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Fax 520-621-3401
Tel. 520-621-7127
Tucson, AZ 85721 USA
Family and Consumer Resources Bldg
Family Studies
University of Arizona

after 1 December:

Send correspondence to:

Jennifer Maggs

University of Arizona
Bonnie L. Barber
University of Michigan
Jacqueline S. Eccles
Pamela M. Froom
Jennifer L. Maggs

IS RISK TAKING MORE DANGEROUS FOR SOME THAN OTHERS?

Psychosocial Resources, Adolescent Risk Behavior

(To Press)
Psychosocial Resources, Adolescent Risk Behaviour and Young Adult Adjustment: Is Risk Taking More Dangerous For Some Than Others?

Abstract

Longitudinal analyses examined the extent to which adolescent alcohol use, illegal drug use, and antisocial behaviour predicted adjustment and risk behaviour during young adulthood, and whether psychosocial resources buffered the impact of risk taking. American adolescents completed questionnaires in Grade 12 and 2 years later (n=694). Personal and social resources predicted success in occupational, relational, and health domains. High school risk behaviours predicted decreased success in relational domains, and alcohol use predicted higher educational attainment, independent of the relations with psychosocial resources. Interactions of resources with risk behaviours predicting adjustment were inconsistent, but resources predicted decreased risk behaviours in young adulthood among adolescent risk takers. Discussion focuses on the value of and challenges to research on consequences of adolescent risk taking.

A major motivation for the intense public and scientific interest in adolescent risk behaviours is the firmly-held belief that behaviours such as substance use and delinquency have ubiquitous, catastrophic consequences (Maggs and Hurrelmann, 1994; Newcomb and Bentler, 1987). However, in contrast to a well-established research tradition examining biopsychosocial antecedents of adolescent risk taking (for reviews see Arnett, 1992; Hawkins et al., 1986; Moffitt, 1993; Petrakis et al., 1995), relatively little theory or empirical work has focused on the short- and long-term psychosocial consequences of such behaviours (Kandel et al., 1986; Newcomb and Bentler, 1988). This leads to the question of what the consequences of so-called risk behaviours really are, and who is most likely to suffer from them.

Dryfoos (1990) catalogues a wide range of possible negative consequences of substance abuse and delinquency, including short- and long-term impairments in the domains of physical and psychological well-being, relationships, achievement, and employment. In contrast, developmental scientists have also argued that risk behaviours serve constructive functions in adolescents' lives, such as fostering bonds with friends, exploring personal identity, and expressing autonomy (e.g., Jessor, 1987; Maggs, in press; Silbereisen and Noack, 1988). Prevalence rates compound this paradox: the majority of adolescents engage in some minor delinquency and experiment with alcohol and binge drinking, but most do not die, get arrested, or become drug addicts (Baumrind, 1985; Elliott et al., 1989; Maggs et al., 1995; Shedler and Block, 1990). Rather, most grow up to be healthy, adjusted adults. Neither logical probabilities of what might happen nor retrospective data concerning the earlier misconduct of drug addicts, felons, or accident victims provide reliable information about the actual consequences of various risky behaviours in the absence of data from individuals who also misbehaved, but were fortunate enough to not suffer any harmful effects (Newcomb and Bentler, 1988b).

How risky is adolescent risk behaviour? And how do some adolescents avoid potential ill effects? The present study uses longitudinal data to address this issue. We assess the extent to which adolescent risk behaviours predict adjustment and continued risk taking in young adulthood, as well as whether psychosocial resources buffer any impact of earlier risk behaviour. Before reviewing research addressing consequences of adolescent risk behaviour, we first discuss normative
developmental transitions of young adulthood as well as potential personal and social resources that may serve as protective, health-enhancing factors during these transitions.

**Young Adult Development**

The passage from adolescence to adulthood involves major transitions in many domains of life, during which diversity in life pathways greatly increases (Sherrod et al., 1993). The sociocultural context shapes the normative tasks of adolescence and early adulthood, but there is also great interindividual variability in the timing, sequence, and even existence of these experiences (Arnett and Taber, 1994; Havighurst, 1972; Hogan and Astone, 1986; Marini, 1985). In Western societies, developmental transitions of this period include finishing or pursuing higher-level formal education, developing enduring romantic attachments, and forming adult relationships with family and peers (Havighurst, 1972; Schulenberg et al., in press-a). Decisions, experiences, and accomplishments during these years point individuals in many different directions, making this period a powerful prism through which life trajectories reflect and re-direct (Eccles and Barber, 1990, 1995; Schulenberg et al., in press-b).

In the present study, we examine adjustment during the transition to young adulthood in three domains: education, relationships, and well-being. We examine the extent to which risk behaviours during late adolescence predict subsequent adjustment in these domains as individuals begin the young adult years. In other words, does adolescent risk behaviour jeopardise development?

**Consequences of Adolescent Risk Behaviours**

A growing literature is beginning to use prospective data following adolescents into young adulthood to examine consequences of substance use. Adolescent substance use in general, as well as the specific use of cigarettes, marijuana, and other illegal drugs, is predictive of engagement in young adult roles and living arrangements. For example, Newcomb and Bentler (1985) observed that adolescents who used these substances (but not alcohol) tended to make earlier transitions to adult social roles (e.g., marriage, employment) and were less likely to attend post-secondary education or join the military. Adolescent alcohol use was not predictive of role involvement with one exception: those who drank earlier were more likely to be cohabiting as young adults (Newcomb and Bentler, 1985). Kandel and colleagues observed similar effects, with adolescents who used illegal drugs having a greater likelihood of dropping out of high school (Mensch and Kandel, 1988), cohabiting (Yamaguchi and Kandel, 1988), and divorcing (Kandel et al., 1986). Newcomb and Bentler (1987, 1988) argued that these earlier transitions to adult roles represent precocious development, which may have costs later in life. For example, individuals who begin working immediately after high school forego the educational and other benefits of a university education (W.T. Grant, 1988). Chassin et al. (1992) demonstrated that the effect of adolescent smoking on transitions to and success in young adult social roles was influenced by adoption of the transitional student role.

Adolescent risk behaviour may also affect adjustment and well-being. Longitudinal studies have shown that adolescent substance use predicts increased physical health problems, higher levels of emotional distress, increased family problems, and, among women, an increased risk for divorce in young adulthood (Hansell and White, 1991; Newcomb and Bentler, 1988, 1994). Kandel and Yamaguchi (1987) demonstrated that drug use predicted higher job turnover during young adulthood, although this effect was explained largely by selection. Cigarettes, marijuana, and other illegal substances appear to have similar effects, predicting increased health problems, health service utilisation, breathing difficulties, emotional distress, psychosomatic complaints, and depression (Brunswick and Messeri, 1985; Hansell and White, 1991; Kandel et al., 1986; Newcomb and Bentler, 1987, 1988), as well as increased problems with interpersonal relationships and decreases in social relations (Newcomb and Bentler, 1988). Moderate alcohol use, on the other hand, seems to have little adverse effect on physical, psychological, or social adjustment (Hansell and White, 1991; Jessor et al., 1991; Kandel et al., 1986). On the contrary, several studies have observed beneficial impacts of alcohol use: specifically, decreases in health restrictions on work activities (Kandel et al., 1986), family problems, loneliness, and self-derogation (Newcomb and Bentler, 1988).

It should be noted that all the relationships reported, both beneficial and deleterious, were relatively small in size (e.g., less than 3% explained variance). Other studies have found no reliable consequences, whether negative or positive, of adolescent substance use on young adult outcomes, except that individuals who engaged in more risk behaviour during their adolescence were more likely to use illegal drugs and drive after drinking during young adulthood (Jessor et al., 1991; Kandel et al., 1987; Miranne, 1979; Power and Estauh, 1990). Jessor et al. (1991) concluded that in their samples, followed for more than a decade,
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Academic use, illegal drug use, and antisocial behavior: The recent and addressed this issue by focusing on specific drug use, and anti-social behavior in the context of academic achievement. The study examined the relationship between various factors, such as academic performance, drug use, and social behavior, and how these factors interact with each other. The study found that academic performance and drug use were significantly correlated, with higher levels of drug use associated with lower academic performance. The study also highlighted the importance of understanding the complex interplay between these factors in order to develop effective interventions. Further research is needed to explore the underlying mechanisms and develop targeted strategies for prevention and intervention.
Research Questions

Given the relative paucity of evidence documenting consistent or sizeable consequences of adolescent risk behaviour for young adult adjustment, the present study examined whether social and personal resources predicted adjustment, both as a main effect and in interaction with risk behaviour. The analyses were guided by the following research questions:

1. Do social and personal resources predict young adult adjustment?
2. Do adolescent risk behaviours independently predict adjustment (Additive effects)?
3. Are risk behaviours more harmful for some than for others? In other words, do personal and social resources buffer any impact of risk behaviours (Interactive/Moderating effects)?
4. Do these relationships differ by domain of risk behaviour?

Method

Sample and Procedure

The data presented in this paper were drawn from the Michigan Study of Adolescent Life Transitions (MSALT; Eccles and Barber, 1990). MSALT began in 1983, when participants were attending the sixth grade of school in ten school districts in southeastern Michigan, USA. The sample represents a broad range of socio-economic and educational levels, drawn from generally middle- and working-class, white, small urban/suburban communities (see Eccles et al., 1989; Eccles et al., 1993). Data presented in the present paper were collected at the end of adolescents’ twelfth year of school (last year of secondary school; Time 1; mean age = 17.79 years, SD = .46) and two years after the end of secondary school (Time 2). Personal resources, social resources, and adolescent risk behaviours were assessed at Time 1; young adult adjustment and risk behaviour were measured at Time 2. At Time 1, adolescents completed self-administered questionnaires in their school auditorium or cafeteria. Students who had left school (dropped out) or were absent completed questionnaires by post. At Time 2, all questionnaires were distributed and returned by post. Complete data for the present analyses were obtained for a core sample of 693 participants. Because the sample was relatively homogeneous with respect to ethnicity (79% European-American, 3% African American, 4% other, and 14% missing), ethnic differences were not examined.

Measures

The self-report measures represent five domains: (a) social resources; (b) personal resources; (c) high school risk behaviour; (d) young adult adjustment; and (e) young adult risk behaviour.

Social Resources

Socio-economic index. The Nakao and Treas (1992; cited in Entwistle and Astone, 1994) index of occupational prestige was used to indicate the socioeconomic status of the adolescents’ families. Status scores can range from 0 to 100. Because many adolescents do not co-reside with their fathers, and because fathers tend to have higher socioeconomic status that mothers (making scores from parents difficult to equate), mothers’ jobs were coded and used as a proxy for the family status. The mean SEI score was 48.69 (SD = 17.28; range = 21.21 to 92.30). Sample occupations and scores are legal assistant (57.12) and secretary (38.40).

Mother’s education. An eight-level ordinal item measured adolescents' mothers' level of education as reported by mothers during a previous wave of data collection. Possible levels were grade school, some high school, high school graduate, some college or technical school, college graduate, some graduate school, masters degree, and Ph.D. or professional degree (coded 1 through 8). The average was 3.23 (SD = 1.28). Parental education has been described as human capital, which refers to the nonmaterial resources that parents provide for their children, such as helping them with their homework or instilling them with high educational aspirations (Entwistle & Astone, 1994). Mothers’ responses were used due to more complete data and greater variability relative to fathers’, as well as high correlations between parents' levels of education.

Parental support. A 22-item scale measured parental supportiveness. Possible responses to items such as “My parents praise me for doing well” and “Family members are supportive of each other during difficult times” ranged from 1 = strongly disagree to 7 = strongly agree. The instrument demonstrated high internal consistency, Cronbach’s alpha (α) = .93.

Personal Resources

Well-being. Adolescents’ psychological adjustment was measured by a seven-item scale (α = .80). Sample items were “How often do you feel unhappy, sad, or depressed” (reverse coded) and “How often do you
Risk Behavior and Young Adult Admissions
two blocks as in Step 1. Deviation scores were used to reduce multicollinearity (Aiken and West, 1993).

Levels of Adolescent Risk Behaviour

Although the primary focus of the paper was not on average levels of risk behaviour or adjustment, it is important to document that the adolescent participants did engage in normative levels of these behaviours to permit an adequate test of the research questions. The mean levels (on seven-point scales) of these behaviours at Time 1 were as follows: (a) Alcohol Use, mean = 3.87, SD = 2.25; (b) Drug Use, mean = 1.39, SD = .82; and (c) Antisocial Behaviour, mean = 1.41, SD = .61. To describe these behaviours more concretely, more than three-quarters of participants reported getting drunk at least once in the preceding six months, one third had contact with the police for something they had done, one quarter shoplifted and/or damaged other people’s property, almost one quarter reported using marijuana or hash, and one eighth carried a weapon.

Correlations of Adolescent Resources and Risk Behaviours with Young Adult Adjustment and Risk Behaviour

Table 1 presents the intercorrelations of the high school predictor variables with young adult adjustment and risk behaviour. To summarise briefly, adolescents who had higher high school grades and well-being and who came from higher socioeconomic and more educated families had completed more years of education by age 20. Those with more supportive parents reported higher friend support, romantic relationship satisfaction, and well-being. Psychological adjustment in adolescence was predictive of all the young adult variables with the exception of alcohol use. With respect to the high school risk behaviours, alcohol use predicted an increased likelihood of being involved in a negative relationship, and illegal drug use and antisocial behaviour predicted less positive relationships with friends and romantic partners.

Predicting Young Adult Adjustment

Table 2 presents the results of the multiple regression analyses predicting young adult adjustment. As mentioned above, Step 1 entered social and personal resources as two blocks of predictors simultaneously, thus the $R^2$ associated with each block in Table 2 represents the percentage of variance explained by the unique contribution of that block of predictors, independent of the other block. Social resources made a significant unique contribution to the prediction of education level, friend support, and physical health. Individuals whose parents were more supportive had completed more years of education by age 20 ($\beta = .07$, $p < .05$) and had higher friend support ($\beta = .13$, $p < .001$), independent of the relationships of the other resource variables with these outcomes. Mothers’ education was a positive predictor of physical health ($\beta = .10$, $p < .05$). Personal resources were independently related to all six young adult adjustment variables. Independent of the other predictors, females (coded 1) relative to males (coded 2) had completed more years of education ($\beta = -.12$, $p < .001$), were more satisfied with their romantic relationships ($\beta = -.22$, $p < .001$), had less negative romantic relationships ($\beta = .14$, $p < .01$), and reported higher friend support ($\beta = -.23$, $p < .001$). Males reported a higher level of physical health ($\beta = .19$, $p < .001$). High school GPA was related to having completed more years of education ($\beta = .45$, $p < .001$), greater friend support ($\beta = .11$, $p < .01$), higher well-being ($\beta = .07$, $p < .05$), and greater physical health ($\beta = .11$, $p < .01$). Adolescents with higher psychological well-being at the end of high school were more satisfied with their romantic relationships ($\beta = .17$, $p < .001$), involved in less negative relationships ($\beta = -.16$, $p < .001$), had more friend support ($\beta = .11$, $p < .01$), had higher well-being ($\beta = .58$, $p < .001$), and reported greater physical health ($\beta = .25$, $p < .001$) in young adulthood.

At Step 2, five significant effects each explained an additional 1% to 2% of the variance in the young adult adjustment outcomes. Above and beyond the impact of social and personal resources, individuals who drank more alcohol during high school had completed more years of education by age 20 ($\beta = .15$, $p < .001$). In addition, higher levels of adolescent alcohol use ($\beta = .13$, $p < .001$), drug use ($\beta = .09$, $p < .05$), and antisocial behaviour ($\beta = -.17$, $p < .001$) predicted being involved in more negative romantic relationships, and high school drug use predicted being less satisfied with romantic relationships ($\beta = -.10$, $p < .05$).

The third steps added the interactions of the social and personal resource variables with each of the three risk behaviours. Across 36
Discussion

Table 3. About here.

The results also provided limited support for the second research question regarding the effectiveness of social support interventions. Individuals who began the intervention with a predicted risk of dropout were more likely to stay in school and complete high school. However, the effectiveness of these interventions was limited, as evidenced by the significant decrease in the predicted risk of dropout among those who participated in the intervention. Further research is needed to identify the most effective strategies for promoting social support and reducing the risk of dropout.
Whereas some previous research has demonstrated a social facilitating function of substance use (particularly alcohol) on social relationships (e.g., Maggs and Hurrelmann, 1995; Maggs et al., 1995; Newcomb, 1994; Newcomb & Bentler, 1988a), the current results suggest the opposite. These apparently contradictory results could be explained by selection: individuals who have high levels of extroversion, openness to experience, or sensation seeking may participate boldly in all available social opportunities, including experimenting with substances and becoming involved less discriminately with available partners. Such confident, non-cautious behaviour will have benefits (e.g., more friends, more popularity) but may also have costs (e.g., not all partners have equally positive qualities). In addition, socialisation might also play a role: different social groups (e.g., substance users vs. non-users) might have different standards for acceptable behaviours within relationships, thus influencing individuals' likelihood of remaining in a negative relationship. In contrast to these negative outcomes predicted by prior risk taking, net of the effects of the psychosocial resource variables, adolescents who drank more alcohol during high school also tended to pursue more years of higher education (see also Eccles and Barber, 1995). This is clearly an attainment most educators and researchers would interpret as positive and healthy. Finally, none of the risk behaviours appeared to have a direct impact on young adults' subjective physical health or psychological well-being.

Social and personal resources did not appear to moderate the effects of risk behaviour on young adult adjustment (Question 3). In other words, although individuals who had higher status socioeconomic backgrounds, parental support, adjustment, and GPAs tended to experience greater adjustment in young adulthood (main effects), these individuals did not differ in the consequences they experienced as a result of their adolescent risk taking behaviours compared to individuals with fewer resources (interactions). However, when young adult risk behaviour was the outcome of interest, adolescents with greater social and personal resources significantly (negatively) predicted young adult levels of illegal drug use and antisocial behaviour only for those adolescents who had engaged in those behaviours previously. In other words, adolescents who were low in these risk behaviours in high school remained low, and those who were previously high in these activities were less likely to continue if they had greater personal and social resources.

With respect to the fourth research question, the present results provide some support for the argument that it is important to consider multiple domains in the study of consequences of risk taking (Maggs and Hurrelmann, 1994; Newcomb and Bentler, 1988a). In the few cases where illegal drug use and antisocial behaviour predicted young adult adjustment, the relationships were in the direction that higher risk behaviour predicted lower subsequent adjustment. However, drinking in high school was associated with completing more years of education than expected according to the other background variables. This finding is consistent with the fact that post-secondary students drink more than their same-aged peers not attending college or university, and can be interpreted as anticipatory socialisation.

Despite this set of significant findings, it is important to note that the majority of tests did not evidence significant predictive relationships from high school risk behaviour to young adult adjustment. This pattern of results is generally consistent with those observed by other researchers, who have typically either found small deleterious effects of drug use and general risk behaviour and small positive effects of alcohol use (e.g., Hansell and White, 1991; Kandel et al., 1986; Kandel and Yamaguchi, 1987; Newcomb, 1994; Newcomb and Bentler, 1988), or observed no apparent effects at all (e.g., Jessar et al., 1991; Kandel et al., 1987; Power and Eastaugh, 1990). The predictive relationships observed were small in size and inconsistent, as has been the case in past research.

The results should be interpreted in light of several characteristics of the sample and measures. Participants in this longitudinal study were recruited from small urban and suburban communities in the American midwest. Although a wide range of socioeconomic levels were represented, the sample was relatively homogeneous with respect to ethnicity and cultural background; future studies should examine these research questions further in samples differing both sub- and cross-culturally. The results may also have differed if other adolescent resources or young adult adjustment constructs were assessed, such as success in employment settings or popularity in college. A particular weakness in the present study is the use of a single item to assess participants' subjective rating of their overall physical health. The use of a standardised multi-item physical symptoms checklist might have yielded more conclusive findings.
be distributed wisely.

so that appropriate priorities can be established and scarce resources can
be directed towards those who suffer the least but who are the

fewest. Focus on the prevention of communicable diseases, achievement of
nutritional and health goals for all, improvement of health outcomes of
all, and the promotion of healthy lifestyles, to ensure that all groups
are included in the development process. This focus on prevention and
health promotion can be achieved through a comprehensive approach
that addresses the social, economic, and environmental determinants
of health. In this way, we can work towards achieving health equity and
cutting across all different sectors of society.

The need for a comprehensive approach to achieving health equity is

A

In order to achieve health equity, it is important to

achieve a balance between prevention and treatment. Prevention
Strategies can help to reduce the risk of disease and illness, while
treatment strategies can help to address the needs of those who
are already ill. It is important to use a combination of both
prevention and treatment strategies in order to achieve health equity.

Challenges to Conceiving Health Equity

10

RISK BEHAVIOR AND YOUTH AUDIENCE
References


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Recent Review. 100. 67-70.


Notes

1 The issue of differential attrition was examined by comparing adolescents for whom we had data at both Time 1 and 2 with those for whom only data at Time 1 were available. *T*-tests contrasting these two groups' scores on all the predictor variables showed that individuals who also completed surveys at the Time 2 follow-up had higher SEI and mother education scores, achieved a higher high school GPA, were more likely to be female, and reported lower psychological well-being at Time 1. They did not differ in levels of parental support. In terms of their levels of risk behaviour, those who remained in the study had higher high school alcohol use scores and lower antisocial behaviour, but did not differ in their levels of drug use.

2 For the outcomes friend support and well-being, among individuals who had low parental support and low SEI, it was better not to drink alcohol, but among those who had high parental support and high SEI, it was better to drink alcohol. For the subjective health outcome, the reverse was true: individuals with low parental support reported greater physical health if they drank or used illegal drugs, and those with high parental support reported greater physical health if they did not.

3 We also conducted a supplementary analysis involving all participants which examined whether being involved in any romantic relationship in young adulthood was predicted by adolescent risk behaviour. The outcome variable was coded 0 = Not involved in any dating relationship, 1 = Dating one or more partners, in a steady relationship, or living together/married. None of the risk behaviours predicted this dichotomous variable, either alone or in interaction with the psychosocial resource variables.
<table>
<thead>
<tr>
<th>Adolescent Predictors</th>
<th>Young Adult Adjustment and Risk Behaviours</th>
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<tbody>
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<td>Well-Being</td>
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<td>GPA</td>
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<td>- .13**</td>
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Note: N=540-693. Rel. Sat. = Relationship Satisfaction. Gender coded 1 = Female, 2 = Male. GPA=Grade-point average. Gender coded 1 = Female, 2 = Male.

*p < .05, **p < .01, ***p < .001.
Table 2

Multiple Regression Results: Predicting Young Adult Adjustment by High School Social and Personal Resources and Risk Behaviour

<table>
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<tr>
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<td>Total R2</td>
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</table>


* The R2 for Steps 1 and 2 represents the unique variance explained by each block of predictors.

* p < .05. **p < .01. ***p < .001.
<table>
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<tr>
<th></th>
<th>***1.3</th>
<th>***2.7</th>
<th>*3.9</th>
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<td>R²</td>
<td>R²</td>
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Table 3: Multiple Regression Results: Predicting Young Adult Risk Behaviors by High School Personal and Social Resources and Corresponding High School Risk Behaviors