves, four years’ apart, when the participants were 19-20 and 23-24.

The study showed 60 per cent of the 23-24 year olds had been involved in a crash while driving since gaining their licence, and more than 80 per cent had exceeded the speed limit during recent stints behind the wheel.

About two-thirds of young Australians aged between 23-24 had also driven while very tired or used a mobile phone to send or receive text messages while driving, with a further 55 per cent having talked on a handheld mobile.

About two-thirds of young Australians aged between 23-24 had used a mobile phone to send or receive text messages while driving.

One in five had driven near – or over – the legal limit for alcohol use during the previous month.

Institute Director Professor Alan Hayes said the study provided valuable insights into young people’s driving behaviour patterns.

“Early adulthood can be a period of considerable risk taking when the prevalence of substance abuse reaches a lifetime high, yet relatively little is known about drivers in their mid-twenties. We wanted to find out if people who engage in drink driving are more likely to engage in other types of risky driving and this was found to be true,” he said.

“Speeding, driving without a seatbelt, driving while fatigued, and driving under the influence of an illegal drug or while on a mobile were all considerably more common among young drink drivers than among other young drivers,” Professor Hayes said.

“Risky driving appears to be one element of a risk-taking lifestyle for a number of young people,” said the project’s lead author, Institute Research Fellow Suzanne Vassallo.

“The study aims to inform intervention efforts targeted at reducing risky driving among young drivers by providing valuable new evidence about the driving experiences and practices of young adults, and the personal, family and environmental factors associated with differing profiles of driving behaviour,” Ms Vassallo said.

“We also looked back to see if young people’s driving behaviour had improved. The last time we checked in with them, the study sample was aged 19-20. Comparing their behaviour then and now, we found that while there are signs of a small decline in risky driving overall, there was still a sizable increase in drink driving. This is dangerous because alcohol increases a driver’s risk of crashing six-fold. “We found that parents can play an important role in their kids’ driving behaviour through the advice and support they give when young people buy a car.”

The report’s co-author Samantha Cockfield, the Road Safety Manager with the TAC said: “This study is invaluable to increasing our understanding of not only the way young people behave on the roads but also the key influencers in their lives such as parents, schools and their peers.”

“It helps road safety agencies like the TAC to develop new initiatives targeted at reducing risky driving among young drivers who continue to be over-represented in our road
toll. Nationally, drivers aged from 17
to 25 represent around 24 per cent of
deaths, despite representing only 13
per cent of the driver population,” Ms
Cockfield said.

The RACV’s Chief Behavioural
Scientist Anne Harris – another co-
author of the report – said: “Young
people who’ve been involved in mul-
tiple crashes as drivers had also been
engaged in speeding or had driven
when very tired.”

**Overall trends**

Sixty per cent of young people had
been involved in a crash, with crashes
resulting in property damage the most
common and crashes resulting in
injury and death rare.

More than half had been caught
speeding and about one in seven had
come into police contact for a driving
related offence in the past 12 months.
More than 80 per cent had exceeded
the speed limit by up to 10 kilometres
on at least one of their ten most recent
trips and close to half by 11-25 kms per
hour on at least one occasion.

About two thirds had driven when
very tired or used a mobile phone to
send or receive text messages when
driving and around half had talked on
a handheld mobile.

Other types of risky driving, such as
driving affected by illegal drugs, were
less common and ranged in incidence
from two per cent to 14 per cent.

**Gender differences**

Young men were more likely to
have been apprehended for a driving
offence than young women.

Young men were more likely to
engage in several unsafe driving prac-
tices than young women including
moderate and high-level speeding, and
driving under the influence of alcohol.
Young women were more likely to
drive when tired.

A higher percentage of young men
than young women had driven when
near or over the legal alcohol limit.

**City and country differences**

Young people in metropolitan
areas had more often been involved
in a crash and had experienced more
crashes on average than non-met-
ropolitan 23-24 year olds.

Rates of hands free mobile use
were higher among young people
who live in metropolitan areas than
those outside.

Non-metropolitan drivers were
more likely to report that they’d not
worn a seat belt when driving for part
of a trip.

There were no significant differ-
ence in rates of drink driving, but
avoidance strategies differed with
young country people leaving the car
behind and those in the city were more
likely to alter their drinking habits.

**Occupational status differences**

Young people in low, average and
high-status occupations didn’t differ
overall in their driving behaviour, with
one exception – those in high-status
occupations were less likely to engage
in drink driving after making plans to
avoid doing so.

**Education level differences**

Young people with a university
degree were less likely to have had
their licence cancelled or suspended
than those with another type of post
secondary qualification.

Those with secondary education
levels were more likely to have been
fined or charged.

Young people with university
degrees had been caught speeding on
fewer occasions. Young people with
university degrees were less likely to
have friends who were drink drivers or
to drink drive themselves after making
plans not to.

To avoid drink driving, those in
the post-secondary group were more
likely to abstain from drinking while
university educated young people
were more likely to arrange alternative
transport.

**Risky driving over time**

Comparing the study members
when they were 19-20 to now at 23-24
showed a modest decrease in speeding
over this time.

Rates of drink driving increased
substantially over this time period
from 14 per cent at 19-20 to 23 per
cent at 23-24.

Fewer young people drove without
a seat belt in their mid twenties than
when they were 19-20.

**Stability of different types of
risky driving among individuals**

The great majority of young people
who didn’t engage in risky driving
aged 19-20 continued not to do so at
23-24. Only four per cent of 19-24 year
 olds who didn’t engage in high-level
speeding, drive while affected by an
illegal drug or drive without a helmet,
did so at 23-24.

About a quarter of those who
had often engaged in risky driving
behaviour at 19-20 weren’t doing it
any longer by the age of 23-24, and
half were engaging in the behaviour
less often.

**Co-occurrence of drink driving
and other types of risky driving**

While rates of driving when
affected by an illegal drug were low
overall, young drink drivers were 9.5
times more likely than their peers
to have driven when affected by
ecstasy and about six times more
likely to have driving when affected
by marijuana use and 4.5 times more
likely to have driven when affected by
amphetamine use.

Rates of speeding and driving
without a seatbelt were also much
higher among youngdrink drivers,
with drink drivers being four to five
times more likely than their peers
to engage in these behaviours on a recent
driving trip.

**Comparison of substance
use among high-level risky
drivers and other drivers**

Young people who engaged in
high or moderately high level risky
driving tended to have higher rates
of substance use at 23-24 than young
people of the same age who rarely
engaged in unsafe driving.

Binge drinking, marijuana use,
ecstasy use and amphetamine use
were more prevalent among the high
and moderate level groups than the
low level group.

Strong links were found between
risky driving and multiple substance
use.
Safer sex means sexual contact that:
➤ Shows respect
➤ Is pleasurable
➤ Is freely consented to by both partners
➤ Reduces the risk of passing on any infections
➤ Reduces the risk of an unwanted pregnancy
➤ Is safe emotionally.

Sex is never an obligation – each partner has the right to say no. If a partner asks you to stop you must respect this.

Many young people know that if they are considering having sex, it’s really important to make sure it is safer sex. But it isn’t always easy, and it can be embarrassing. But talking about safer sex is a sign of respect.

WHAT IS SAFER SEX?

Safer sex means sexual contact that does not involve any blood, semen or vaginal fluids being passed between partners.

We say safer sex rather than safe sex because sex can’t be guaranteed 100% safe. The best way to have safe sex is to be in a relationship where neither of you has sex outside that relationship and where you are both free of any sexually transmitted infections (STIs), and you use contraception if you do not want to become pregnant. Some people say the only form of safe sex is to abstain totally (not have sex at all) but most people would see this as being unrealistic.

Even when using condoms for protection, some STIs such as genital warts and genital herpes can be passed on because the condom does not always cover the affected area.

BEING READY FOR SEX

Young people can feel a lot of pressure to have sex. Friends may tell you they’re all doing it (sometimes even if they’re not). You see it on the TV and in the movies. You might also feel pressured by a particular person. Or you might feel that it’s expected of you from a girlfriend or boyfriend.

Practising safer sex means looking after yourself emotionally. This means that you choose when to have sex and when not to, who with and how you have sex.

There is more about this in the topic ‘Pressure to have sex’.

SAFER SEX ACTIVITIES

Some safer sexual activities (no exchange of body fluids):
➤ Massage, hugging, touching
➤ Masturbation
➤ Social kissing (kissing with closed mouth)
➤ Rubbing against each other
➤ Fantasy (just thinking about sex)
➤ Kissing the body (clean skin, not sexual areas or open sores)
➤ Saying no to anything you don’t feel comfortable about.

It is often assumed that these kinds of activities are only a lead-up to sexual intercourse. Many people find that these safer forms of sexual activity are more than enough to express their emotions and their love for each other.

Some probably safer sexual activities (there is not likely to be an exchange of body fluids):
➤ French kissing (open mouth, as long as there are no sores and as long as the kiss isn’t so hard it draws blood)
➤ Sex with a condom. The topic ‘Condoms’ might be helpful.

Some definitely not safe sexual activities:
➤ Anything that allows blood contact
➤ Sex without a condom (unless you are in a relationship where you can be sure that your partner does not have an STI, and you are using some form of contraception if you do not want to become pregnant)
➤ Using condoms that have been used before, or continuing to use one after it has broken
➤ Getting body fluids, e.g. semen, menstrual blood or urine, inside the body of the other person, e.g. vagina, anus or on open cuts.
IF SAFER SEX DOES NOT HAPPEN

Sometimes, despite your best intentions, safer sex does not happen every time. Some people may be less careful if they’ve been drinking, and others may forget in the heat of the moment. Don’t give up on safer sex because of a slip-up. Keep practising safer sex. You may not have been infected when you had unprotected sex, but going on having unprotected sex makes it more likely that you will become infected.

If you have unprotected sex, get tested for sexually transmitted infections such as Chlamydia. Chlamydia for example is common, easy to treat and can cause serious problems if left untreated. Have STI testing regularly.

If you have unprotected sex with someone who is HIV positive, see a doctor as soon as possible. PEP (post exposure prophylaxis) started within 72 hours of exposure (the earlier the better) reduces the likelihood of getting infected with HIV. In South Australia this is available at the Royal Adelaide Hospital Emergency Department and Clinic 275. PEP is also used for people who may have been exposed to HIV in the workplace.

NEGOTIATING SAFER SEX

Starting a conversation with a partner (or potential partner) about safer sex can be tough.

➤ It is often difficult to be assertive when negotiating safer sex
➤ You could worry about your partner’s reaction
➤ You might worry about not knowing how to use a condom
➤ Many cultures don’t speak openly about sex and this can make it difficult because you’re just not used to talking about it
➤ Men and women are often brought up differently. Men may have been taught to be more dominant and women taught to be more passive – this can sometimes make it hard for women to take the lead.

None of these reasons mean that you should take a chance with unsafe sex.

When you bring the subject up, it’s pretty likely you’ll find that the other person has been wanting to bring the subject up too and feels just as unsure and awkward about it. It shows that you respect yourself and it shows that you respect your partner when you ask about safer sex.

The way you start the conversation will depend on the person and how well you know that person. One young woman tells us that when she is with a man she’s interested in she’s very direct. As they’re chatting she asks, “So, do you use condoms?” You could try saying, “This is pretty embarrassing, but I wonder if you get into safer sex?” It is preferable to have a conversation like this before you get to the stage of intimacy.

You may find it easy to be direct or may want to start broadly e.g. “What do you think about condom use?” or “I saw a display at a health centre on safer sex today. What do you think about safer sex?” This way, you will at least get some idea of the other’s approach to safer sex. Perhaps you could ask friends for their favourite lines.

If the person doesn’t like the idea of using a condom, you have choices. You could:

➤ Ask why and be persuasive about the benefits
➤ Practice other methods of safer sex that don’t involve the exchange of any body fluids
➤ Decide to walk away and not take that risk.

Remember, you deserve protection from unwanted pregnancy or an infection.

COMMON EXCUSES FOR NOT PRACTISING SAFER SEX

Here are some of the common excuses for not using condoms that we’ve heard:

➤ “It destroys the romance and spontaneity”
  ➤ Ways to get around this are to keep condoms close at hand, like in a handbag; strategic places around the house, or a bedside table. This way you don’t have to stop and search for it. (Don’t keep a condom in a warm place such as a wallet or car for too long or it will get damaged.)
  ➤ You can make putting a condom on a part of your lovemaking.
  ➤ Make it fun by using different types of condoms and lubricant.
  ➤ “Hey, I’m not dirty – I’m clean”
  ➤ Catching an STI doesn’t mean a person is dirty, it simply means the person has come into contact with someone else who had an STI. They may have no symptoms or visible signs of the infection.
  ➤ “I hardly ever have sex”
— It only takes one contact with a person with an STI to be at risk of catching it — a person can have an STI for a long time without realising, and still pass it on because it won’t go away on its own.

➤ “I’m not gay. I’m not an injecting drug user”
— Some people still have the mistaken idea that only gay men and injecting drug users get HIV/AIDS — anyone can get HIV/AIDS.
— Condoms reduce the risk of getting HIV/AIDS and many other STIs.
➤ “Don’t you trust me?”
— Certainly you may trust your partner, but can you trust his or her previous partner(s) and their previous partners?
— Taking an STI test together can be a very positive experience.
➤ “I thought we loved each other”
— If a person pressures you this way, and is willing to take these risks with your health, perhaps it’s time to rethink what you really want from a lover.
➤ “But I’m already using contraception”
— Condoms are not only for protection from pregnancy, but also provide some protection from STIs.
➤ “It’s not as good with a condom”
— So maybe sex with a condom on doesn’t feel exactly like sex without one — but people very soon get used to it and enjoy sex just as much.
— And because you’re both safer physically, you feel better and more relaxed emotionally.

When faced with comments like these, it can be really hard to remain assertive about what you want, even though it is your own safety and perhaps even your own life that is being risked. Acknowledge the other person’s feelings and thoughts, e.g. to “I thought you loved me” you could say, “I do love you and I show you I love you in other ways. Risking our good health doesn’t prove our love but keeping each other safe is a way of showing true love.” See our topic on ‘Assertiveness’ for extra ideas.

PERSUASION LINES TO HAVE SAFER SEX
Here are some persuasion lines to have safer sex that we’ve heard:
➤ Let’s stay safe together
➤ I know you don’t think it’ll feel as good, but let’s give it a go and see
➤ Come on, it can be fun
➤ I’ll put it on for you
➤ I’ll last longer
➤ I don’t want you to fall pregnant
➤ I feel embarrassed talking about it too ... but it’ll be worth it
➤ It’s really important to me
➤ Darling, are you ready to be a daddy/mummy?
➤ Look, condoms in all the colours of the rainbow ... choose one
➤ No sex without it babe
➤ How do you know I don’t have ... (an STI such as Chlamydia).

Remember ‘it’s not on if it’s not on!’

TOO MUCH TO DRINK OR CARRIED AWAY?
One reason that young people have said they don’t use condoms is because they’ve been too drunk at the time. Another reason people have said they have unsafe sex is that they get carried away in the heat of the moment.

That is why it’s really important to discuss attitudes to safer sex and make sure you have condoms handy well before you get intimate. Once you’ve had unsafe sex you’re left to worry about infections or pregnancy, and to go through testing.

If you don’t use a condom, you should have an STI check before having sex with anyone else to avoid passing an STI on.

Pregnancy
If you could be at risk of being pregnant, the emergency contraceptive pill (‘morning after pill’) is available over the counter from pharmacies and sexual health clinics, or you could see your doctor. It prevents unwanted pregnancy, but you need to act quickly — it works best if started within 72 hours of unprotected sex, but it may work if started within 96 hours. See the topic ‘Emergency contraceptive pills’ for more information.

If you do become pregnant you might find the topic ‘Pregnancy – options’ helpful.

REFERENCES
➤ Sexually Transmitted Diseases Services (Clinic 275). ‘Information for Gay, Bisexual and other Men who have Sex with Men’: www.stdservices.on.net/yourhealth/msm.htm
➤ Sexually Transmitted Diseases Services (Clinic 275). ‘Safe Sex and Condoms: Essential facts’: www.stdservices.on.net/std/prevention/
➤ Shine SA leaflet ‘Safer Sex’, www.shinesa.org.au
➤ Queensland Health ‘Post-exposure Prophylaxis – HIV’ (Please note — services in this paper are for Queensland only), http://access.health.qld.gov.au/hid/infectionsandparasites/sexuallytransmitteddiseases/postexposureprophylaxisHiv_ap.asp

The information on the site should not be used as an alternative to professional care. If you have a particular problem, see a doctor, or ring the Youth Healthline on 1300 13 17 19 (local call cost from anywhere in South Australia).

Women’s and Children’s Health Network
Child and Youth Health website
www.cyh.com.au

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44 Risk Taking and Personal Safety
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A study published today in the *Lancet* shows that while self-harm is relatively common among teenagers, most young people will naturally stop hurting themselves as they develop biologically and emotionally. But persisting anxiety and depression are the red flag for parents and guardians to seek assistance.

The focus of the paper is deliberate self-harm and at each of the study points, we asked the study participants about recent self-harm: have you deliberately (on purpose) done something that you knew at the time could have seriously injured you or killed you? And we asked them to give a description of what they did.

That information was coded into categories according to whether it was:
- Self-laceration, the commonest form of self-harm
- Self-poisoning, second most common
- Deliberate risk-taking, activities such as train surfing, deliberating jumping into oncoming traffic or from a height in such a way that you could break a leg or kill yourself, and
- Self-battery, such as punching a wall and breaking a bone through doing so, or having significant bruising as a result of it.

**Self-harm is commonest in the younger teenagers – at the age of 15, 5% of teenagers we were studying were self-harming.**

6.5%. By the time we get to the mid-twenties, the gender ratios equalise and self-harm is much less common over all.

**Self-harm is commonest in the younger teenagers – at the age of 15, 5% of teenagers we were studying were self-harming.**

The clearest factor associated with self-harm and predictive of its onset are emotional problems characterised by depression and anxiety. We’ve looked at kids who reported high levels of depressive and anxiety symptoms and they had a fourfold increase in risk of reporting self-harm six months later.

But there are a range of other factors, such as alcohol and substance use – both tobacco and cannabis use – linked with the onset of self-harm. There are also other studies showing early sexual activity is predictive of self-harm.

And this is really a group one can characterise as the group that’s on a fast-track to adulthood. We know from other studies that they tend to be on the margins of family and at school.

**Risk group**

Self-harm is commonest in the younger teenagers – at the age of 15, 5% of teenagers we were studying were self-harming. That fell by the late teens to 1.5%, and to half a per cent by the age of 29.

Girls do more self-harm than boys so at just under 16, 3.6% of boys self-harmed but for girls the rate was 6.5%. By the time we get to the mid-twenties, the gender ratios equalise and self-harm is much less common over all.

**The roots of self-harm**

Self-harm is a response to emotions that feel intolerable and unbearable. Dealing with that emotional distress by cutting or taking overdose are what self-harmers often report as making them feel grounded again.

The underlying stress “disappears once I actually see blood appear” is a common kind of response...
Most develop other ways of dealing with difficult emotions with time. But for around one in five of those who self-harmed in their teens, it’s a more persistent pattern. For these people, it continues beyond a few months, to a year or more. And that’s the group that’s a little more stuck in using self-harm as a way of dealing with distressing emotions.

**Biological basis**

We think one of the reasons for self-harm peaking in the mid-teens and the decline in prevalence and incidence after that is its underlying biological basis. There’s a link between pubertal states at a given age – girls in late puberty are over four times more likely to self-harm than those at an early pubertal stage.

Puberty may be important for a couple of reasons – it may have something to do with the activating effects of changing hormones that in turn have a profound effect on emotions.

The other thing that changes around this time are the subcortical structures that are the site where emotions arise. At least in animal studies, we know that puberty is the time for the resculpting of these subcortical structures probably in preparation for mating and parenting.

**Girls in late puberty are over four times more likely to self-harm than those at an early pubertal stage.**

Young women in particular report much greater difficulties in dealing with emotion such as anxiety, anger and unhappiness, and knowing how to relax when they’re tense as they pass through puberty. And that may be a reflection of some process of this kind.

In contrast, the part of the brain involved in the regulation of emotions, which are cortical structures (so-called prefrontal cortex), is one of the last parts to really mature. That’s a process that continues right through into the late 20s.

So we have a window of vulnerability that reflects a developmental gap in the structures involved in the generation and regulation of emotions. And that may be one of the reasons why we see this high rate of self-harm during the mid-teens and a rapid fall away after that.

**Intervention and guidance**

The first implication of our findings is that this is a life phase with greater susceptibility to emotional hazards than others. That’s likely to do with the biology discussed above. Many of us feel this is an age group that needs a ‘social scaffolding’ to be in place.

This social scaffolding is made of good relationships with parents and other adults in the life of young people and good non-conflictual relationships with peers. I think we’ve probably neglected or failed to understand its importance during this phase of life.

Experiences that may be manageable at other times of life, such as bullying and victimisation, are harder both because the individual has a reservoir of experience and also because brain development equips the older individual better.

But the most important factor connected with self-harm is underlying emotional problems with depression and anxiety. I think when these symptoms are either very prominent or persistent or you have self-harm that’s not resolving within a few months, then you’re at the point where, as a parent, I would seek intervention.

George Patton is Group Head of Population Health Studies of Adolescents, Murdoch Children’s Research Institute.
All self-harm deserves serious assessment. If you are concerned that a member of your family is self-harming, then seek help from your family doctor or local mental health service. This information will help you to understand deliberate self-harm and how it relates to suicide and suicide prevention.

What is deliberate self-harm?

Deliberate self-harm (also known as self-injury) refers to the attempt to inflict physical harm to one’s self and is often done in secret. Cutting, burning and ingesting toxic substances are the most common methods of deliberate self-harm, but other methods are also commonly used. It is more common among young people aged 11-25 years.

Deliberate self-harm varies with the individual. Some people deliberately self-harm regularly, while others may do it only once or twice and then stop. They may injure themselves in response to a specific problem and stop once the problem is resolved. Others may self-injure over a much longer period, whenever they feel pressured or distressed, and use it as a way of coping, particularly where they have not learned or cannot use more positive ways of coping.

People who repeatedly injure themselves may come to feel that they cannot stop, and this may lead to feelings of hopelessness and possible suicidal thoughts.

Why people deliberately self-harm

People who deliberately harm themselves typically report feeling hopeless, anxious and rejected, having low self-esteem and finding it difficult to cope with the events in their lives. They often find it difficult to explain their feelings to others. They say that they do it to release tension or pressure, to reduce emotional pain, to punish themselves due to feelings of guilt and shame, to avoid letting others know how they are feeling, or to give themselves a sense of control over their lives. Deliberate self-harm may also be a symptom of an underlying mental illness requiring treatment by a health professional.

Links between suicide and deliberate self-harm

Deliberate self-harm should always be taken seriously:

➤ One of the major predictors of suicide is a previous episode of deliberate self-harm, including previous suicide attempts

➤ Some research suggests people who self-harm are at increased risk of suicide, but other evidence indicates that they have no intention of dying and that harming themselves is their way of coping with life. However, even if there is no suicidal intent accompanying the deliberate self-harm, the risk of accidental death is very real

➤ People who repeatedly injure themselves may come to feel that they cannot stop, and this may lead to feelings of hopelessness and possible suicidal thoughts

➤ People who self-injure and those who attempt suicide have similar feelings of hopelessness, often believing that things will never improve or that they have lost all control over their life. Additionally, if self-injury does not relieve tension or control negative thoughts and feelings, the person may injure themself more severely, or may start to believe they can no longer control their pain and may consider suicide.

Responding to people who deliberately self-harm

Self-injury should always be treated seriously, no matter what its cause or motivation. It is important that the person receives immediate and appropriate health care that is skilful and non-judgemental, and continues to receive adequate support throughout treatment and recovery. Ongoing sensitive care and support for people
who self-injure may reduce this behaviour and reduce the likelihood of accidental death resulting from self-injury.

Many suicide prevention activities, such as those that aim to build individual resilience may also help to reduce self-harming behaviours and prevent someone who self-injures from considering suicide in the future.

**Dos and don’ts for friends and families**

People who deliberately injure themselves are often very distressed, and require support and care from family, friends, and the community and health professionals.

Here are some tips on how to best support and care for someone who self-injures:

1. **Seek medical help.** This is an important first step. Some health professionals may dismiss it as attention-seeking, so it is crucial to go with the person to the hospital or medical office to ensure that he or she is treated sensitively and receives the care that is needed.

2. **Ask the person if they have considered suicide.** The person may not have suicidal thoughts so they may become uncomfortable or upset. However, it is important to rule it out, or to seek support. Always take self-injury seriously and pay particular attention if the person talks of feeling depressed, hopeless or anxious, as these may also be associated with suicidal thinking.

3. **Take care how you react.** It can be distressing to find that someone is self-injuring, or to see their injuries.

   - Try not to panic, become angry, reject the person or ignore the problem. Don’t take the self-injury personally by thinking that the person is doing it to hurt you. These reactions may increase the person’s feelings of guilt and shame. Remain calm and focus on supporting the person and helping him or her to find better ways to cope.

   - Don’t condone the self-injury. Be non-judgemental, and let the person know that you will continue to support them throughout their recovery and that you will be there for them no matter what they do.

   - Don’t give an ultimatum. It can be tempting to demand that the person stop their self-injury immediately. This may drive the person away, make them feel more rejected, decrease their trust in you, and make them believe you are not listening.

   - Listen to the person so they feel heard and supported and reassure them that the conversation will be treated confidentially.

4. **Provide the support the person needs.** Self-injury is more likely to stop if the person can learn other ways to cope with their feelings and emotions:

   - Help the person to find other coping strategies.

   - Encourage the person to seek further help. There are many people and organisations that can help the person find better ways of coping and dealing with the issues underlying their self-injury.

   - Suggest options for support (e.g. seeing their local doctor or another health professional) and offer to accompany the person to their appointment.

   - Do not pressure the person into any treatment they are not comfortable with.

**If you or someone you know feels at risk, contact the Suicide Call Back Service on 1300 659 467 or SuicideLine on 1300 651 251.**

**MORE INFORMATION**

- Mental health and wellbeing – information on the Australian Government’s role and contributions to mental health reform activities in Australia: www.mentalhealth.gov.au
- Mental Health Foundation of New Zealand – Self-harm: An information booklet for young people who self-harm and those who care for them: www.mentalhealth.org.nz
- Nillumbik Community Health Service – self-harm information packs available at: www.nchs.org.au
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) – offers a self-harm treatment guide for consumers and carers: www.ranzcp.org
- Royal College of Psychiatrists (UK) – offers a range of resources: www.rcpsych.ac.uk
- Salvo Care Line (Salvation Army) – offers a crisis counselling service available throughout Australia: visit www.salvos.org.au for the number in your state.
- Samaritans (UK) – offers information about self-harm: www.samaritans.org

The Australian Government Department of Health and Ageing has financially supported the production of this document. While every effort has been made to ensure that the information contained is accurate and up-to-date at the time of publication, the department does not accept responsibility for any errors, omissions or inaccuracies.

**Mental Health Foundation of New Zealand**


Truth: www.mentalhealth.org.nz

Self-harm: An information booklet for young people who self-harm and those who care for them: www.mentalhealth.org.nz

Further Information Available at: www.mentalhealth.gov.au

**Mental Health Foundation of New Zealand**

Self-harm: An information booklet for young people who self-harm and those who care for them: www.mentalhealth.org.nz

Self-harm: A young person’s guide: www.mentalhealth.org.nz

Self-harm: An information booklet for family and friends: www.mentalhealth.org.nz

Self-harm: An information booklet for health professionals: www.mentalhealth.org.nz

Truth: www.mentalhealth.org.nz

Self-harm: An information booklet for young people who self-harm and those who care for them: www.mentalhealth.org.nz

Further Information Available at: www.mentalhealth.gov.au

**Nillumbik Community Health Service**

Self-harm information packs: www.nchs.org.au

**Salvo Care Line**

(1800) SALVO(7288): www.salvos.org.au

**SANE**

Helpline: 1800 18 SANE (7236): www.sane.org.au

**Samaritans (UK)**

(1850) SAMARITANS (7268): www.samaritans.org

**Samaritans (UK)**

(1850) SAMARITANS (7268): www.samaritans.org
EXPLORING ISSUES

ABOUT THIS SECTION

‘Exploring issues’ features a range of ready-to-use worksheets relating to the articles and issues raised in this book.

The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

As the information in this book is gathered from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Does the source have a particular bias or agenda? Are you being presented with facts or opinions? Do you agree with the writer?

The types of ‘Exploring issues’ questions posed in each Issues in Society title differ according to their relevance to the topic at hand.

‘Exploring issues’ sections in each Issues in Society title may include any combination of the following worksheets: Brainstorm, Research activities, Written activities, Discussion activities, Quotes of note, Ethical dilemmas, Cartoon comments, Pros and cons, Case studies, Design activities, Statistics and spin, and Multiple choice.

CONTENTS

BRAINSTORM 50
WRITTEN ACTIVITIES 51
MULTIPLE CHOICE 52-56
Brainstorm, individually or as a group, to find out what you know about risk and safety behaviours.

1. Explain your understanding of what personal safety is. Provide at least 5 examples of potentially unsafe situations which young people may find themselves in.

2. Why do teenagers take risks?

3. List at least 10 common risk-taking behaviours which are unhealthy for young people.

4. List at least 5 major threats to people’s online safety and security?
In pairs, identify two possible unsafe situations you might personally encounter. Develop a safety plan to address the risks involved in each situation, and consider these factors:
- What is the problem?
- What are your safety-related perceptions and feelings?
- What choices can you make in this situation?
- What are the consequences of your choices?
- What is the safest choice and why?
- What safety strategies would you use?
- How would you avoid this unsafe situation in the future?

<table>
<thead>
<tr>
<th>SITUATION 1:</th>
<th>SITUATION 2:</th>
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<tr>
<td>SAFETY PLAN:</td>
<td>SAFETY PLAN:</td>
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Complete this survey by assessing your own personal level of risk for each of the following situations. In a group, discuss the reasons for your answers.

**LEVEL OF RISK**

<table>
<thead>
<tr>
<th></th>
<th>low</th>
<th>medium</th>
<th>high</th>
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<tbody>
<tr>
<td>1. Being at home at night by yourself.</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Why?</td>
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2. Being approached in a crowded street in the daytime by a stranger asking for money. ❑ ❑ ❑

| Why? |  
| |  
| |  
| |  
| |  
| |  
| |  

3. Walking through your neighbourhood late at night by yourself. ❑ ❑ ❑

| Why? |  
| |  
| |  
| |  
| |  
| |  
| |  

4. Walking past a large group of young men in a street or shopping mall. ❑ ❑ ❑

| Why? |  
| |  
| |  
| |  
| |  
| |  
| |  
| |  

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5. Being without a mobile phone when you are out at night alone.
   Why?
   ![LEVEL OF RISK]
   - low
   - medium
   - high

6. Running out of money while you are out at night alone.
   Why?
   ![LEVEL OF RISK]
   - low
   - medium
   - high

7. Walking at night in a group of your friends, passing by another group involved in a dispute which may turn into a fight.
   Why?
   ![LEVEL OF RISK]
   - low
   - medium
   - high

8. You and a companion are being followed by a larger group of people who are verbally harassing you.
   Why?
   ![LEVEL OF RISK]
   - low
   - medium
   - high
<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
</table>

9. You and your friend witness two men breaking into a car as you are walking by. Why?

10. Your party is gatecrashed by uninvited strangers who are drunk and/or using drugs. Why?

11. You accept a lift home from a party by a stranger. Why?

12. Waiting at a bus stop or train station at night by yourself. Why?
13. Travelling on a late night train by yourself.  
   Why?

14. Being a passenger in a crowded car without wearing a seatbelt.  
   Why?

15. Being verbally threatened with assault while playing on a sporting field.  
   Why?

16. Having unprotected sex with a stranger.  
   Why?
17. Racing your car against another driver at a traffic light.
   Why? 

18. Driving when you are uncertain if you are under the legal blood alcohol limit.
   Why? 

19. Driving a vehicle while using your mobile phone.
   Why? 

20. Riding your bicycle on the road with headphones on.
   Why?
In 2008-09, over 4 million adults, or 26% of those aged 18 years and over, reported feeling unsafe alone at home, walking alone at night in their neighbourhood, or taking public transport at night alone. (p.1)

Indigenous people aged 18-24 years are 4 times as likely as people aged 55 years and over to have been victimised (33% compared with 8%). (p.4)

The majority of both male and female victims of physical assault believe that alcohol or drugs contributed to their most recent incident. (pp.5-6)

In 2010-11, of the 17.7 million people aged 15 years and over in Australia, 504,300 (3.4%) were victims of at least one threatened assault, including face-to-face and non face-to-face threatened assaults. (p.6)

In 2008-09, an estimated 138,000 young people (7%) were victims of physical or sexual assault. (p.7)

Physical and sexual assault can have complex short-term and long-term negative effects on the physical and psychological health of young people. (p.7)

Physical assault and threatened assault were the most common types of crimes affecting young people aged 15-24 years in 2008-09. (p.7)

Nearly two-thirds (61%) of young people who experienced physical assault knew the offender. (p.8)

Violence can include physical and verbal abuse, as well as being put in fear by another person, which can affect a person's health and wellbeing. (p.8)

Older youth (18-24 year olds) were over twice as likely to be victims of alcohol- or drug-related violence as those aged 12-17 years. (p.9)

70% of indigenous homicides over the period 1999-2000 to 2006-07 involved both the offender and victim having consumed alcohol, compared with 23% of non-indigenous homicides. (p.9)

Those living in remote areas have been found to have higher rates of alcohol and substance use, which also increases their risk of experiencing violence. (p.9)

Using alcohol increases the likelihood of acting in a violent way. (p.11)

Much of the danger when you travel is from eating unsafe food, drinking unsafe water, having things stolen and car accidents. (p.13)

Examples of unhealthy risky behaviours might be: unprotected sex, drink driving; train surfing; drug or alcohol abuse; deliberate self-harm; dropping out of school or getting suspended regularly; breaking the law; severe or excessive dieting. (p.16)

Injury and poisoning is the leading cause of death and hospitalisation among young people. (p.18)

In 2007, there were 933 injury and poisoning deaths among young people aged 12-24 years – a rate of 25 per 100,000 young people. (p.19)

Both globally and within Australia, young drivers are significantly over-represented among those killed or injured in road traffic accidents. (p.19)

Both fatal and non-fatal assaults involving young people contribute significantly to the global burden of premature death, injury and disability. (p.20)

In 2007, among young people aged 15-24 years, suicide deaths accounted for 284 deaths (22%) and was the second most common external cause of injury death after land transport accidents. (p.21)

Accidental poisoning is one of the leading causes of death among young Australians. (p.21)

The parts of the teenage brain responsible for impulse control don't fully mature until about age 25. (p.23)

Boys are more prone to risk taking from puberty because the brain chemical dopamine, which is responsible for motivation and pleasure, declines in potency. (p.25)

70,000 Australians are reported victims of alcohol-related assaults every year. (p.27)

Nearly 75% of both men and women aged 18-29 years who had been negatively affected by the drinking of a family member or friend said they also had to spend time looking after that person as a result of their drinking. (p.27)

The hidden cost of harms caused by someone else's drinking brings the total economic impact of alcohol misuse in Australia to $36 billion annually, more than double previous estimates. (p.28)

In 2011, a quarter of the people who died on the roads were aged 17-24. (p.29)

When it comes to speeding, males make up about 85% of speed-related fatal crashes, with the 17-24 age group comprising nearly half those deaths. (p.29)

Prior to Schoolies Week, most school leavers expect to drink 5-10 drinks at a time and 'hook up'. (p.33)

7 in 10 (of the 500 school leavers in a survey) rated their Schoolies Week experience as negative. (p.33)

13% of deaths among 14-17 year olds are due to alcohol-related harms, including road injury, suicide and violent assault. (p.34)

The average age for first time use of tobacco is 15.8 years; alcohol 16.9 years; and cannabis 18.8 years. (p.35)

Mixing different alcoholic drinks and drugs may increase the speed in which you become drunk and may mean you take more risks. (p.39)

About two-thirds of young Australians aged between 23-24 have driven while very tired or used a mobile phone to send or receive text messages. (pp.40-41)

Young men are more likely to engage in several unsafe driving practices than young women. (p.41)

Even when using condoms for protection, some STIs such as genital warts and genital herpes can be passed on because the condom does not always cover the affected area. (p.42)

Self-harm is commonest in the younger teenagers – at the age of 15, 5% of teenagers studied were self-harming. That fell by the late teens to 1.5%, and to half a per cent by the age of 29. (p.45)

Girls in late puberty are over 4 times more likely to self-harm than those at an early pubertal stage. (p.46)
create your own safety plan. You want to choose the ones you think are important for you and make sure you feel safe and to enhance your quality of life – you might have a number of potentially unsafe situations you might come across in your everyday life. These might include travelling alone on public transport (especially at night), walking alone in deserted areas, and going out partying with friends. There are strategies and precautions you can take to maximise your feeling of safety and to enhance your quality of life – you might want to choose the ones you think are important for you and create your own safety plan.

Feeling unsafe
Often occurs when people are alone in at least one of the following situations: at home during the day or night, or when walking in their neighbourhood or taking public transport after dark. People often avoid being alone in these situations because they think it is too unsafe.

Injury and poisoning
Injury and poisoning is the leading cause of death and hospitalisation among young people. In adolescence and early adulthood, young people are most vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could result in accidents or injury. Of particular concern is the over-representation of young people in road traffic accidents. This has been linked to risky driving behaviours including speeding, driving when fatigued, and driving under the influence of alcohol or other drugs. Intentional injuries, such as self-harm or suicide and assault, are also important causes of hospitalisation and death among young people.

Intervention
To take action or provide a service to produce an outcome or modify a situation. Also, any action taken to improve health or change the course of, or treat, a disease or dysfunctional behaviour.

Peer pressure
Peer pressure is a type of social influence that produces conformity to a particular way of acting or thinking. Peer pressure or peer influence increases progressively through childhood to adolescence. It is sometimes viewed negatively when the influence leads people to behave in ways they might not behave when alone. Engaging in a risky or dangerous activity or behaviour may be a way for young people to feel accepted and part of the group.

Personal safety
Everyone has the right to feel safe and to live without fear. There are a number of potentially unsafe situations you might come across in your everyday life. These might include travelling alone on public transport (especially at night), walking alone in deserted areas, and going out partying with friends. There are strategies and precautions you can take to maximise your feeling of safety and to enhance your quality of life – you might want to choose the ones you think are important for you and create your own safety plan.

Prevention
Preventing conditions of ill health from arising.

Protective factors
Capacities, qualities, environmental and personal resources that drive individuals towards growth, stability, and health.

Resilience
Capacity of a person to encourage positive outcomes, such as mental health and wellbeing, and provide protection from factors that might place that person at risk of suicide. Resilience is often described as ‘the ability to bounce back from adversity’. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, cognitive and emotional skills, communication skills and help-seeking behaviours.

Risk-taking behaviour
Behaviour in which the positive or negative outcome is far from certain. Healthy risk taking is a valuable experience, and can be fun and positive. Healthy risks that are good to encourage in teens include sporting activities, artistic and creative pursuits such as theatre and music, volunteer activities, travelling, making new friends, or entering academic or sporting competitions. Common unhealthy risk taking among teens can include fighting, truancy, alcohol and drug use, dangerous driving, unprotected sex, and deliberate self-harm.

Self-harm
Self-harm is when an individual deliberately hurts or mutilates their body without the intent of suicide. There are many reasons why someone may self-harm including a cry for help, a way of coping with stress, a symptom of a mental illness like depression, and/or it may show someone is thinking of suicide. Self-harming is a behaviour and not a mental illness.

Self-injury
Sometimes called non-suicidal self-injury, self-inflicted injuries or self-harm.

Suicide
The act of deliberately taking one’s own life.

Suicidal behaviour
Includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts.

Violence
Violence is any action that is meant to make others feel hurt, scared or humiliated. Violence can be physical, emotional/verbal, sexual, financial, social and spiritual.
Websites with further information on the topic

- Attorney-General’s Department (Australian Government)  www.ag.gov.au
- Australian Drug Foundation  www.adf.org.au
- Australian Institute of Criminology  www.aic.gov.au
- Australian Medical Association  www.ama.com.au
- Better Health Channel  www.betterhealth.vic.gov.au
- Lifeline Australia  www.lifeline.org.au
- National Crime Prevention Program  www.crimeprevention.gov.au
- Raising Children  http://raisingchildren.net.au
- Reach Out Australia  www.reachout.com.au
- Women’s and Children’s Health Network (Child and Youth Health)  www.cyh.com
- Youthsafe  www.youthsafe.org

For more information about social issues visit The Spinney Press website at www.spinneypress.com.au

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THANK YOU
- Reach Out Australia
- Australian Bureau of Statistics
- Australian Institute of Health and Welfare.

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