Effects of Familial Attachment, Social Support, Involvement, and Self-Esteem on Youth Substance Use and Sexual Risk Taking

Christina Hamme Peterson¹, Trevor J. Buser¹, and Nancy G. Westburg¹

Abstract
A study of protective factors against substance use and sexual risk-taking was conducted among 610 high-poverty urban youth. Higher levels of family attachment, social support, involvement, and self-esteem were associated with lower levels of risk behaviors.

Keywords
sexual risk taking, drug and alcohol use, substance use, self-esteem, family attachment, social support, involvement

Adolescence is characterized, in part, by a tendency to engage in risky behaviors, including substance use and sexual risk taking. In fact, the Youth Risk Behavior Survey, a national biennial survey of youth conducted since 1991, has consistently reported that nearly half of U.S. high school students have tried cigarettes and over 70% have tried alcohol (Centers for Disease Control and Prevention [CDC], 2010). Although smaller in proportion, U.S. high school students also report across multiple national surveys illicit drug use including cocaine, heroin, methamphetamine, ecstasy, and prescription medications without a prescription (CDC, 2010; Johnston, O'Malley, Bachman, & Schulenberg, 2008; Substance Abuse and Mental Health Services Administration, 2009). In addition, substance use has often been associated with risky sexual behavior (Elkington, Bauermeister, & Zimmerman, 2010; Johnson, Brems, Wells, Theno, & Fisher, 2003; Mott, Fondell, Hu, Kowaleski-Jones, & Mangan, 1996; Trepka et al., 2008). Although the total number of adolescents engaging in sexual intercourse has significantly declined since 1991 (CDC, 2010), about half continue to report having had intercourse (Stevens & Griffin, 2001), with more than a third failing to use condoms and only 20% using birth control pills to prevent pregnancy (CDC, 2010).

Youth living in low-income communities are at particular risk for a number of sexual and substance use risk-taking indicators, including higher overall levels of substance use and sexual intercourse (Cubbin, Santelli, Brindis, & Braveman, 2005; Smart, Adlaf, & Walsh, 1994), higher levels of illicit drug use (Johnston et al., 2008), earlier age of sexual initiation and higher numbers of sex partners (Browning, Leventhal, & Brooks-Gunn, 2004; Mott et al., 1996; Tevendale, Lightfoot, & Slocum, 2009), and lower numbers of contraceptive use (Cubbin et al., 2005). This may be due in part to their exposure to heightened environmental stressors such as crime and incivilities, while simultaneously experiencing a dearth of resources to aid them in either escaping from or coping with these stressors. Moreover, as they do not have the same cognitive capacity as adults in the community and have not yet developed mature coping mechanisms, adolescents in low socioeconomic status (SES) areas may be at greater risk for maladaptive behaviors (Cauce, Felner, & Primavera, 1982; Chuang, Ennett, Bauman, & Foshee, 2005; Eamon, 2001; Gerard & Buehler, 1999; Wilson & Kastrinakis, 1994), which often manifest in the form of substance use or risky sexual behaviors.

Much research on the sources of these risky behaviors has focused on individual level negative characteristics such as sensation seeking (Crockett, Raffaelli, & Shen, 2006; Greene et al., 2000), aggressiveness (Arnett, 1996), egocentrism (Greene et al., 2000), and poor self-control (Crockett et al., 2006; Mauricio et al., 2009). Although negative attributes may heighten an individual’s risk for maladaptive behaviors, positive attributes may be protective mechanisms and serve as key facets upon which to intervene (Taylor, Karcher, Kelly, & Valescu, 2003). In fact, researchers have identified a relationship between self-esteem and youth risk behaviors (Longmore, Manning, Giordano, & Rudolph, 2004; Resnick et al., 1997; Tevendale et al., 2009), with higher levels of self-esteem associated with

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It has been argued, however, that self-esteem is just a mediating variable between the involvement of youths in positive school and community activities and their subsequent lower incidences of substance use and risky sexual behaviors (Baumeister, 2001). If Baumeister’s (2001) assertion is correct, then self-esteem is best understood as a derivative of adolescents’ actual accomplishments (e.g., successful engagement and leadership in community activities). Thus, researchers and practitioners have been encouraged to conceptualize self-esteem in the context of youths’ activities and accomplishments, rather than in isolation.

Hirschi’s (1969, 1977) theory of social bonds suggests that youths’ positive social ties to the community may also play a critical role in preventing delinquent behavior. He defines these social bonds as comprised, in part, of (a) attachment, or a youth’s strong feelings of affection and respect for members of positive reference groups including the family, teachers, and peers and (b) involvement, or the amount of time an individual invests in structured social and educational activities. According to Hirschi, adolescents with strong attachments to members of positive reference groups are less likely to engage in risky behaviors for fear of harming their valued relationships. Conversely, those without such attachments are less concerned about the behavioral expectations of others and the social impact of the violation of social norms. In addition, individuals who are actively involved in structured activities are less inclined to engage in risky behaviors because they have less time to do so and also have a fear of tarnishing their accomplishments. Those with less involvement, by contrast, have less to lose in terms of social bonds and activities and so are more likely to engage in risky behaviors.

Research has supported the notion that strong familial attachment reduces both substance use and risky sexual behaviors (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2007; Browning et al., 2004; Heinrich, Brookmeyer, Shrier, & Shahar, 2005; Resnick et al., 1997; Shears, Edwards, & Stanley, 2006) as does commitment to and involvement in structured community and school activities (Barnes et al., 2007; Buckhalt, Halpin, Noel, & Meadows, 1992; Taylor et al., 2003). Less well explored is the impact of attachment to nonfamily members of the community. Some research suggests that youth attachment to teachers may reduce risky behaviors, although this is often confounded with other indicators of school connectedness, such as attitude toward school or academic achievement (Resnick et al., 1997; Wiatrowski, Griswold, & Roberts, 1981). Hirschi’s (1969, 1977) theory postulates that attachment beyond family members will also serve as a deterrent to risky behaviors. In communities where fiscal resources are limited and families are exposed to inordinate amounts of environmental stressors, such external sources of social support may play a pivotal role in youth development.

Much of the research to date has focused on the direct effects of familial attachment, involvement, and self-esteem on substance use and sexual risk taking; however, the pathways through which these independent variables affect risky behaviors have not been explored, nor has the impact of social supports beyond the family. In the current study, the authors tested a mediational model of the protective effects of both familial attachment and social support from the community through involvement and self-esteem on substance use and risky sexual behaviors among low-income, minority adolescents. Our research question was: Do familial attachments and social support affect substance use and sexual risk taking directly and indirectly through involvement and self-esteem among low-income minority teens? Earlier findings of pathways between social bonds and delinquency suggested that familial attachment forms the foundation of the social bond and leads to involvement, which in turn reduces maladaptive behaviors (Wiatrowski et al., 1981). The model tested herein was informed by Hirschi’s (1969, 1977) theory of social bonds and had both familial attachment and social support from the community as its root, affecting involvement, self-esteem, and the dependent variables.

In addition, our model tests Baumeister’s (2001) proposal that self-esteem would be a mediator between youth involvement and substance use and risky sexual behaviors. Rather than positioning self-esteem as an exogenous variable in the model, we are investigating whether self-esteem functions as a mechanism through which adolescents’ positive achievements (e.g., successful engagement in the community and the development of strong social bonds) are related to reductions in risky behaviors.

## Method

### Procedures and Participants

Data were collected in 2006 as part of a comprehensive needs assessment to assist with the planning and implementation of a federal initiative to prevent substance abuse and sexual risk-taking behaviors among racial and ethnic minority youth in an urban community. The sample setting was selected because it is considered among the 30 poorest districts in this Northeastern locale and has among the highest rates for substance abuse and HIV/AIDS in the state. Eight high schools in the community participated. Health education classes in these high schools were randomly selected and the English language survey was administered after both student assent and signed parental consent were obtained by the school district. The sample consisted of 610 minority high school students (Grades 9–12). Demographics for the participants are presented in Table 1.

### Measures

Six variables in all were assessed to determine the relationships between hypothesized protective factors and adolescent high-risk behaviors. The protective factors were Social Bonds (comprised of Familial Attachment, Social Support, and Involvement) and Self-Esteem. Familial attachment and social support were entered into the model as exogenous variables. The high-
risk behavior outcome variables were Overall Drug and Alcohol Use and Risky Sexual Behaviors. The details of the measures are described below.

**Social bonds.** Familial attachment was measured via 6 items from the Family Relationship Characteristics Scale (Tolan, Gorman-Smith, Huesmann, & Zelli, 1997). The items measure the amount of time a family spends together, how close the family is, and communication among family members. Responses range from *Not True* (1) to *Always true* (5). Coefficient alpha with this sample was .75.

Social support, or attachment to members of the community, was measured via a condensed version of the social support scale of Cauce, Felner, and Primavera (1982). This scale consists of 8 items evaluating social support among adolescents from a variety of sources, including principals, teachers, and friends. Respondents were asked to indicate the level of helpfulness provided by each source, on a 5-point scale from *not at all helpful* to *very helpful*. Cronbach’s alpha with this sample was .80.

Involvement was measured via a 17-item participatory competence scale developed to assess youth self-reported leadership and social engagement behaviors in both school and community contexts (Holden, Evans, Hinnant, & Messeri, 2005; Peterson et al., 2006). Respondents were asked to indicate their level of agreement with statements such as “I am a leader in groups” and “I can usually organize people to get things done.” Responses are based on 5-point Likert-type scale ranging from *Strongly disagree* to *Strongly agree*. Cronbach’s alpha with this sample was .88.

**Self-esteem.** Ten survey items adapted from the abbreviated self-esteem scale of Kelley, Denny, and Young (1997) were used to measure self-esteem. Participants were asked to indicate their level of agreement with statements such as “Others think I’m fun to be with” and “I’m an important person in my classes.” Scale scores were the mean of the 10 items, with higher scores indicating greater self-esteem. Scale reliability with this sample was adequate (α = .74).

**Risky behaviors.** Overall Drug and Alcohol Use was assessed via 18 survey items adapted from the National Youth Risk Behavior Survey (CDC, 2004). Questions were aimed at determining the frequency of use currently and in the lifetime. The specified drugs included cigarettes, chewing tobacco, cigars, alcohol, marijuana, cocaine, inhalants, methamphetamines, heroin, ecstasy, illegal drugs through injection, and steroids without a prescription. Scale scores were the mean of responses on the 18 items, with higher scores indicating greater frequency of use. Cronbach’s alpha for this sample was .96.

Risky sexual behaviors were assessed via 7 items from the National Youth Risk Behavior Survey (CDC, 2004), which targets high school aged adolescents (α = .76). Scale scores were the mean of responses on the 7 items, with higher scores indicating greater frequency of risky behaviors. Several factors are taken into account, including prevalence of sexual intercourse, number of sexual partners, contraceptive use, and the age at which such behavior began.

### Results

The percentage of respondents reporting engaging in various risky behaviors is reported in Table 2. In this sample, about 50% of participants reported lifetime alcohol use, with illicit drug use reported by about 10% for each of the illicit drugs. In addition, 48% of participants reported having had intercourse, with 17% of those sexual active respondents having had 4 or more partners and less than 7% using the birth control pill.

To test the interrelationships and paths between the variables, we performed a structural equation modeling (SEM) procedure using AMOS 16.1 (Arbuckle, 1997). The variance–covariance matrix was analyzed with maximum likelihood estimation. Figure 1 presents the overidentified model, which shows path

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### Table 1. Demographic Characteristics of the Participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>209</td>
<td>34.5</td>
</tr>
<tr>
<td>Female</td>
<td>396</td>
<td>65.5</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>14</td>
<td>81</td>
<td>13.4</td>
</tr>
<tr>
<td>15</td>
<td>163</td>
<td>26.9</td>
</tr>
<tr>
<td>16</td>
<td>165</td>
<td>27.3</td>
</tr>
<tr>
<td>17 or older</td>
<td>191</td>
<td>31.6</td>
</tr>
<tr>
<td>Free and reduced lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>427</td>
<td>72.6</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>191</td>
<td>31.6</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>175</td>
<td>29.0</td>
</tr>
<tr>
<td>Asian</td>
<td>70</td>
<td>11.5</td>
</tr>
<tr>
<td>Native American</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>Other, non-White</td>
<td>164</td>
<td>27.2</td>
</tr>
</tbody>
</table>

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### Table 2. Percentage of Participants Reporting Risky Behaviors

<table>
<thead>
<tr>
<th>Risky Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime drug and alcohol use</td>
<td>29.4</td>
</tr>
<tr>
<td>Smoked cigarettes</td>
<td></td>
</tr>
<tr>
<td>Drank alcohol</td>
<td>48.6</td>
</tr>
<tr>
<td>Used cocaine</td>
<td>9.8</td>
</tr>
<tr>
<td>Used heroin</td>
<td>11.3</td>
</tr>
<tr>
<td>Used methamphetamines</td>
<td>10.2</td>
</tr>
<tr>
<td>Used ecstasy</td>
<td>10.8</td>
</tr>
<tr>
<td>Used steroids without a prescription</td>
<td>10.1</td>
</tr>
<tr>
<td>Risky sexual behavior</td>
<td></td>
</tr>
<tr>
<td>Had intercourse</td>
<td>48.4</td>
</tr>
<tr>
<td>First intercourse before the age of 13</td>
<td>7.3</td>
</tr>
<tr>
<td>Had four or more partners during a lifetime</td>
<td>16.5</td>
</tr>
<tr>
<td>Of those who had had intercourse</td>
<td></td>
</tr>
<tr>
<td>Used birth control pill during last intercourse</td>
<td>7.0</td>
</tr>
<tr>
<td>Used alcohol/drugs before having sex last time</td>
<td>25.7</td>
</tr>
</tbody>
</table>

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To test the interrelationships and paths between the variables, we performed a structural equation modeling (SEM) procedure using AMOS 16.1 (Arbuckle, 1997). The variance–covariance matrix was analyzed with maximum likelihood estimation. Figure 1 presents the overidentified model, which shows path relationship among the variables.
coefficients for only the statistically significant standardized beta weights. The chi-square value, \( \chi^2(5) = 5.03 \), was not significant and the other model fit indices indicated good model-to-data fit. These included the root mean squared error of approximation (RMSEA), the Tucker-Lewis Index (TLI), and the Comparative Fit Index (CFI). Following the suggested criteria of \( > .95 \) for CFI and TLI and \( < .06 \) for RMSEA (Hu & Bentler, 1999), our SEM results indicated that the hypothesized model provided a good fit to the data from the sample in our study (TLI = 1.00, CFI = 1.00, RMSEA = .00). This model accounted for 31\% of the variance in sexual risk taking and 13\% of the variance in substance use and is presented in Figure 1.

Several variables had a direct relationship with the risky behavior of drug and alcohol use. As expected and as found in previous research, self-esteem had a direct, negative effect on drug and alcohol use (\( \beta = -.23, p < .05 \)). Involvement also had a direct negative effect on drug and alcohol use (\( \beta = -.13, p < .05 \)). Similarly, familial attachment was found to stand in a direct, negative relationship with drug and alcohol use (\( \beta = -.11, p < .05 \)). These findings suggest that increases in community involvement, self-esteem, and familial attachment were associated with reductions in drug and alcohol use. Social support did not relate directly to drug and alcohol use in this path model.

The indirect pathways of the model also suggested that several variables mediated the relationships between other variables. Self-esteem appears to be a mediator between involvement and drug and alcohol use, such that individuals with higher levels of involvement had higher levels of self-esteem and, consequently, lower levels of drug and alcohol use. Likewise, self-esteem functioned as a mediator in the relationship between familial attachment and drug and alcohol use, with higher levels of familial attachment associated with higher self-esteem, which was, in turn, related to reduced use of drugs and alcohol.

Additionally, social support from the community affected drug and alcohol use indirectly through involvement and self-esteem. That is, as social bonds increased, so did youth participation and self-esteem. These improvements in self-esteem and involvement, in turn, were related to reduced use of alcohol and drugs. This was consistent with Hirschi’s theory that individuals with greater social bonds would be less likely to engage in maladaptive and risky behaviors.

As can be seen in Figure 1, none of the protective factors directly affected risky sexual behaviors but instead influenced sexual risk taking indirectly through drug and alcohol use. Drug and alcohol use had a strong positive effect on sexual risk taking (\( \beta = .55, p < .05 \)), such that youths who reported higher levels of drug and alcohol use also reported higher levels of sexual risk taking.

**Discussion**

This study sought to examine the mediational roles of involvement and self-esteem between familial attachment and social support from the community on one hand and risky behaviors (viz., substance use and sexual risk taking) on the other. A sample composed of youths from a high-poverty urban setting was recruited for participation, given that research shows that adolescents from low SES backgrounds are at particular risk for substance use and unsafe sexual behaviors (Browning et al.,

![Figure 1. Path model depicting the relationship between protective factors and risky behaviors.](image-url)
and other illicit drug use each reported by about 10% of respondents, about half reporting having had sexual intercourse, 16.5% reporting 4 or more partners, and 84% of the sexually active respondents reporting engagement in sexual activity without the use of birth control pills.

The path model tested in this study was informed by Hirschi’s (1969, 1977) theory of social bonds. Hirschi postulated that adolescents with high levels of community involvement and strong attachments (including attachments to both family and community members) would be less likely to engage in risky behaviors, for fear of destabilizing valued relationships and activities. The findings of this study were consistent with these theoretical conjectures, such that adolescents with high involvement in community activities and strong attachments to the family made less frequent use of tobacco, illicit drugs, and alcohol, compared to adolescents with low levels of community involvement and weaker attachments in the family. These results correspond well with previous studies, which have reported lower levels of substance use among adolescents with supportive family environments and community involvement (Buckhalt et al., 1992; Chuang et al., 2005; Neighbors, Clark, Donovan, & Brody, 2000; Shears et al., 2006).

This study goes beyond previous findings to test Hirschi’s (1969, 1977) postulation that attachment to community members would also serve as a protective factor and to test for the mediational role of involvement and self-esteem between attachment indicators and risky behaviors. Results demonstrate a clear mediational impact of involvement and self-esteem on family attachment and social support from other members of the community. Attachment to family and social support form the root of the participants’ social bonds, with familial attachment directly affecting substance use, and both affecting substance use indirectly via increased involvement. Consistent with Baumeister’s (2001) view, self-esteem also functioned as a mediating variable between the protective factors and substance use. Individuals with strong attachments to the family, strong social support from the community and higher levels of community involvement had higher levels of self-esteem and, consequently, lower levels of substance use. These results align with Baumeister’s (2001) assertion that self-esteem is facilitated by adolescents’ actual accomplishments, such as the development of supportive social bonds and the successful engagement in community activities. In particular, the path analysis suggested that community involvement was strongly linked with self-esteem, which was, in turn, tied to reductions in substance use.

Finally, the unexpected finding of this study concerned the lack of a direct impact of any of the protective factors on sexual risk taking. Consistent with previous research, there was a strong, positive relationship between substance use and sexual risk taking (e.g., Trepka et al., 2008); however, familial attachment, social support, involvement, and self-esteem all affected sexual risk taking only indirectly through substance use. These findings suggest that the protective factors bear a relationship to sexual risk taking because youth with strong attachments, involvement, and self-esteem are less likely to use substances. This gives an indication of the important role that substance use plays in sexual risk-taking behaviors, an impact that was also recently reported in a study of psychological distress on HIV risk behaviors among youth. In that study, Elkington, Bauermeister, and Zimmerman (2010) found that substance use fully mediated the relationship between psychological distress and intercourse frequency and condom use. Given the role of substance use as a mediator between both protective and risk factors and sexual risk taking, prevention and treatment programs for substance use among adolescents may be critical to reducing risky sexual behaviors.

**Limitations of the Study**

The study was limited in a number of ways. First, the internal validity of the study was weakened by the cross-sectional research design. Given that all data were collected at one point in time, it was not possible to establish the temporal precedence of the predictor variables (community involvement, self-esteem, familial and community attachments) relative to the outcome variables of the study (substance use and sexual risk taking). Thus, the current investigation was not designed to assess causal relationships between the variables. One possible explanation of the results, for example, is that substance use leads adolescents to hide behaviors from parental figures, which in turn compromises the support and intimacy of these relationships. To test such alternate explanations, it is recommended that future studies implement longitudinal research designs, which measure predictor variables prior to outcome variables.

Second, external validity may have been threatened due to the demographic composition of the sample. Although the aim of this study was to investigate the relationship of these variables with youth in low SES communities and the geographic location was deliberately selected as one in which high-poverty youth resided, the majority of participants were either African American or Hispanic and none were Caucasian. Research has found distinct differences among ethnic groups in substance use and sexual behaviors. In particular, White youth drink more regularly and binge drink more than non-Whites (Barnes et al., 2007; Song et al., 2009), and Whites have fewer sexual partners than non-Whites (Barnes et al., 2007; CDC, 2010). These differences in outcome behaviors may stem from differing exposure and/or responses to the protective factors explored herein. Additional research with this model should be conducted with Caucasian youth to determine generalizability.

**Practical Implications**

**Assessment.** Historically, the literature on substance use has focused on negative risk factors at various levels, including the levels of individual, family, and social network (Taylor et al., 2003). For example, Clark and Winters (2002) recommended...
that assessments of substance use include inquiries into familial risk factors (e.g., alcohol-dependent parent), in addition to the typical analysis of individual-level risk factors, such as the number and types of substances used, the age of onset of use, and other psychological symptoms.

Notwithstanding the field’s emphasis on risk factors, many practitioners and authors recognize the value of positive, or protective, factors, as well. Indeed, Schwartz and Smith (2003) noted that a chief purpose of substance abuse assessment with adolescents is to “identify specific strengths that the adolescent can use to cope with and lessen substance abuse” (p. 26). Findings of the current investigation shed light on particular examples of such strengths and environmental resources, which may be beneficial for counselors to track. Family attachments, social support from other community members, and community involvement appear to be factors that inhibit youth from engaging in risk behaviors. In working with risk-taking adolescents, counselors are advised to include attention to these protective factors in their ongoing assessments and to consider the existence of such factors as a strength from which to build or their nonexistence as an area for potential intervention. Such a line of assessment may include both informal methods (client self-report, behavioral observations, reports by significant others, e.g., parents) and formal assessment tools designed to tap these areas (e.g., the Exposure to Abusive and Supportive Environments Parenting Inventory, which measures both negative/abusive and positive/supportive parenting behaviors; Nicholas & Bieber, 1997).

Prevention and intervention. Higher levels of family attach-
ments, social support, youth involvement, and self-esteem are associated with lower levels of substance use and risky sexual behaviors. Because family attachment and social support form the root of the model and affect the mediating variables of involvement and self-esteem, interventions targeting these characteristics may be particularly advantageous.

In this study, family attachments related directly to sub-
stance use as well as indirectly to sexual risk taking. Counselors are advised, therefore, to pay careful attention to protective features of family relationships and to design interventions accordingly. One example of this type of treatment approach for adolescents was offered by Blake, Simkin, Ledsky, Perkins, and Calabrese (2001). These authors designed an intervention for enhancing the quality and quantity of parent–child communication about risky behaviors. Part of the intervention involved five homework assignments, which facilitated parent–child discussions about issues of sexuality, sexual behavior, media messages, and resisting peer pressure. Importantly, the intervention led to significant increases in students’ perceived ability to refuse sexually risky behaviors and could be easily adapted for substance use prevention.

Social support from other members of the community also had an indirect impact on youth risk-taking behaviors through its relationship with youth involvement. In their evaluation of the Statewide Youth Movement against Tobacco Use program, Holden, Messeri, Evans, Crankshaw, and Ben-Davies (2004) reported that adult involvement in youth groups was a critical factor in the successful involvement of those youth. Adolescents in that study reported that not all adult involvement was viewed as supportive, however, and that key attributes of adults in social support roles include listening to youths, being open to new or innovative ideas, and providing an atmosphere of respect. Counselors are encouraged to aid young clients in seeking sources of support from the community that meet the relevant attributes. Interventions could include working with the adults involved to help them develop the respectful listening skills that seem to be sought by adolescents. It could be argued, on the basis of the current study, that such prevention programs are valuable not only for their impact on substance use but also for their potential influence in reducing sexual risk taking.

Research Implications

Implications for future research are twofold: first, they may include an exploration of the findings by ethnic group. Research indicates that ethnic groups differ in the type and extent of their engagement in risky behaviors. This sample did not include Caucasians and was comprised of about one third African Americans, one third Hispanics, and one third other minority groups. It would be interesting to determine whether the protective effects of the factors explored herein hold true for Caucasians and differ for some of the subgroups within this sample.

Second, there has been limited attention to the protective factors that affect adolescents’ decisions to engage in risky behaviors. This study identified attachment, involvement, and self-esteem, which are linked with reductions in substance use and sexual risk taking. Future research may profitably explore additional protective factors, which position adolescents to resist engagement in dangerous behaviors. In particular, one promising line of research pertains to the belief systems of adolescents, such as their level of hope.

Hope refers to a future-oriented cognitive construct that involves setting meaningful, attainable goals, making wise choices and plans to reach these goals, and sustaining motivation to “keep on going when the going gets tough” (Snyder, 1991, p. 18). This hopeful mind-set is related to other protective factors that reduce self-destructive behaviors studied in the current investigation, with higher levels of hope (when compared to lower levels of hope) correlated to higher levels of self-esteem, stronger family attachments and social support networks, more successful participation in meaningful activities, and a higher capacity to transform self and communities (Snyder, 1994).

In high-poverty neighborhoods, hopelessness and isolation are common (Foster-Fishman, Pierce, & Van Egeren, 2009) leading to apathy and despair (Snyder, 1994). Under these conditions, individuals may not have motivation to implement life-improving action and the capacity to foster positive social support systems. This may be a barrier to participating in prevention and treatments that can reduce risky drug use and
sexual activity. Future research, therefore, should include attention to hopeful cognitive variables that contribute to reductions in risky behaviors and facilitate the development of protective factors such as strong social bonds.

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