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“Relationship Connectivity” Counts: Lifetime Relationships, Family Structure, and Risk-Taking in Adulthood

By

Eryn Olson¹

ABSTRACT. The impacts of interpersonal relationships (in childhood and in early adulthood) on risk-taking behavior of young adults were the focus of this research. Data from the 2012 New Family Structures Survey (using a subset of 2,917 young adults aged 18-39), disaggregated by whether the respondents grew up in conventional or unconventional households, were augmented with eight interviews with health and counseling professionals. Healthy early family relationships and current romantic relationships offered the best protections against adult risk-taking behavior, irrespective of family household structure. On the other hand, a healthy parent-child relationship in adulthood and bullying victimization in childhood were both linked to increased risk-taking in later years, but only if raised in unconventional families. These findings contributed to the empirical literature on the consequences of healthy relationships, with natal families, peers, and partners, for positive life decisions and partly illuminated Agnew’s Strain and Aker’s Social Control Theories. Exploring a fuller range of unconventional family structures, a broader variety of risk-taking behaviors, and whether said behaviors turn into addictions will better highlight the long-term consequences of relationship connectivity for adult risk-taking.

INTRODUCTION

The typical American family, in both size and form, has radically changed over the past several decades. Fifty five years ago, say in 1960, 73% of children lived in homes with two heterosexual parents who were in their first marriage. Twenty years later, this family portrait described only 61% of kids. Another thirty years later, less than half of kids--46%--are raised within a “nuclear traditional family” (Pew Research Center 2014). As many as 2.0 to 3.7 million children in America may have a parent that identifies as LGBT (Gates 2015). All the while, the number of these new family forms continues to grow.

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This family paradigm shift in in the United States, and even globally, has brought renewed focus on marriage and the state's legal role in this social act. Concerns about children raised in new family structures, both in the short-term and long-term, are voiced in public policy debates, in organizations, in communities, and even in families. Those who argue that non-traditional family relations, including cohabitation, divorce, and homosexuality, can be detrimental for children, adults, and society make a case for strengthening the traditional marriage and family bonds. On the opposite side are those who argue that our conceptions of family needs to expand to better represent today's social realities, and that family structure does not adversely affect well-being, either in childhood or in adulthood. Irrespective of which side of the ideal family one is on, both camps agree that it is "relationship connectivity" that counts (per the Director of Community Resources for a family and children services agency, Interviewee #7).

Concerns, among scholars and policy makers alike, about changing family structures have been heightened in the context of rising crime and other risk-taking behaviors (wrongful antisocial actions). The fear is that left unaddressed, anti-social, risk-taking behaviors can develop into addiction and dependency. For example, according to the NCADD and NIAAA² (2013), one in every 12 American adults abuse alcohol, and several million more engage in dangerous binge drinking that can easily lead to alcoholism and associated health problems. From 2001 to 2013, the percentage of U.S. adults using marijuana doubled to 9.5 percent. Fortunately, use of other illicit drugs is still extremely rare, at less than 1 percent for cocaine, hallucinogens, heroin, and inhalants. Nonetheless, any drug use is problematic, not only for the users but their families and broader communities as well. Besides, risk-taking behaviors extend beyond substance use. Pornography and gambling are two other domains of deviant behavior that can have costly effects. The National Council on Problem Gambling estimated that in 2008, gambling problems created a \$6.7 billion social cost, pushing families and communities into lost employment, bankruptcy, criminal justice encounters, and divorce. These personal and social costs have underscored the need to explore further the social contexts, interpersonal family and other primary relationships, of children, and even adults, that may be catalysts for risky behaviors.

It is against this backdrop that the search for potential facilitators of adult risky behaviors was set for this paper. More specifically, the focus was on the connections between lifetime interpersonal relationships and early adult risk-taking behaviors. Relationships with parents, both as children and as adults, childhood bullying experiences, and current romantic relationships were considered. In order to account for the structural shifts in the family, the earliest micro-system (Bronfenbrenner 1977) in which children are embedded, comparisons were drawn between those raised within conventional and non-conventional family structures. Conventional families were those headed by married biological mother/father parents. Unconventional family settings were headed by single parents, cohabitating parents, separated or divorced parents, non-parental relatives, adoptive parents, or LGBT parents.

LITERATURE REVIEW

Taking risks involves making choices with uncertain outcomes—either positive or negative—and balancing the associated harms or dangers or rewards. Challenges in adolescents' micro (family) and meso (school peers) environments are known to promote risk-taking. The choices and decisions parents make during their child's upbringing can impact, both positively and

² NCADD (National Council on Alcoholism and Drug Dependence) and NIAAA (National Institute on Alcohol Abuse and Alcoholism).

negatively, that child's choices in later life. Children's spheres of interactions rapidly expand when they enter educational institutions, where they begin to form relationships with people of their own age. These peer relationships can turn problematic if they start to hang around with the wrong crowd. Then, in adulthood, the role of romantic partners or spouses begins to take precedence and curtails risk-taking.

Risk-Taking in Different Stages of the Life Course

There is an abundance of research on juvenile delinquency and on adult crime. However, the implications of deviance over the life-span remains a quiet conversation in academia. A majority of scholars have either stopped at the adolescent stage or examined adult risk-taking delinked from adolescence. Also, whether, and the conditions of interpersonal primary relationships under which, adolescent risk-taking might carry into adulthood, is relatively under-explored.

Research is consistent in that delinquency peaks in the teenage years, although the peaks vary across crime types (Sampson & Laub 2003). Adolescents are known to engage in reckless, risky and thrill-seeking activities more often than their younger or older peers, often due to a combination of behavioral reasons, biological changes, and environmental circumstances. Adolescence is characterized by novelty-seeking, impulsive risk-taking, and a stronger motivation for peer acceptance than found among adults or younger children (Spear, 2000; Blakemore 2008; Crone and Dahl, 2012). Of all age groups, 15-24 year olds have the highest rates of STDs (DiClemente, Salazar, & Crosby 2007) and criminal behaviors (Ulmer and Steffensmeier 2014). Furthermore, Piquero (2008) noted two patterns of criminal activity in most trajectory-based research around the world: individuals whose delinquency peaks in adolescence and those who are chronic offenders.

Family and Adolescent Risk-Taking

People differ in their willingness to take risks. From a biological standpoint, some of these differences are innate, and genetics researchers and biochemists have identified several genes associated with impulsivity, sensation-seeking, and risk-taking. But DNA and intrapersonal factors provide a narrow understanding of how people approach and deal with risk. A fuller picture of risk-taking in adulthood requires focus on the social forces, environment, and interpersonal relationships that also shape behaviors.

The family is the first of many environmental systems that influences a person's development (Bronfenbrenner 1977). The quality of those familial relationships has strong implications for a variety of outcomes in later adolescence and even adulthood. Healthy, supportive, and close family contexts promote positive individual development while negative familial bonds are risky. Debates about the importance of family structure have coincided with the growing awareness that families are not all alike. Though research continues to disentangle the relative consequences of structure of natal families versus quality of family relationships, it appears that the context carries more influence than the form.

Family Relationships: Risks and Buffers in Adolescence

Unhealthy familial relationships in the early life course stages have played out in unhealthy, troubled behaviors of adolescents and adults. Using reports from the Office of the Surgeon

General (2001), Shader (2003) identified a host of family risk factors in both early (children aged 6-11) and late (ages 12-14) onset delinquency. Poor parent-child relationship, harsh or lax discipline, anti-social parents, broken homes, and abusive parents raised delinquency risks. The most obvious danger was physical abuse and neglect. Spatz Widom, Marmostein, and White (2006), in their analyses of court-cases of childhood abuse victims and controls (n=892), found that individuals who were abused or neglected as children were 1.5 times more likely to report using illicit drugs (during the year prior to the study), used more illicit drugs, and had more substance-use-related problems in middle adulthood. Troubled familial relations, even if much more benign than abuse or neglect, can still pose threats. Inadequate parenting was related to more poly-drug problems, more property crimes, and less social conformity in a community sample of 199 mothers (Newcomb and Loeb 1999).

Conversely, healthy familial bonds can provide buffers and deterrents to deviance. Monitoring and support was an important key. Johnson, Giordano, Manning and Longmore (2011) found that, young adults (n=1,007), who in childhood, were monitored by their parents and received ongoing parental support, engaged in fewer offending behaviors, net of peer influence and adolescent delinquency. Chen and Kaplan (1997) had a similar finding: even after the individual (n=2,931) matured out of the adolescent stage, the net positive effects of parent-child relationships continued. In fact, the negative effects, on children, of a mother's poor parenting were muted if there were other adults who were supportive and with whom the adolescents could develop bonds.

In addition to deterring deviance, healthy family relationships can be assets that spur young adults toward success. In Oman, Vesely, Aspy and Tolma's (2015) study of 18-22 year olds in Oklahoma City, family-level assets were tied to more successful transitions to early adulthood. Young men who had positive communications and supportive relationships with their parents, as well as those who were monitored by their mothers and fathers were more likely to report better general health, financial health, social support, and life satisfaction. For women, the same family assets were protectants against alcohol use, first sexual intercourse, and pregnancy before age 20. The gendered differences in family dynamics, namely the cultural expectations of parent-daughter relationships, were offered as possible explanations.

Sibling dynamics has also been known to exert an important influence on youth problem behaviors. East & Khoo (2005) found hostility or conflicts among siblings (in a sample of 220 non-white families) to be linked with substance use. Troubling sibling relationships may provoke more than substance use; they may even undermine parental involvement, according to Fosco, Stormshak, Dishion, and Winter (2012). When these scholars analyzed general family relationships of 179 middle schoolers, regardless of the child's gender, limited father-youth connectedness and sibling conflict were two particular components that predicted youth problem behavior over time.

The Childhood Family Relationships versus Structure Debates

The extant evidence on family structures for the health and wellbeing of children is mixed. At one end of the structure-relationship spectrum is the camp that has argued for the primacy of family structure. However, there is growing consensus in prominent sociological circles that relationships trump family structure.

The Family Structure Camp. Researchers have found children raised in non-traditional married families to not fare as well as children from traditional married families (Brown, 2004). Chen and

Kaplan (1997) noted that family structure did impact risk behaviors among young adults. Traditional family children tend to be at lower risks for a range of problems and decisions in adolescence and adulthood, including fewer socio-emotional and health problems, as well as better educational advancement.

In explaining the family structural differences, research on children raised in single versus two-parent homes, has pointed to differences in important economic and social resources. Dual-parent families tended to offer better social capital, parental communication, and parental supervision (Coleman 1988), which in turn solidify future opportunities and outcomes. A child raised by a single parent, on the other hand, often did not have the benefit of sharing two parents' time and dual economic resources (Brown 2004). Quality health insurance, for example, may be an asset that children of alternative family arrangements lack. Consequently, children raised by two parents generally reported better well-being than those raised by single parents.

Beyond financial and insurance constraints, limited resources available to the child in single-parent households have been connected to children's social and sexual behavior as well. Girls (n=2,853) raised by single-mothers and who had never lived with a father most quickly entered motherhood (Hofferth and Goldscheider 2010). However, this was not the life course trajectory for a boy's (n=2,949) transition into fatherhood.

Furthermore, it seems that the gender of the parent holds weight. Single fathers were better off economically than single mothers (Meyer and Garasky 1993). Adolescents living in father-custody families were at higher risks for drug use compared to youth in other family styles (Hoffman and Johnson 1998). Children from single fathers also had more school problems and more often engaged in risky health-related behaviors (Harris, Cavanagh, and Elder 2002).

While research on single and dual parent families is fairly extensive, less is known about children in LGBT-Parent Homes. The few existing studies have suggested that children raised in LGBT families generally have lower levels of well-being and limited success than their peers raised by heterosexual parents. For example, Goldberg, Bos, and Gartrell (2011) found that adolescents (n=78) raised by same-sex parents were more likely than a national sample raised by heterosexual parents to engage in occasional substance use. More specifically, children of same-sex parents were more likely to use (occasional but not heavy use) alcohol and marijuana than their matched peers.

The Family Relationships Camp. At the other end of the family structure-relationship spectrum are the scholars who not only discount the differential outcomes by family structure, but also went further to explain disadvantages associated with family structure through the lens of instability in family relationships. As Gates (2015) noted, children raised by same-sex couples were more likely to have to deal with their parents breaking up than peers with opposite-sex parents. Now, however, as gay marriage has been legalized, new studies have edited these earlier findings. Rosenfeld (2014) reported that same-sex relationship instability in the past was due in part to the low marriage rate among same-sex couples. Based on the How Couples Meet and Stay Together surveys (n=3,009), the annual break-up rate for couples—gay or straight—in either a marriage or marriage-like union was less than 3 percent. This same study's data proved the importance of marriage as a commitment, as married couples regardless of sexual orientation were more likely to stay together than unmarried ones at all levels of relationship quality and duration (Rosenfeld 2014).

To make a case for harmonious households, Baxter, Weston and Lixia (2011) noted: hostile parental relationships proved more harmful to a child's well-being than his or her family structure. That is, 6-7 year old children (n=4,341 using the *Longitudinal Study of Australian Children*) from intact families, but whose parents had conflicts, had poorer emotional well-being than parents who had fewer conflicts. Blunting the family structure argument further is evidence that long-term life outcomes of children raised by same-sex parents are quite similar to those raised by single or divorced parents. In Fomby and Bosick's (2013) study of 8,841 adolescents up to age 24, frequent changes in childhood family structure resulted in a quicker transition to adulthood. This meant earlier entry into the work force, lower college completion rates, and earlier advancement into parenthood. These life course disadvantages may be more severe for males than females. Krohn, Hall, and Lizotte (2009) found males, not females, who experienced more family transitions in childhood to be more likely to use drugs. Similarly, when Canadian families had lived in the household for at least five years, there was no significant difference in well-being among children raised in same-sex or different-sex households (Allen 2013).

In short, there is growing consensus in family research that family disruption and transitions earlier in children's lives play a greater role in a child's well-being than parents' sexual or gender orientation. The American Sociological Association³, in their meta-analysis of seven different scholarly studies, argued that a child's well-being was not impacted by parental sexual orientation across a wide spectrum of measures, including academic performance, cognitive development, social development, psychological health, early sexual activity, and substance abuse (as cited in Gates, 2015). Other studies have found the same.

In the mode of Glen Elder's life-course theoretical framework (Elder 1985), the influences of childhood natal families has been found to be different across the life course in a few studies. Strong parental monitoring was more predictive of substance avoidance in early adolescence (n=998), but quality family relationship emerged as more important during the transition to high school and later adolescence (Van Ryzin, Fosco, and Dishion 2012). Then, in early adulthood, neither family aspect proved directly significant. Nonetheless, the family environment still had an indirect effect on substance use by modulating and mediating peer influence. Early parental monitoring of adolescent friendships and activities (n=504, aged 12-16) often limited the child's engagement with deviant peers in later adolescence and perhaps, even in adulthood (Laird, Criss, Pettit, Dodge, & Bates, 2008).

Peers and Adolescents

A child's sphere of interactions rapidly expands when he or she enters educational institutions. Children begin to form relationships with people of their own age. Depending on the peer culture, these relationships can pose problems, particularly if they start to hang around with the wrong crowd. Or peers can be assets, provided they are respectful, are high-achieving, and discourage delinquent activities. To quote Jim Rohn, a renowned businessman, "You are the average of the five people you spend the most time with."

³ The ASA made this case for family diversity in its amicus brief supporting the plaintiffs against California's Proposition 8 and the federal DOMA.

The Power of Academic Engagement

An overall sense of engagement in academics, both at school and with their peers, can protect youth against the social forces that encourage delinquent behavior. In Ozer's (2005: 170) review of findings from the National Longitudinal Study of Adolescent Health, "adolescents who report feeling more connected to school show lower levels of emotional distress, risk behavior, and aggression." Oman, et al. (2015) also cited school connectedness as an asset for adolescents, particularly older youth.

Associations with Deviant Peers

On the other hand, social ties and bonds with antisocial peers can be risk factors for both early and late onset childhood delinquency (Shader 2003). Biglan & Cody (2003: 127) concurred, based on their cumulative research: "a key pathway through which aggressive elementary school children become adolescents with multiple problems is their association with deviant peers." And Bond, Butler, Thomas, Carlin, Glover, Bowes, and Patton (2007) found that in Australia, young people (n=2,678) with poor relationships with peers and teachers were more likely to use drugs, engage in social disruptive behaviors, and have poorer relationships with other adults.

Bullying: The Victim and Bully

An unfortunate aspect of growing up is childhood bullying. Bullying is generally characterized as a specific, intentional form of aggression that is relatively persistent and contains a power imbalance between perpetrator and victim (Olweus, 1993). Children often carry the emotional and mental trauma of bullying encounters throughout their life, in the forms of anxiety, depression, and social withdrawal. Other long-term adverse consequences in social relationships and economic disadvantages can also ensue from prior bullying experiences. Recognizing that all bullying experiences are not the same, researchers have separated the types of bullying experiences by whether the child is a "victim" or the "bully", or a combination, the "bully-victim." However, there is agreement that bullying, no matter whether it is the victim or the bully, has adverse consequences in late adolescence and even in young adulthood.

Focusing on the aftermath of bullying during adolescence, studies have documented the emotional consequences of victimization and bullying for adolescents. Mothers and children in the UK reported that adolescents (n=6,208) who were frequently victimized at age 13 were two or three times more likely than non-victims to develop an anxiety disorder at 18 years old (Stapinski, Bowes, Wolke, Pearson, Mahedy, Button, Lewis, and Araya 2014). Farrington, Loeber, Stallings, and Ttofi's (2011) adolescent American male victims (n=503, 6-19 year olds from Pittsburgh, Pennsylvania) were also were 40 percent more likely to be depressed even after controlling for other key risk factors. Teen bullies too experienced similar negative emotional outcomes. In Farrington et al.'s (2011) prospective longitudinal study, being a bully raised the risk of delinquency by about 45 percent. Luukkonen, Riala, Hakko, and Rasanen's (2010) Finish adolescent bullies were at higher risks for depression and anxiety disorders, even after controlling for childhood behavioral and emotional issues.

Unfortunately, the negative aftermath of bullying, whether the teen was a bully or victim, carries well into young adulthood. Finnish male adolescent bullies (508, 12-17 year olds) had severe substance use in adulthood, including hard drugs and marijuana (Luukkonen, et al., 2010).

Bender and Lösel (2011), who differentiated between physical and verbal versus indirect bullying by perpetrators, among 25-year-old males (n=63) active bullying at age 15 strongly predicted later delinquency, violence, and anti-social behavior, net of individual and family risk factors. On the other hand, victimization did not predict these adult anti-social outcomes or drug use, impulsivity, or aggressiveness.

Childhood victims and bully-victims (n=1,273 Americans) in Wolke, Copeland, Angold, and Costello's study (2013), were also at increased risk for poor health, less wealth, and weak social relationships in young adulthood (19-26 year old). However, bullying did not translate into risky or illegal behaviors (like felonies, illicit drug use, or one-night stands), net of childhood and psychiatric factors.

In addition to adverse mental health consequences of bullying, researchers have also discussed social and economic disadvantages later in the life course. Norwegian 14-15 year old (n=1,266) victims and bullies did not fare as well in their social relationships later in young (aged 26-27) adulthood (Sigurdson, Wallander, and Sund 2014). Specifically, victims of bullying reported poorer quality relationships with their spouse or partner. And bully-victims—individuals who were both targets of bullying and active bullies—had increased risk of tobacco use, illegal drug use, and lower levels of job functioning. A New Zealand study by Stuart and Jose (2014) expanded further the life course timeline by four decades and assessed “adult” outcomes of childhood bullying experiences when 13 years. When contrasted with non-bullies, 39 year olds (n= 305) who had been childhood bullies were more likely to report long-term illnesses and smoking, whereas victims of bullying reported greater depression and lower levels of adulthood social support.

In the final analyses, the best current research, a meta-analysis of longitudinal studies published between 1960 and 2015 by Klomek, Sourander, and Elonheimo (2015), concluded that serious negative effects of bullying, irrespective of whether the adolescent was the bully and/or the victim, extended into adult life, even up to four decades after the exposure, net of pre-existing disorders. Among all of the parties involved in bullying episodes, the bully-victims, on average, reported the worst long-term health outcomes.

Relationships in Adulthood

As adolescents mature into adulthood, it is natural for them to expand their social circles and networks. Many form new relationships—both platonic and romantic. Many also continue to maintain ties with their parents, although the nature and quality of their relationships, in adulthood, with their parents do change.

The Adult Child and Parent

The parent-child relationship dynamic often undergoes changes as the child transitions and matures to adulthood. Both parties need to successfully navigate these life changes in order to foster a healthy relationship. The relationship pendulum can swing both ways: some parent-child relationships grow healthier and stronger once the child has matures, while others may become weak, distant, and strained. Either way, parents do matter beyond adolescence. Arnett (2007) argued that parents stand alone in the on-going socializing of adult children, representing a permanency and consistency not available in non-familial bonds like intimate partners. Just as during childhood, parental involvement in their adult children's lives is a buffer against the many

adult challenges. Grown children who received sustained parental support were more satisfied with their lives overall than those who got less support (Fingerman, Cheng, Wesselmann, Zarit, Furstenberg, and Birditt 2012).

Young adults' relationships with their parents also protected them from deviance, crime, and other risk taking behaviors. Parental monitoring was associated with lower drug and alcohol use among young adult children (Padilla-Walker, Nelson, Madsen & Barry 2008). And Johnson, Giordano, Manning and Longmore (2011) found that 17-24 year olds (n= 1,007) were less likely to engage in criminal activities when their parents continued to engage with and support them in their adulthood. This was true even for former delinquents. As part of an "emotional mellowing process," former delinquents may have improved relationships with their parents and decreased risky-taking to mark their transition to adulthood (Giordano, Schroeder, and Cernkovich 2007).

Marriage, a Protectant in Adulthood

Another major transition in the life course of individuals is the introduction, and subsequent presence or absence, of romantic partners in their lives. Romance becomes another socializing mechanism. Romantic relationships differ from friendship networks and become more relevant as the relationship gets serious. Marriage, therefore, has been associated with a wide range of pro-social behaviors that promotes overall stability. For example, in their analysis of crime and deviance over the life course, Sampson and Laub (1990) found that strong marital and familial attachment in adulthood (using research by Glueck 1950, 1968) inhibited adult criminal and deviant behavior, among both delinquents (n=438) and non-delinquent groups (n=442).

Summary and Looking Forward

On balance, the extensive research reviewed above indicated that unhealthy, unstable relationships, both inside and outside the home, can be detrimental to an individual's well-being. In terms of family household dynamics, quality of relationships seem to trump structure. And childhood bullying had negative consequences on all parties involved, though there's a definite need to better examine whether and how childhood bullying experiences may continue to be evidenced over the life course. As the child transitions into adulthood, romantic relationships, particularly a healthy marriage, seem to offer benefits that deter risk-taking behavior.

The research presented in this paper will add to the growing body of empirical literature on challenges and successes during the life course by investigating how early life interactions and environments impact risk-taking in adulthood. It is generally accepted in the scholarly literature that positive parental relations and peer networks protect against youth delinquency. But there is more to be known about how these childhood experiences affect adult deviant choices. In addition, the added impacts of social relationships during adulthood, both with parents and romantic partners, on adult risk-taking need to be assessed. Although this research is not truly longitudinal, the mix of experiences in the past (childhood) and present (in adulthood) lent a life course perspective on the impacts of micro and meso social environments on adult risk-taking. Specifically, how did both micro and meso environments, decades prior and present, impact fully mature, independent adults in their decisions and behaviors about risk-taking.

Furthermore, childhood family household structure⁴ was considered to explore whether living in intact or nonintact families affected one's propensity to take risks. Respondents were divided into whether they grew up in conventional or unconventional families to investigate the long-term effects of different family structures. Specifically, the focus rested on whether those raised in so-called "intact" family structures were empirically lower risk-takers than those from more unconventional homes. If no significant differences in risk-taking are found between the two groups, then this may provide evidence for dismantling the stigma around homes with same-sex parents, cohabitating parents, a stepparent, grandparents, or adoptive parents. On the other hand, if structure makes a difference, then future research should explore the relationship between stigmatization and risk-taking behavior, or availability of community resources among differing household structures. As the make-up of the American family shifts even more, this research offered a timely, contemporary sketch of the lives of those raised in diverse family structure background experiences.

RESEARCH QUESTION

A quasi- life course perspective (Glen Elder 1985) was used to frame the analyses of social relationship and adult risk-taking behaviors⁵. The following set of questions was posed: What consequences did childhood and adult micro-system relationships have for adult deviance? Is family support in childhood more influential in future risk-taking than negative peer interactions? Are romantic relationships or adult familial relationships the better protectant against adulthood deviance? Lastly, to incorporate the structural side of the family micro-system dynamics, the impacts of social relationships were disaggregated by whether the adults were raised in a conventional or unconventional family household.

THEORETICAL FRAMEWORK AND HYPOTHESES

The family, be it the one in which adults were raised or created for themselves, is the fundamental social institution in which relationships are formed and maintained. Families, as the primary socializing agents, are instrumental in shaping and molding one's self-concept. A strong "core self-concept" (Manford Kuhn 1964; Powers 2010: 198-201) developed in childhood is expected to remain stable into adulthood. But, as children grow into teenagers and adulthood, other social influences, like peers and romantic partners, can render the self-concept more malleable (Herbert Blumer 1969; Powers 2010: 200-01).

Risk-taking behaviors in adulthood was theorized to be responses to strain (as per Agnew's General Strain theory 1992) generated by weak supportive bonds (Hirschi, 1969) and social control (per Akers 1991) in familial and other social relationships. Adults, whose core self-concept was weakened by strained childhood family environments and relationships, might respond to strains encountered in adulthood with risky behaviors. On the other hand, supportive early parent relationships can operate as social control or social

⁴ Besides the traditional two-parent households, families can be formed and made up in a host of different ways. Children today can be raised by single parents, divorced or separated parents, or cohabitating parents. Sometimes other relatives like aunts and uncles or grandparents step in. Parents may also identify as LGBT; so children may have two fathers or two mothers. Unfortunately, the scope of this paper did not allow for specific analysis of each household type; hence, all of these non-traditional variations in family structure were lumped together.

⁵ Risk taking and deviance are used interchangeably.

support mechanisms against risky behaviors in adulthood, particularly if the core self-concept is strong. And weak parenting in non-traditional families was theorized to exacerbate the probability of adult risk taking. Growing up in a non-traditional family structure (say a single family home) adds to the stress faced by children because of increased instability and stigma combined with limited family resources and emotional support.

Following these theoretical lines of reasoning, it can be predicted that, all things being equal, weak family relationships early in a person's life, and even in adulthood, will render them more susceptible to adult risky behaviors (per General Strain Theory). On the other hand, adults whose relationships with their parents, both in childhood and in adulthood, provided sufficient social control, support, and bonding will be more likely to be protected from risky behaviors (per Akers). Two-parent, conventional families of childrearing, characterized by healthy parent-child bonds, were expected to reinforce the familial control effect over adult risk-taking. Conversely, by the same logic, risk-taking reactions to weak parenting could be stronger in non-traditional families of child-rearing.

During childhood and teenage years, peer relationships, both in their positive and negative dimensions, become salient, sometimes supplanting their parents. While peer friendships can be positive influences for teenagers, childhood bullying experiences and being labelled as a deviant can become major sources of strain. For a child, being a victim of bullying can be a long-lasting social stigma (Becker's labeling theory 1963). For example, peer rejection cuts off the individual from conventional peer groups and without these support networks available, the child could continue in a downward spiral toward increasingly deviant acts to cope with the strain. Social isolates often bond together and create their own deviant subculture, engaging in evermore risky behavior (as per Sutherland's differential association theory 1947).

Moving along the life course, adulthood sees the introduction of new responsibilities and roles. One of these roles is that of being a partner or spouse and that bond can protect an individual from risk-taking behaviors. Whether dating or married, individuals with a significant other typically have added social support from their romantic relationships and thus, are discouraged from engaging in risk-taking behavior. Just as with parents, it was predicted that romantic relationships will have a net discouraging effect on adult risk-taking.

A final question explored was which of the relationships over the life course would offer the strongest source of support against, or be a strain leading to, risk-taking behavior. Sampson and Laub posited that, within the institutional relationships, it is the social investment, also referred to as social capital, "that dictates the salience of informal social control at the individual level" (1990: 611-612). If early family relationships have helped their children develop a strong core self-concept and accumulate social capital, family relationships in childhood will be the most relevant, whether as a source of strain leading to risk-taking responses or protection from risk. On the other hand, if the self-concept is weak and malleable, then either peer bullying (with their negative implications) or romantic relationships (and the social capital and associated control) can be expected to be more relevant than parent-child relationships for risk-taking in adulthood.

Following the General Strain and Social Support theories, a set of hypotheses were posed about family/peer relationships and adult risk-taking behavior:

1. Adults who had weaker family relationships—both in childhood and adulthood—will engage in more risk behaviors in adulthood, after controlling for bullying experiences, romantic relationship, age, gender, and education (Strain and Support theories).

2. Weaker romantic relationships will lead adults to engage in more risk behaviors, after controlling for childhood and adulthood parent-child relationship, bullying experiences, age, gender, and education (Strain and Support theories).
3. Moving beyond the family, childhood bullying experiences were predicted to lead to more risk behaviors in adulthood, net of childhood and adulthood parent-child relationships, romantic relationship, age, gender, and education (Strain, Labeling and Differential Association theories).
4. Supportive early family relationships will offer the best net protection against adult risk-taking than peer relationships or adult relationships, be they parental or romantic (Sampson and Laub's cumulative social capital concept).
5. The negative effects of weak relationships (be they family, romantic, or peer) on adult risk-taking will be stronger in unconventional households than traditional households (Strain and Support Theories).

METHODOLOGY AND DATA SOURCE

A mixed methods research approach was used to test the research hypotheses. The quantitative secondary survey data was from the 2012 New Family Structures Survey (Regnerus 2012)⁶. Qualitative interviews with eight professionals in the fields of health, family therapy, and addiction counseling were conducted to assist in interpreting the quantitative assessments.

Secondary Survey Data

The 2012 NFSS (Regnerus 2012) investigated the impacts of young adults raised in a variety of different alternative family arrangements on social, emotional, and relational outcomes and well-being; a control group of those who did not grow up in non-conventional families was also included. A sample of 15,058 (weighted) American young adults aged 18 to 39 (born 1971 thru 1994) were surveyed by Knowledge Networks, on behalf of University of Texas Austin and researcher Mark Regnerus (2012), using an online survey platform. For this paper, 2,917 respondents who had complete information on all study variables were selected. The sample was then subdivided into 1,168 "conventional" families and 1,749 "non-conventional" to provide a comparative view of those who lived with two biological, heterosexual parents until age 18 and those who had other various living situations⁷.

About two-thirds of the sample was female (68%); there were slightly more females in the unconventional (69.0%) than the conventional group (65.6%). The average respondent was 28 years old, on a range of 18-39 years and had completed some level of college education, but not a degree. Respondents who were raised in unconventional families, on average, were younger and less educated than conventional families (see Appendix A. Table).

⁶ The original collector of the data, or ICPSR, or the relevant funding agencies bear no responsibility for use of the data or for the interpretations or inferences based on such uses.

⁷ Based on question S2 from the NFSS (2012): Adults who were raised in conventional families answered YES to "Did you live together with BOTH your biological mother AND biological father the entire time from when you were born until age 18 (or until you left home to be on your own)?" All other family settings were categorized as non-conventional families.

Qualitative Methodology

For specialized insights into the quantitative findings, eight qualitative interviews were conducted with professionals (half from the Bay Area) from the fields of counseling, health, and addiction recovery. They were: two female marriage and family therapists in private practice (Interviewees #1, #5); a female social worker in a youth residential assistance facility (Interviewee #2); a female registered nurse who works with substance-using adults in a community mental health agency (Interviewee #3); a female gambling counselor from the mid-west (Interviewee #4); a female prevention specialist and coalition coordinator for a local community-based nonprofit on wellness (Interviewee #6); a female director of community resources for a local family and children services agency (Interview #7); and a male director of counseling services at a local faith-based, non-profit recovery agency (Interview #8). They were asked a series of questions via telephone inquiring about their opinion on how adult risk-taking behavior is impacted by early family relationships and household structure, childhood bullying, and current relationships with parents and romantic partners. Refer to Appendix B for consent form and interview protocol.

DATA ANALYSES

Three levels of data analyses – descriptive, bivariate, and multivariate – were presented in the following pages. Together they were used to empirically answer the research question. Comments from professional interviewees helped illustrate the quantitative findings.

Operationalization and Descriptive Analyses

The first step in quantitative research was to describe the study sample using the relevant concepts: adult risk-taking behavior, childhood family and peer relationships, and adulthood parent-child and romantic relationships. Peer relationships were analyzed via bullying experiences. With adulthood family relationships, only two parents were taken into account, though the survey allowed for four. Controls of age, gender, and education were selected to fill out the profile sample's characteristics and set the stage for multivariate analyses.

Risk-Taking Behavior

The dependent concept, Adult Risk-Taking Behavior and its indicators, shown in Table 1.A. below, specifically measured a range of deviant behaviors in the year (2011-2012) prior to the survey. Specific behaviors covered were excessive drinking, drug and tobacco use, gambling, and pornography.

On balance, the average respondent did not partake in risky behaviors. However, those from unconventional families ($\bar{x} = 10.3$) were more likely to engage in some deviant behavior than those from conventional $\bar{x} = 8.9^{***}$). Almost the entire majority in both family structures never used illegal drugs. The most common and frequent deviant behavior was smoking cigarettes. But interestingly, one fifth (20.1%) of unconventionally-raised adults smoked every day while only one-tenth (9.9%) of conventionally-raised respondents did. Also, those from unconventional families were more than twice as likely to smoke marijuana every day (6% unconventional vs. 2.6% conventional).

**Table 1.A. Descriptive Statistics for Risk-Taking Behavior
New Family Structures Study 2012**

Dimensions	Indicators	Responses (Values)	Conventional Family(n=1124)	Unconventional Family (n=1686)
Substance Use	Q82. During the past year, how often did you: D. <i>Drink with the intent to get drunk?</i>	Never (1)	63.3%	58.0%
		Once a month or less (2)	21.5	23.0
		2-3 days a month (3)	6.9	9.4
		1-2 days a week (4)	6.1	6.3
		3-5 days a week (5)	1.5	2.4
		Every day or almost (6)	0.7	1.0
	E. <i>Use marijuana?</i>	Never (1)	85.8%	76.3% ^{***}
		Once a month or less (2)	5.9	8.2
		2-3 days a month (3)	2.8	3.9
		1-2 days a week (4)	2.0	3.0
		3-5 days a week (5)	1.0	2.6
		Every day or almost (6)	2.6	6.0
	F. <i>Use other illegal drugs?</i>	Never (1)	96.0%	93.1% ^{***}
		Once a month or less (2)	1.8	2.7
		2-3 days a month (3)	1.0	1.8
		1-2 days a week (4)	0.9	0.9
		3-5 days a week (5)	0.2	0.9
		Every day or almost (6)	0.1	0.7
	G. <i>Smoke cigarettes</i>	Never (1)	78.9%	64.6% ^{***}
		Once a month or less (2)	5.2	5.7
		2-3 days a month (3)	2.7	3.1
1-2 days a week (4)		1.6	3.2	
3-5 days a week (5)		1.7	2.8	
Every day or almost (6)		9.9	20.5	
Gambling	H. <i>Gamble for money</i>	Never (1)	77.0%	76.7%
		Once a month or less (2)	18.1	16.8
		2-3 days a month (3)	2.8	2.7
		1-2 days a week (4)	1.3	1.9
		3-5 days a week (5)	0.6	1.1
		Every day or almost (6)	0.2	0.7
Sexual-Related Acts	B. <i>View pornographic material</i>	Never (1)	56.8%	53.0%
		Once a month or less (2)	21.0	21.1
		2-3 days a month (3)	8.0	10.2
		1-2 days a week (4)	7.3	7.7
		3-5 days a week (5)	4.0	5.1
		Every day or almost (6)	2.8	2.9
	Index of Risk-Taking Behavior	\bar{x} (s) Range	8.9 (3.8) 6-30	10.3 (4.8) ^{****} 6-36

^{***} p <= .001; ^{**} p <= .01; ^{*} p <= .05

¹ Index of Risk-Taking Behavior= Q82B + Q82D + Q28E + Q82F + Q82G + Q82H; correlations among the variables ranged from 0.10^{***} to 0.40^{****} for conventional families and 0.14^{***} to 0.53^{****} for unconventional families.

Further, regardless of household structure, respondents, almost equally, did not involve themselves with gambling or pornography. Two-thirds did not watch porn (conventional 56.8%; unconventional 53%) while more than three-fourths did not gamble (conventional 77%; unconventional 77%).

Childhood Family Relationships

The first independent concept of Childhood Family Relationships, displayed in Table 1.B., required respondents to reflect back on their childhood relationship with their parents and family.

**Table 1.B. Descriptive Statistics for Childhood Family Relationship Climate
New Family Structures Study 2012**

Concept	Indicators	Responses (Values)	Conventional Family (n=1168)	Unconventional Family (n=1749)
Climate	Q28B. We had a loving atmosphere in our family.	Strongly disagree (1)	2.0%	7.5%***
		Disagree (2)	6.0	14.9
		Unsure (3)	11.8	16.0
		Agree (4)	45.8	41.7
		Strongly agree (5)	34.4	19.9
	Q28A. My family relationships were safe, secure, & source of comfort.	Strongly disagree (1)	2.0%	8.3%***
		Disagree (2)	5.5	15.0
		Unsure (3)	8.9	14.9
		Agree (4)	43.7	41.3
		Strongly agree (5)	39.9	20.5
	Q28C. All things considered, my childhood years were happy.	Strongly disagree (1)	1.9%	8.3%***
		Disagree (2)	6.1	15.6
		Unsure (3)	9.0	14.4
		Agree (4)	44.3	43.1
		Strongly agree (5)	38.7	18.6
Q28G (recoded). My family relationships were confusing, inconsistent, and unpredictable.	Strongly disagree (5)	2.6%	9.9%***	
	Disagree (4)	12.1	22.0	
	Unsure (3)	10.5	17.4	
	Agree (2)	27.2	25.9	
	Strongly agree (1)	47.7	24.6	
Index of Family Relationships ¹	\bar{x} (s)		16.4 (3.4)	13.8 (4.3)***
	Range		4-20	4-20

*** p <= .001; ** p <= .01; * p <= .05
¹ Index of Family Relationships= Q28A + Q28B + Q28C + Q28G; correlations among the variables ranged from 0.55*** to 0.85*** for conventional families and 0.59*** to 0.84*** for unconventional families.

The individual's perception of family climate was the main dimension used to measure the health and quality of the relationship. It was presumed that the strongest, healthiest relationships were those with the most happiness, safety, love, and consistency.

The average respondent gave high ratings to the qualities of his/her familial relationships. However, relationships in unconventionally-raised households seemed weaker (unconventional \bar{x} = 13.8) than in conventional settings (\bar{x} = 16.4***). One-quarter of those raised in

unconventional families reported not having a loving family atmosphere (22%), compared to the one-tenth of conventionally-raised families (8%). On the other hand, a majority (84%) of conventional household respondents saw their families as safe and secure (60%); only a little over half (60%) of unconventionally-raised respondents felt this way. Yet, almost three-quarters of conventionally-raised respondents (74.9%) saw their childhood relationships as confusing; only half (50.5) of unconventionally-raised respondents had this perception.

Childhood Bullying Experiences

Childhood bullying experiences, the second independent concept in this research, are presented in Table 1.C. Peer interactions captured one's connections outside of his/her household of immediate family environment. Bullying victimization represented negative peer interactions.

**Table 1.C. Descriptive Statistics for Childhood Bullying Experience
New Family Structures Study 2012**

Concepts	Indicators	Responses (Values)	Conventional Family (n=1160)	Unconventional Family (n=1744)
Childhood Bullying Experience	Q33_3. How were you bullied? <i>because I was different</i>	Never bullied (-1)	61.8%	58.7%**
		Not in this way (0)	17.0	15.0
		Yes (1)	21.2	26.3
	Q33_4. <i>hit, slapped, shoved</i>	Never bullied (-1)	61.8%	58.7%***
		Not in this way (0)	26.6	23.7
		Yes (1)	11.7	17.6
	Q33_5. <i>spread rumors or lies about you</i>	Never bullied (-1)	61.8%	58.7%***
		Not in this way (0)	21.6	18.0
		Yes (1)	16.7	23.3
	Q32. Did the bullying happen only once, occasionally, or for a long period of time?	Never bullied (-1)	61.9%	58.7%
		None describe experience (0)	2.7	2.4
		Happened only once (1)	2.9	3.4
		Occasionally but unrelated (2)	18.7	19.5
		Lasted a long time (3)	13.7	15.9
	Index of Bullying Experiences ¹	\bar{x} (s)		-1.2 (3.7)
Range			-4-6	-4-6

*** p <= .001; ** p <= .01; * p <= .05

¹ Index of Bullying Experiences = Q33_3 + Q33_4 + Q33_5 + Q32; correlations among the variables ranged from 0.85*** to 0.90*** for conventional families and 0.87*** to 0.91*** for unconventional families.

As seen in Table 1.C, individuals raised in conventional families were slightly more likely to be victimized (\bar{x} = -1.2 on a scale of -4-6) than those from unconventional families (\bar{x} = -0.8***). Amongst the three indicators, individuals were most likely to be bullied for being different. Regardless of household structure, about one quarter of respondents were bullied for being different (conventional 21%; unconventional 26%). Both groups were less likely to experience

physical harm, but those from unconventional families more often suffered this way (17%) than conventional-raised respondents (11%).

Parent-Adult Child Relationship

While the previous concepts measured respondents' past relationships, relationships in adulthood were investigated as well. The first such relationship was the adult respondents' relationship with their parents⁸. This concept described how strong the adult children considered their adult relationship with their parent. The dimensions included styles of communication, expression of love, and support.

**Table 1.D. Descriptive Statistics for Adult Parent-Child Relationship¹
New Family Structures Study 2012**

Indicators	Responses (Values)	Conventional Family (n=1109)	Unconventional Family (n=1457)
Q27_A. How often do you talk openly with [Parent 1] about things that are important to you?	Never (1)	1.6%	5.9%
	Rarely (2)	6.1	9.9
	Sometimes (3)	23.6	24.0
	Most of the time (4)	35.6	28.1
	Always (5)	33.1	32.0
Q27B. How often does [Parent 1] really listen to you when you want to talk?	Never (1)	2.1%	6.5%
	Rarely (2)	5.2	9.2
	Sometimes (3)	13.5	16.2
	Most of the time (4)	28.9	24.2
	Always (5)	50.4	43.8
Q27C. How often does [Parent 1] explicitly express affection or love for you?	Never (1)	1.9%	7.0%
	Rarely (2)	6.7	9.2
	Sometimes (3)	14.7	17.9
	Most of the time (4)	24.8	20.5
	Always (5)	51.9	45.3
Q27D. Would [Parent 1] help you if you had a problem?	Never (1)	0.7%	4.8%
	Rarely (2)	1.9	4.8
	Sometimes (3)	7.6	10.8
	Most of the time (4)	14.6	17.9
	Always (5)	75.2	61.7
Index of Parent-Adult Child Relationship	\bar{x} (s) Range	17.0 (3.1) 4-20	15.8 (4.3) ^{***} 4-20

¹ Index of Adulthood Parent-Child Relationship = Q27A_1 + Q27B_1 + Q27C_1 + Q27D_1; correlations among the variables ranged from 0.68^{***} to 0.75^{***} for conventional families and 0.76^{***} to 0.84^{***} for unconventional families.

As seen in Table 1.D., both groups reported strong bonds with their parents, but those raised in conventional families had slightly higher quality ties (conventional \bar{x} = 17; unconventional \bar{x} = 15.8^{***}, on scales of 4-20). Regardless of household structure growing up, about one-third of

⁸ Relationships with only one parent were used due to sampling problems when accounting for the second parent. Respondents whose parent was deceased were treated as missing cases.

respondents (conventional 33%; unconventional 32%) openly talked to their parent. Half of those raised in conventional homes (50%) believed their parent always listens to them and expresses love (52%). Unconventionally-raised adults perceived these dimensions of their current relationships only slightly less often; less than half (44%) said their parent always listens and is always affectionate (43%).

Romantic Relationships in Adulthood

The last type of interpersonal relationship considered was the respondent's relationship with his/her partner (Table 1.F). Both groups reported high quality romances (conventional \bar{x} = 21; unconventional \bar{x} = 20.4^{***}, on scales of 5-25). But, conventionally raised respondents viewed their relationships to be healthier (43%) and felt their marriage was a partnership (45%) than the unconventional group (39% and 41% respectively).

**Table 1.F. Descriptive Statistics for Adult Romantic Relationships
New Family Structures Study 2012**

Indicators	Responses (Values)	Conventional Family (n=860)	Unconventional Family (n=1334)
Q107A (Recoded ¹). We have a good relationship.	Strongly agree (5)	49.6%	45.3%
	Agree (4)	35.5	36.0
	Unsure (3)	9.8	12.2
	Disagree (2)	3.3	4.0
	Strongly disagree (1)	1.8	2.6
Q107B (Recoded ¹). My relationship with my partner is very healthy.	Strongly agree (5)	42.7%	38.7% ^{***}
	Agree (4)	37.4	33.2
	Unsure (3)	13.1	16.4
	Disagree (2)	4.9	8.8
	Strongly disagree (1)	2.0	2.9
Q107C (Recoded ¹). Our relationship is strong.	Strongly agree (5)	46.8%	43.8%
	Agree (4)	34.0	32.9
	Unsure (3)	12.2	13.6
	Disagree (2)	5.0	7.1
	Strongly disagree (1)	2.0	2.6
Q107D (Recoded ¹). My relationship with my partner makes me happy.	Strongly agree (5)	49.8%	45.9%
	Agree (4)	34.5	34.0
	Unsure (3)	11.1	13.0
	Disagree (2)	2.7	4.2
	Strongly disagree (1)	1.9	2.8
Q107E (Recoded ¹). I really feel part of a team with my partner.	Strongly agree (5)	45.3%	40.8% [*]
	Agree (4)	33.6	33.1
	Unsure (3)	11.9	14.9
	Disagree (2)	6.4	7.3
	Strongly disagree (1)	2.8	3.9
Index of Adult Romantic Relationship ²	\bar{x} (s) Range	21.0 (4.5) 5-25	20.4 (4.8) ^{***} 5-25

*** p <= .001; ** p <= .01; * p <= .05

¹ The responses were reversed so that the higher score represented stronger relationships.

² Index of Adulthood Romantic Relationship= Q107A + Q107B + Q107C + Q107D + Q107E; correlations among the variables ranged from 0.81^{***} to 0.89^{***} for conventional families and 0.80^{***} to 0.88^{***} for unconventional families.

Summary

On balance, respondents raised in unconventional households seemed to have engaged in slightly more risk taking than those who were raised in conventional households. As children, unconventionally-raised adults also reported weaker quality relationships with their parents and experienced more bullying. They also reported weaker relationships with their parents and partners in adulthood. It is, however, important to note that the differences were small.

Bivariate Analyses

The bivariate analysis provided a preliminary test of empirical associations of interpersonal relationships (with parents as children and in adulthood, with romantic partners) and childhood bullying (explanatory concepts) with adulthood risky behavior (the dependent concept). The preliminary correlations (Tables 2a-2b in Appendix C) indicated several interesting patterns in the potential influences of risk and protective factors on adulthood risk-taking behavior. There were also some differences among conventional and unconventional family structures.

Better quality relationships in the childhood home were linked to lower risk-taking deviance in adulthood. However, this protective connection was twice as strong for those who grew up in conventional households ($r = -0.20^{***}$) than in unconventional households ($r = -0.11^{**}$). Quality relationships with parents in adulthood were a similar protective resource; those who maintained good relationships with their parents in adulthood were less likely to engage in risky behaviors. Interestingly, again, this correlation was two times stronger for those raised in conventional families ($r = -0.11^{**}$) than unconventional families ($r = -0.05^*$). Childhood victimization, on the other hand, increased an adult's propensity to take risks, at about the same rate regardless of household structure (conventional $r = 0.08^{**}$; unconventional $r = 0.12^{***}$). A third deterrent to risk-taking was a quality romantic relationship regardless of childhood family structure (conventional $r = -0.17^{***}$; unconventional $r = -0.15^{***}$). The stability or the enduring relevance of these lifetime relationships will be tested in the multivariate analyses presented in the next section.

Multivariate Analyses

Finally, linear regression (presented in Table 3) was used to assess the impact of past and present inter-personal relationships on risk-taking behaviors in adulthood, net of gender, age, and education. To assess variations by childhood family structure, the analyses were split by conventional and unconventional families.

Two general patterns about relational protectants against adulthood risk-taking behavior was evident in the evidence. First, irrespective of the early family structure, those who had better quality family relationships early in their lives (Conventional Family Beta = -0.16^{***} and Unconventional Beta = -0.09^{**}) were less likely to take risks in adulthood. Notably, the impact of childhood relationships was twice as strong if they were raised in conventional, than in unconventional, families. In adulthood, healthy quality romantic relationships offered additional protection from risk-taking behavior, again regardless of childhood family structure (Conventional Family Beta = -0.12^{***} and Unconventional Beta = -0.09^{**}). These findings confirmed the importance of supportive primary relationships, both early and later in life.

Table 3
Regression Analyses of the Relative Net Effects of Life-time Interpersonal Relationships on Risk-Taking Behaviors in Adulthood. 2012 New Family Structures Survey¹

	Beta (β) Conventional Family	Beta (β) Unconventional Family
<u>Interpersonal Relationships:</u>		
Family Relationship in Childhood	-0.16 ^{***}	-0.09 ^{**}
Childhood Bullying Experiences	0.04	0.09 ^{**}
Parent-Child Relationship in Adulthood	0.03	0.08 ^{**}
Romantic Relationship in Adulthood	-0.12 ^{***}	-0.09 ^{**}
<u>Socio-demographics:</u>		
Gender: Female	-0.27 ^{***}	-0.22 ^{***}
Age	-0.15 ^{***}	-0.11 ^{***}
Education	-0.13 ^{***}	-0.16 ^{***}
Constant (a)	19.19	18.03
Adjusted R ²	0.18 ^{***}	0.12 ^{***}
DF 1 & 2	7 & 789	7 & 1066

^{***} p <= .001; ^{**} p <= .01; ^{*} p <= .05;

¹ Index of Risk-Taking Behavior= Q82B + Q82D + Q82E + Q82F + Q82G + Q82H;

Index of Family Relationships= Q28G + Q28A + Q28B + Q28C;

Index of Bullying Experiences= Q33_3 + Q33_4 + Q33_5 + Q32;

Index of Adulthood Parent-Child Relationship = Q27A_1 + Q27B_1+ Q27C_1+ Q27D_1;

Index of Adulthood Romantic Relationship = Q107E + Q107D + Q107C + Q107B + Q107A;

Gender: 1=Female, 0=Male;

Age: Range = 18-39;

Education: 1=Less than high school, 2=High school, 3=Some college, 4=College.

Two additional patterns illuminated how early family structure may exacerbate the risks in adulthood. For example, for those who were raised in unconventional families, bullying victimization increased the likelihood of adulthood risk-taking (Unconventional Beta = 0.09^{**}). Interestingly, the lasting risks of childhood bullying was offset by the protection that families offered (Unconventional Beta = -0.09^{**}). Similarly, a supportive parent-child relationship in adulthood, ironically was associated with a propensity toward risk-taking, but again, only for those who were raised in unconventional families (Unconventional Beta = 0.08^{**}). On the contrary, conventionally-raised adults were immune to the negative effects of bullying experiences (no significant impact), perhaps because of early parental support.

CONCLUDING REMARKS

Empirical Reflections

This study offered important insights into the long-term impacts of childhood experiences, adult relationships on adult risk-taking. A modified life-course model aimed to capture the relevance of early childhood environments while at the same time recognizing that adult life relationships may matter too. First, regardless of whether someone was raised in a conventional or unconventional family, supportive, childhood family and adulthood romantic, relationships protected against risk-taking behavior. That is, those whose romantic relationships were healthy, strong, happy, and team-oriented were less likely to engage in risky behaviors. A Licensed Marriage and Family Therapist who was interviewed for this research strongly agreed: "The quality of the relationship completely affects whether they are going to increase or decrease their high-risk behavior. I'd say that is the number one intervention" (Interviewee #5).

Likewise, those who considered their early family relationships to be loving, safe, secure, happy, and consistent were less likely to be drawn to risky behaviors in adulthood. To quote a Director of Counseling Services of a faith-based recovery agency (Interviewee #8), a trusting childhood family unit "goes a long way in stabilizing adult functioning and relationships." He added: "It has more to do with the quality of parenting than the conventional or unconventional" structure. On the contrary, negative, weak, or poor quality relationships—be it with parents or romantic partners—would be a source of strain for both men and women. As per the Director of Community Resources for a family and children services agency (Interviewee #7), "Relationship connectivity is probably 90% part of them being able to be effectively treated;" most of the court-mandated drug addicts she sees "have blown up all their relationships".

Childhood family structure was also relevant when it comes to protecting children from the long-term risks of childhood bullying and reaping supportive resources from parents. Ironically, a healthy parent-child relationship in adulthood was linked to more risk behaviors when reared in unconventional childhood homes. Further, for those who grew up in unconventional style households, bullying victimization during childhood was a significant risk for risk-taking in later years. Several interviewees confirmed that a large percentage of their clients, irrespective of whether they were dependent on alcohol, recreational drug use, pornography, or heavy smoking, were bullied in childhood (Interviewees #4, #5, #6). Neither of adult relationships with parents nor child bullying had an effect on conventionally-raised individuals.

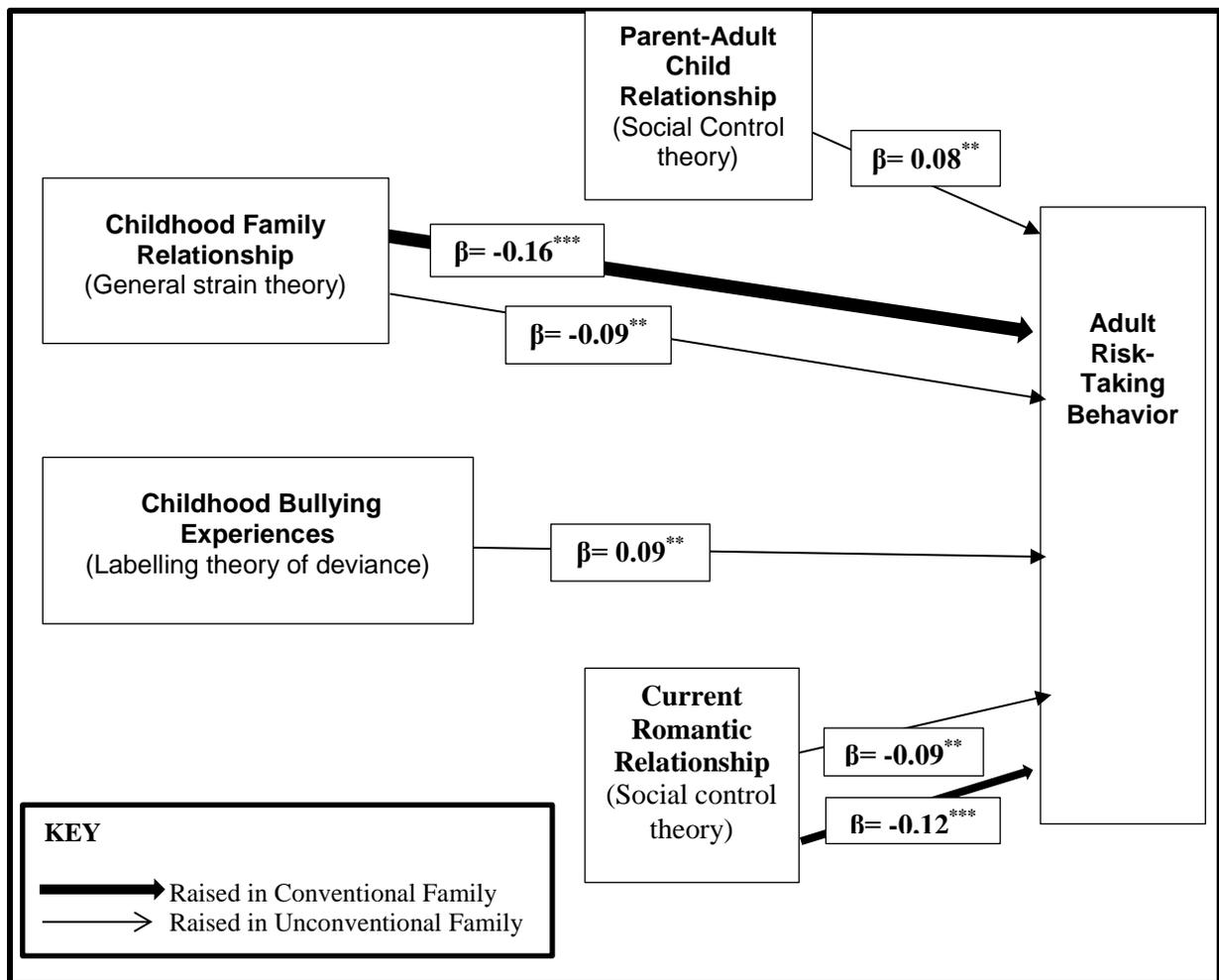
In keeping with the life trajectory model, respondent's gender, age, and education had the most significant impacts on risky behavior, regardless of family structure. That is, younger, less educated, and male respondents were more inclined toward adulthood risk-taking than their older, more educated, and female counterparts. The more mature respondents were, whether in chronological age or in accumulated education, the less likely they were to engage in deviant or risky behaviors.

Theoretical Implications

On a theoretical level, these findings both supported and countered the theoretical predictions outlined in the research design (Figure 1). That primary relationships, both in childhood and in adulthood, protected adults from risk-taking corroborated proposed theories. First, romantic relationships prevented individuals' risks; stronger marital relations rendered adults less likely to engage in risky behavior. A Licensed Clinical Social Worker interviewed for this research noted,

“It’s a lot easier to get into those kinds of risky troublesome spots if it doesn’t really matter to anyone else versus if you’re tied to another person” (Interviewee #2). As predicted by social control theory (Akers, 1991), having a supportive marriage is a strong deterrent to deviance in the survey data and in the interviews (Interviewees #2, #4, #8). Highlighting more than just the existence of a relationship is a major contribution of this research. “If there isn’t a quality, healthy, satisfying relationship, then there is going to be more risk-taking behavior,” according to a Director of Counseling Services (Interviewee #8). A problem gambling counselor offered further support of social control in terms of outside obligations. Young people tend to drink and gamble more because they aren’t parents and don’t have as many responsibilities (Interviewee #4).

Figure 1
Empirical Model of the Impacts of Life Long Relationships on Adulthood Risk-Taking
2012 New Family Structures Survey^{1,2,3}



¹ Controls not mapped for the sake of clarity;
² The thicker line for the conventionally-raised respondents was chosen because these associations overall were stronger;
³ Refer to Table 3 for index coding.

Second, as predicted by Agnew's general strain theory, healthy early family relationship was a deterrent to adult risk-taking. On the other hand, adults sometimes respond to the strain and discomfort experienced in negative family dynamics by engaging in risky behaviors. According to a Problem Gambling Counselor (Interviewee #4), many don't feel worthy of the love in their family, even if other family members were loving; when these people are in times of distress, they go to risky things to handle that distress. Moreover, some adults have poor coping skills and are less personally equipped to handle those stressors, even if the stresses were experienced in childhood.

Other findings offered more boundary limiting conditions for the long-term risks posed by childhood bullying and even parent-child relationship in adulthood. The risk and even some protective dynamics were operational only if the adults grew up in unconventional families. That victims of childhood bullying and that adults with positive parent-child relationships tend to be at elevated risks for poorer adult outcomes in adulthood is partially validated — this connection applies only if adults were raised in unconventional households. This finding confirmed the fifth hypotheses to some degree, in that negative peer interactions continued to be traumatic for unconventionally-raised children. It is these mixed long-term relevance of these findings for those raised in differing household structures that specified "boundary limiting conditions" (Powers 2010:76) and required a more nuanced portrayal of strain theory. In the words of the Marriage and Family Therapist, it's "a mixed bag." Others added that high-risk behaviors can be present in children from both conventional and unconventional families (Interviewees #5, #2, #8). The boundary limiting conditions between differing family structures also highlighted the malleability of self-concept in some cases but the stability in others.

The professional interviewees offered some explanations for the differential portraits found between conventionally and unconventionally raised adults. For example, children may be upset or withdrawn due to the instability of a non-traditional structure, making them more vulnerable targets for peer bullies. According to a Registered Nurse, "When you look at adults now, [they] were growing up in a time when the nuclear family was more the norm, then if you were from an unconventional family, it would put you on the outside of society sooner" (Interviewee #3). Social stigma about family dynamics, particularly in past decades, may be further fodder for developmental and psychosocial adjustment difficulties. Children from non-conventional families may be more likely to remember and pay attention to bullying since it is a reminder of growing up in a minority family. Perhaps, childhood bullying may actually have occurred inside the home as a consequence of dysfunction among parents and siblings in the family (Interviewee #6). Other interviewees added: We "can't pull anything apart with" bullying because it is still considered a relatively new, trending concept that in previous generations was hardly ever discussed, addressed, or tracked it (Interviewees #4, #3).

Another boundary limiting condition was found in the unexpected positive association between adult respondents' relationships with their parents and risk behaviors in unconventional families; that is, respondents who had healthier relationships with their parents in their adulthood also reported taking more risks, but only if they were raised in unconventional families. A potential explanation offered by the professional interviewees went thusly: the unlikely positive connection might be a time-ordering issue. Individuals struggling with risk-taking delinquency may have "landed face down" and, either after or in the midst of their poor choices, returned to their parents for support (Interviewee #3). The Social Worker (Interviewee #4) offered a similar insight about the family unit as a landing spot: "They know there's a place to go that will still take them back and help them out of the trouble." Resources might have some influence too. Interviewee #4 proposed that young people are still often supported financially, to some degree, by their parents who can come bail them out. Parents play several roles, though, and adult

children may rely on their parents in different domains of life. For example, according to the Marriage and Family Therapist (Interviewee #5), “Nobody goes to their parents for help on high-risk behavior. They go to their parents for emotional needs but not for high-risk behaviors.” Furthermore, the risk-taking behavior and the parent-child relationship may be mutually dependent. That is, the individual's actions may depend on their relationship quality and vice versa. The specific type of risk-behavior may also be of importance. For example, gamblers are still usually connected to their family of origin while “a lot of times with other addictions, a lot of the families are kind of done” (Interviewee #4)⁹.

Limitations & Future Directions

Like all studies, this study too was not free of limitations. Most obviously, only less than a quarter of the variability in adult substance use was explained by interpersonal relationships, be they in childhood or as adults, and childhood bullying victimization (Adjusted $R^2 = 0.18^{***}$ conventional, 0.12^{***} unconventional). This leaves unexplained 82 and 88 percent of variability, respectively, in the two household structure models.

However, several exciting future research possibilities were implicit in the very shortcomings of this study. For one, risk-taking behavior, is, as Interviewee #5 stated, “such a big umbrella.” This study defined the behavior in a rather narrow way. Risky sexual behaviors, in particular, were not accounted for. Future researchers should also broaden the range of substance use, beyond the binge-drinking, marijuana, and “other illegal drugs” considered in this paper. Including use of pharmaceuticals like OxyContin, which has become a pathway drug to harder substances (Interviewee #1) is worth considering. The frequency, severity, and/or transition to addiction is another important dimension of risk behaviors. The Gambling Counselor explained: “even though they see [the behavior] as risk-taking at the beginning, once it becomes an addiction and they're compulsed ...they're not thinking of it as a risk anymore” (Interviewee #4).

Another suggestion was more methodological. The 2012 New Family Structures Survey questions ascertained only risk taking decisions made in the year prior to the survey. A fuller life course model would be longitudinal. In the words of the Social Worker (Interviewee #4), “It's easy to get skewed perceptions” with recall data. Adult respondents may have altered—either consciously or subconsciously—their childhood perceptions. More accurate measurements would utilize data collected at different time frames, in childhood, adolescence, and adulthood.

Thirdly, only two household structures, conventional and unconventional, were differentiated in this study. In the nurse's (Interviewee #3) eight year career she could count on two hands the number of patients that have come from a nuclear family. As this commentary and data about contemporary trends in family structures and dynamics have shown, fewer and fewer families can be defined as traditionally nuclear. Consequently, additional research that explores children's long-term well-being in gay, lesbian, separated, cohabitating, divorced, adoptive, and foster families is warranted. Interviewees also suggested an additional focus on children in

⁹ Another piece of supporting evidence might lay in the fact that, unlike in the conventionally raised group where supportive parents in childhood offered the strongest protection (Beta=-.16^{***}), effects of interpersonal relationships (with parents and bullies) on risk taking in unconventionally raised adults were weak (Beta effects in the range of .08^{**} to .09^{**}), at best. Besides, in the unconventional families, those who were bullied did not have supportive parents either growing up ($r=-.25^{***}$) or in their adulthood ($r=-.14^{***}$). But, once the risk response to strains associated with weak childhood family connections and bullying were neutralized (controlled), parents might be the last resource when troubles get out of hand.

foster care, specifically, since they are substantially more prone to at-risk behaviors (Interviewees #6, #7).

Fourth, expanding the demographics of this research will be additionally productive in connecting childhood relationships with adulthood outcomes. A sample of less high-functioning adults could offer a clearer picture of the adults who struggle the most with adult risk-taking (Interviewee #3). Though it was beyond this paper's focus, "dual diagnosis" or "co-occurring disorder" individuals—that is, people who have been diagnosed with a mental illness along with substance abuse (Interview #1, #3, #4, #7) is also warranted. Besides, this study only targeted 18-39 year olds. Future research could explore behaviors over a broader age range. For example, the Director of Counseling Services has a 56-year-old client who, in childhood, suffered from school bullying and his mother's emotional abuse, and now considers his life "illegitimate" and "with nothing to show for" it (Interviewee #8). This adds another layer to relationship quality—trauma or abuse—that could be teased out for additional illustration of the strain theory. As the Problem Gambling Counselor (Interviewee #4) reported, "Addiction comes from a history of shame, and shame often comes from a history of abuse as a child". A fuller longitudinal life-course model could capture these complex life patterns.

APPENDICES

Appendix A. Table
Descriptive Statistics for Socio-Demographics
New Family Structures Study 2012

Dimensions	Indicators	Responses (Values)	Conventional Family (n=1,168)	Unconventional Family (n=1,749)
Gender: Female	PPGENDER	Female (1)	65.6%	69.0%***
		Male (0)	34.4	31.0
Age	PPAGE	Mean (SD)	28.9 (6.4)	27.7 (6.3)***
		Range	18-39	18-39
Education (highest degree, categorical)	PPEDUCAT	Less than high school (1)	4.7%	9.8%***
		High School (2)	16.0	25.4
		Some college (3)	35.3	42.0
		Bachelor's degree or higher (4)	44.0	22.8

*** p <= .001.

Appendix B

Consent Form and Interview Schedule

Consent Form

Dear _____:

I am a Sociology Senior working on my Research Capstone Paper under the direction of Dr. Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research on the impacts of some critical life experiences on adult alcohol and substance use.

You were selected for this interview, because of your knowledge of and experience working in the areas of _____.

I am requesting your participation, which will involve responding to questions about the risky behaviors of adults who grew up in traditional and non-traditional families. Specifically, I wish to explore with you the impacts of parent-child relationships and bullying experiences during childhood on adulthood (under 40 years old) deviance. In addition, I would like to talk about the possible impacts of current relationships—both familial and romantic, in adulthood for deviant behaviors.

Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please call/email me at _____ or Dr. Fernandez at _____.

Sincerely,

Eryn Olson

By signing below you are giving consent to participate in the above study. Since the interview will be done via phone, please either email me back a message denoting your consent or scan a copy of this form, signed, to me. Thank you.

Signature

Printed Name

Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Interview Schedule

Interview Date and Time: _____

Respondent ID#:

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue:

2. What is your position in this organization? _____
3. How long have you been in this position and in this organization?

4. Based on what you know of adult risk-taking behavior, how common is this issue? Specifically, gambling? Excessive drinking? Drug and/or tobacco use? Pornography consumption?
5. In your professional judgement, what are some reasons that lead to risk-taking among adults?
 - a. How about early family relationships, specifically with their parents when they were growing up?
 - b. How about childhood bullying experiences?
 - c. How about current family relationships, especially with parents?
 - d. How about current romantic relationship?
 - e. How, if at all, does growing up in traditional and non-traditional families affect risk-taking behavior in adulthood?
6. Is there anything else about this issue/topic I should know more about?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at _____. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at _____.

Appendix C

Table 2a. Correlation (r) Matrix

Adulthood Risk-Taking, Childhood Parent-Child Relationship, Childhood Bullying, Adult Parent-Child Relationship, and Adulthood Romantic Relationship¹
New Family Structures Study, 2012

[Unconventional below the 1 diagonal (n=1107-1749); Conventional above (n=833-1168)]

	Risk-Taking	Family Relationships in Childhood	Childhood Bullying Experiences	Parent-Adult Child Relationship	Adult Romantic Relationship
Risk-Taking	1.0	-0.20***	0.08**	-0.11***	-0.17***
Family Relationships in Childhood	-0.11***	1.0	-0.19***	0.53***	0.22***
Childhood Bullying Experiences	0.12***	-0.25***	1.0	-0.11***	-0.12***
Parent-Child Relationship in Adulthood	-0.05*	0.57***	-0.14***	1.0	0.14***
Romantic Relationship in Adulthood	-0.15***	0.16***	-0.09***	0.08**	1.0

Table 2b. Correlation (r) Matrix

Adulthood Risk-Taking and Demographic Controls
New Family Structures Study, 2012

[Unconventional below the 1 diagonal (n=1686); Conventional above (n=1124)]

	Risk-Taking	Gender: Female	Age	Education
Risk-Taking	1.0	-0.27***	-0.14***	-0.19***
Gender: Female	-0.18***	1.0	0.02	0.03**
Age	-0.14***	-0.04***	1.0	0.31***
Education	-0.21***	-0.05***	0.29***	1.0

*** p <= .001; ** p <= .01; * p <= .05

¹ Index of Risk-Taking Behavior= Q82B + Q82D + Q82E + Q82F + Q82G + Q82H;

Index of Family Relationships= Q28G + Q28A + Q28B + Q28C;

Index of Bullying Experiences= Q33_3 + Q33_4 + Q33_5 + Q32;

Index of Adulthood Parent-Child Relationship = Q27A_1 + Q27B_1+ Q27C_1+ Q27D_1;

Index of Adulthood Romantic Relationship = Q107E + Q107D + Q107C + Q107B + Q107A;

Gender: 1=Female, 0=Male;

Age: Range = 18-39;

Education: 1=Less than high school, 2=High school, 3=Some college, 4=College

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- Interviewee #2, Licensed Clinical Social Worker. November 13, 2015. March 5, 2016.
- Interviewee #3, Registered Nurse. November 13, 2015. March 5, 2016.
- Interviewee #4, Problem Gambling Counselor. February 10, 2016.
- Interviewee #5, Licensed Marriage and Family Therapist. February 23, 2016.
- Interviewee #6, Prevention Specialist and Coalition Coordinator. March 4, 2016.
- Interviewee #7, Director of Community Resources. March 4, 2016.
- Interviewee #8, Director of Counseling Services and Licensed Social Worker. March 7, 2016.
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