



## Article

# The Influence of Emerging Adulthood on the Risky and Dangerous Behaviors of LGBT Populations

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**Abstract:** During emerging adulthood, traditional social bonds and turning points may be delayed, not present, or may not work in the same manner as they had for prior generations, leading many to engage in risky and dangerous behaviors. Lesbian, Gay, Bisexual and Transgendered emerging adults may be at particular risk for engaging in risky and dangerous behavior during emerging adulthood due to the lack of social bonds, reaching of turning points, as well as the historic stigmatization of these populations. Focusing on LGBT populations in the United States, the influence of emerging adulthood on risky and dangerous behaviors is presented; a theoretical examination of the relationship between LGBT populations and risky and dangerous behaviors is provided; the influence of emerging adulthood on LGBT populations is explored; research on the role of emerging adulthood influence on the risky and dangerous behaviors of LGBT populations is presented; and theoretical and policy implications are offered.

**Keywords:** emerging adulthood; risky behaviors; dangerous behaviors; lgbt populations; deviance

## 1. Introduction

The prevalence of risky and dangerous behaviors in Lesbian Gay Bisexual and Transgendered (LGBT) youth is well established by scholars such as [Gonzales and Henning-Smith \(2017\)](#), [De Pedro et al. \(2017\)](#) and [Ward et al. \(2014\)](#). Previous studies have identified several areas where LGBT youth have higher rates of risk taking behaviors such as unsafe sex, binge drinking and substance use ([Liu and Mustanski 2012](#)), leading to higher rates of negative outcomes such as substance use disorders and sexually transmitted infections ([NIDA 2017](#); [Wood et al. 2016](#)). Studies like [Dermody et al. \(2014\)](#) used data from four waves of the National Longitudinal Studies of Adolescent Health to examine differences in hazardous drinking outcomes between heterosexual males and females and sexual minority youth during the period from adolescence to adulthood. Results of [Dermody et al. \(2014\)](#) study found a distinct difference in hazardous drinking between individuals who identified as sexual minorities and those who identified as heterosexuals with sexual minorities reporting more hazardous drinking. Others such as [Kann et al. \(2016\)](#) found that LGBT youth are more likely to engage in higher levels of risk taking behaviors such as alcohol use, cigarette use, substance experimentation (e.g., marijuana use, alcohol), inhalant use, hard drug use (e.g., methamphetamines) and driving when drinking alcohol, and that they have lower rates of condom use, compared with non-LGBT youth.

The literature exploring risk taking behaviors and their outcomes has focused largely on adolescent populations and has found that they do in fact tend to engage in a greater level of risky behavior as compared to similarly situated adults. For example, [Markham et al. \(2003\)](#) examined a sample of high risk urban high school students to study risky sexual behaviors and the role of family connectedness as a protective factor, finding that family connectedness may act as a protective factor to sexual risk taking in high risk youth. In another study [Grossman and D'Augelli \(2007\)](#) examined the influence of

sexual minority status on life-threatening behaviors, finding suicide attempts were related to suicidal ideation in transgender identity, reflective of past verbal and physical abuse from parents, and lower body esteem. Grossman and D'Augelli (2007) used a sample of youth aged 15 to 21, capturing those in the early stages of emerging adulthood. An area that has not yet been sufficiently explored in the study of risky and dangerous behaviors of LGBT youth is the emerging adulthood population.

Studying emerging adulthood is important now more than ever. The road to adulthood has dramatically changed in the United States, as well as other high-income nations in the last 50 years (Arnett 2015; Cote 2000). Prior studies have noted the period between adolescence and adulthood has become longer, with the historic markers of adulthood like parenthood and marriage are delayed, leading to a longer transition to adulthood for many (Arnett 2015; Cote 2000). This transition period between adolescence and adulthood was identified by Arnett in the 1990s as emerging adulthood (Arnett 1998). Scholars have found emerging adulthood to be a time of exploration and experimentation in a variety of areas including sexual experimentation, substance use, employment and changes of residency, as well as other areas (Salvatore 2018).

In this paper, the role emerging adulthood plays on the risky and dangerous behaviors found in LGBT populations in the United States of America is examined in a scoping review which identifies key areas of inquiry regarding the role of emerging adulthood for LGBT populations. Since a significant amount of research in the field of emerging adulthood has been conducted using samples from the United States (e.g., Marcus 2009; Salvatore and Taniguchi 2012) or in the context of the culture of the United States (Arnett 2015), it was deemed fitting to keep this article framed within that context. While the literature presented will be examining broader patterns and trends of LGBT youth risk taking behaviors in the United States in order to provide a framework through which the behaviors of LGBT youth can be connected to emerging adulthood, studies such as Coker et al. (2009) have found region, state and community in the United States are all important factors when considering the behaviors of LGBT youth. Future studies with an analytic component should incorporate the role of these factors when examining the behavior of LGBT emerging adults. The article begins by explaining what emerging adulthood is and how it became a separate stage of the life course. Next, prior studies examining risky and dangerous behaviors during emerging adulthood will be presented. Third, risky and dangerous behaviors in LGBT populations will be examined. Fourth, the theoretical role emerging adulthood plays in the risk-taking behaviors of LGBT youth will be discussed. Finally, conclusions, including theoretical and policy implications, as well as a look at potential future areas of scholarship will be presented.

## 2. Emerging Adulthood as a Stage in the Life Course

Since the 1960s there has been a series of cultural and social changes, resulting in alterations at an individual and societal level, bringing about emerging adulthood as a distinct stage of the life course (Arnett 1998, 2000, 2005, 2015). Arnett found four key areas of change that promoted the establishment of emerging adulthood as a distinct stage of the life course. The first was the transition from an economy grounded in manufacturing, which typically did not require higher education, to a service and information-based economy that generally requires a higher level of education. As a result, young people, who in previous generations would have lived a middle class lifestyle with a high school education, working in the manufacturing sector, were now in an economy where they were required to pursue an education beyond high school, and find employment in industries geared towards service like education and health care. Second, there were greater freedoms for women, especially in employment and education. Due to these changes women were allowed greater choices than prior generations, leading many to pursue higher education and careers, resulting in a delay of marriage and parenting. Next were increased sexual freedoms and a greater tolerance of behaviors such as premarital sex, and the decreased stigmatization of homosexuality. These changes led to the normalization of sex before marriage. The last area of change was the rise of the youth movement that vilified the maturation of adulthood and celebrated the carefree nature of adolescence. In other words,

those who in previous generations would have seen themselves as young adults, now instead view themselves in a prolonged adolescence (Arnett 2005, 2015; Tanner and Arnett 2009; Salvatore 2018). This prolonged adolescence has led many emerging adults in the present era speak of “adulthood” as a distasteful experience, filled with boring errands, and frightening interactions with older generations, and unwanted responsibilities (Lierz 2017).

Starting with its introduction by Arnett, emerging adulthood has been an area studied across the social science literature including criminology (e.g., Jang and Rhodes 2012), sociology (e.g., Bertogg and Szydluk 2016), social work (e.g., Haffee et al. 2013), psychology (e.g., Arnett 2000) and social psychology (Chung et al. 2014). Studies have consistently found emerging adults are prone to engaging in risky and dangerous behaviors like binge drinking, substance abuse and unsafe sex (Salvatore 2018). For example, Arnett (2000) found illicit drug use peaks during emerging adulthood. These findings are reflective of large-scale national surveys. For instance, studies like the National Survey on Drug Use and Health (NSDUH) and Monitoring the Future (MTF), have found high prevalence of alcohol use, tobacco, marijuana and illicit drugs in emerging adults (Andrews and Westling 2015). Other common high risk behaviors found in emerging adult populations are risky driving behaviors (Arnett and Schwab 2012), high rates of casual sex (Garcia and Reibler 2008), and unsafe sex practices, leaving emerging adults with high rates of unintended pregnancy and sexually transmitted infections (Lam and Lefkowitz 2012).

### *Emerging Adulthood and Risk-Taking Behaviors*

The risk-taking behaviors of emerging adults are especially problematic as they raise the risk of harming others, through increased rates of crime and violence (Piquero 2008), as well as increasing the risk of harming themselves (Rigg-Romaine 2018). In this section we will examine several core areas of risk-taking behaviors including alcohol use, dangerous driving, tobacco use, drug use and sexual behaviors.

Alcohol consumption, binge drinking (which refers to both consumption of excessive amounts of alcohol, and consumption at a rapid rate), has been identified as a highly prevalent behavior during emerging adulthood. Studies like White and Jackson (2005) have revealed the transition from adolescence to adulthood is characterized by high rates of alcohol consumption and related problems, largely due to youth being removed from the controls of parents and high school. An interesting finding identified in prior studies is that those enrolled in college have higher risks of engaging in binge drinking compared to youth who are not enrolled in college (Arnett 2015; O'Malley and Johnston 2015). Using data from the National Longitudinal Study of Adolescent and Adult Health, Reckdenwald et al. (2016) found those in the sample enrolled as full-time college students were more likely to binge drink, relative to emerging adults not in college. Evidence suggests that alcohol consumption may be a problematic area for emerging adults, however, not only is alcohol use a danger to emerging adults in and of itself, but it may interact with the next risky behavior, dangerous driving.

Many studies have found operating automobiles can be especially injurious to emerging adults (Salvatore 2018). In a 2012 study, Arnett and Schwab stated the top cause of injury, and the largest threat to emerging adults is inappropriate operation of automobiles, which not only poses a risk to the emerging adult, but also to other drivers and pedestrians, including damage to property, short term injuries, injuries with long term consequences and death. Other sources support the danger presented to emerging adults by automobile misuse. The National Highway Traffic Safety Administration found most accidents are concentrated in the ages between 21 and 25 (NHTSA 2015). Potential explanations for why emerging adults have such high rates of injury and accidents in automobiles may be explained by studies by Ferguson (2003) and Hingson (2010) that concluded younger drivers take more risks than their older counterparts, including speeding and driving while intoxicated. Interestingly, being aware of the dangers associated with risky behaviors like texting while driving seems to have little influence on emerging adult populations (Cazzulino et al. 2014).

As with alcohol, illicit drug use (e.g., marijuana, cocaine, inhalants) poses significant risks to emerging adults. As with the above behaviors, drug use follows a similar pattern, typically peaking during emerging adulthood and then declining through the late twenties ([Arnett 2015](#), p. 270). This trend is illustrated by data from a recent NIDA report focusing on drug and alcohol use in college aged youth which identified a steady increase in daily marijuana use to an all-time high in young people, especially in youth not going to college ([NIDA 2018a](#)). More serious drugs like cocaine are also prevalent in populations of emerging adults. A 2016 NIDA report found in 2014, young adults aged 18 to 25 had the highest rate of cocaine use with almost 1.5% of that age group reporting cocaine use in the past 30 days. In similar fashion, increasing rates of heroin use in youth aged 19 to 25 was also noted in a recent NIDA report ([NIDA 2018b](#)). Data and studies regarding drug use in populations of emerging adults supports the prevalence of drug experimentation in emerging adulthood, as posited by [Arnett \(2005, 2015\)](#). Findings of these studies highlight the need for research examining the influence of drug use and co-occurring disorders for emerging adult populations, as well as the need to develop targeted prevention and treatment programs.

Another key area of risk behavior are unsafe sex practices. According the CDC, adolescents and emerging adults are far higher rates of sexually transmitted infections (STIs) relative to any other age group ([CDC 2017](#)). For example, in 2017, there were over one million reported cases of chlamydial infection among persons aged 15–24 years, representing over 60% of reported chlamydia cases ([CDC 2017](#)). The high rates of STIs in emerging adults can be explained by two factors: (1) the number of sexual partners, and (2) sex without protection against STIs. In their study of risk and protective factors in adults between the ages of 21 and 40 in the United States, [Johnston et al. \(2014\)](#) found those in the 21 to 29 age range had more partners in the last 12 months compared to 30- and 40-year-olds. In another study, [Rosenberg et al. \(1999\)](#) found adolescents who have had a greater number of partners in the past 6 months, especially those who had sex with more than one concurrent partner, were more likely to contract an STI. In their 2016 study, using data from Monitoring the Future [Johnston et al. \(2014\)](#) found a little over half (55%) of sexually active young adults reported that they “seldom” or “never” used condoms during the past 12 months. Around 75% of the 21- to 22-year-olds reported at least some level condom use in the last 12 months, relative to 46% of the 29- to 30-year-olds, (the latter period of emerging adulthood). Further, 46% of the 21- to 22-year-old group reported condom use “most times” or “always,” but only 22% of the 29- to 30-year-olds reported the same level of condom use (p. 59). Studies of college-aged students such as [Downing-Matibag and Geisinger \(2009\)](#) have found that inconsistent condom use supports the findings of [Johnston et al. \(2014\)](#). Prior studies such as [Katz et al. \(2000\)](#) have found lack of consistent condom use impacts contraction of STIs. These data demonstrate the lack of condom use in the emerging adult aged populations.

A core challenge around risk-taking behaviors in emerging adulthood is that there are both short- and longer-term consequences, including impact on health outcomes and criminal justice involvement ([Piquero 2008](#); [Salvatore 2018](#)). For example, binge drinking and substance use may impact emerging adults in the short term such as increasing the probability of engaging in unprotected sex, and may have longer-term consequences such as sexually transmitted infections needing lifetime treatment and management ([King et al. 2012](#)). Additionally, researchers such as [Bergman et al. \(2016\)](#) stated emerging adults may face significant health and economic challenges due to substance use disorders. Thus, overall, we have a good sense of risky behaviors in emerging adulthood, and their potential impacts. What are not researched as thoroughly are risk taking behaviors of LGBT emerging adults, to which we turn next.

### 3. Risk Taking Behaviors in LGBT Populations

Perhaps even more so than emerging adults, LGBT populations have been found to have higher rates of risk-taking behaviors relative to their non-LGBT peers. For example, a study conducted by Saving-Williams & Cohen in 1996 found almost 20% of gay college students attempted suicide due to conflicts over their sexuality. In another study, [D’Augelli et al. \(2005\)](#) examined a community-based



sample of 528 Lesbian Gay and Bisexual youth between the ages of 15 and 19, and found one-third of the sample made a suicide attempt. The connection between suicide and suicidal ideology and LGBT youth is supported in other studies such as [Grossman and D'Augelli \(2007\)](#), who used data from an exploratory study to study the development of transgender youth aged 15 through 21. They found that almost half the sample had suicidal ideology connected to their transgender identity. More recently, the CDC Youth Risk Behavior Study CDC (2017) found 47.7% of lesbian, gay or bisexual youth seriously considered suicide relative to heterosexual youth who had a significantly lower percentage of seriously considering suicide of 13.3%. The consistent findings regarding LGBT youth and suicide support the notion that LGBT youth are at higher risk for engaging in life threatening behaviors such as suicide. As we turn our attention to alcohol and other drugs, we will find this pattern continues to be supported.

### *3.1. Substance Related Risk-Taking Behaviors in LGBT Youth*

Alcohol use is commonplace during adolescence, regardless of sexuality, often leading to hazardous drinking patterns in adolescents ([Grant et al. 2006](#)). Given the widespread prevalence of experimentation with alcohol, hazardous drinking may have significant impacts on the health and well-being of youth ([Sloan and Grossman 2011](#)). For LGBT youth, alcohol may pose a significant risk ([Smith et al. 1999](#); [Whitebeck et al. 2004](#)). Using data from the National Longitudinal Study of Adolescent Health, [Dermody et al. \(2014\)](#) studied differences in hazardous drinking between sexual minority youth and heterosexual youth in young adulthood, and found significant disparities in sexual minorities—in particular, sexual minority males—relative to heterosexual youth. A more recent study by [NIDA \(2018b\)](#) found sexual minority adults had greater levels of alcohol consumption as measured by past month drinking relative to sexual majority adults (63.6 percent versus 56.2 percent). Interestingly, sexual minority females were much more likely than sexual majority females to currently use alcohol, binge drink and heavily drink; drinking levels were similar in sexual minority and sexual majority males ([Medley et al. 2016](#)). Evidence regarding gender and sexuality in regards to hazardous and risky alcohol consumption may differ, but the correlation between being an LGBT youth and higher levels of alcohol consumption is consistent in the literature, suggesting sexual minority status influences alcohol consumption and may be a predictor of engaging in higher and potentially hazardous levels of alcohol use.

Like alcohol use, tobacco use by LGBT youth is higher than in non-LGBT population youth ([Jamal et al. 2018](#)). Regarding cigarette use, it is estimated that 1 in 5 LGBT adults smoke cigarettes relative to 1 in 6 for heterosexual adults ([Jamal et al. 2018](#)). Other studies support higher rates of tobacco use in sexual minorities. For example, in their 2009 meta-analysis examining tobacco smoking in lesbian, gay and bisexual populations, [Lee et al. \(2009\)](#) found higher rates of smoking in sexual minorities. In general, studies tend to overlook transgender populations, but given their higher rates of substance abuse, depression and discrimination in employment and other areas, it is believed that transgendered individuals are likely to have higher prevalence rates of smoking compared to the general population ([California Department of Health Services 2004](#)). One study which did include transgender persons was the 2004 California Tobacco Use Survey which found that 2% of the LGBT adults in their study identified as transgender, and about 31% were smokers, which was approximately the same rate as other LGBT populations ([Udry and Chantala 2002](#)). More recent statistics compiled by the CDC find rates of smoking in LGBT adults are higher than non-sexual minority populations in the United States ([Jamal et al. 2018](#)), putting them at greater risk for health consequences which may impact quality of life.

Another area where sexual minorities have higher rates is substance use ([Talley et al. 2010](#)). For example, [Talley et al. \(2010\)](#) used data from the National Longitudinal Study of Adolescent Health to examine the difference between sexual minority and non-minority individual's substance use behaviors during emerging adulthood. Results of their study found self-identification may be a key contributing factor to increased risk for substance abuse behaviors. Other studies like [Halkitis et](#)

al. (2014) examined a sample of young men who have sex with men (YMSM) to study changes over time in the use of several drugs including alcohol, marijuana, inhalants, cocaine and ecstasy. Results of their study found several key variables including race and socioeconomic differences influence substance use patterns. Several major national surveys have also supported the high rate of substance use in LGBT populations. For example, data from the 2015 National Survey on Drug Use and Health found for those aged 18 and older, sexual minority groups had more than double the percentage of past year illicit drug use at 39.1% compared to sexual majority groups at 17.1% (Medley et al. 2016). Looking specifically at individual types of drug use, we see a pattern of higher drug use among sexual minority groups relative to the majority, with sexual majority groups having a past year cocaine use rate of over 5% relative to the majority group whose rate was 1.8% (Medley et al. 2016). In sum, like the above-mentioned behaviors, LGBT youth are more likely to engage in higher levels of substance use relative to majority groups. These behaviors on their own entail risk and danger, but may also influence risk taking behaviors in our final area of risky and dangerous behaviors common in LGBT youth—unsafe sex practices.

### 3.2. Sexual Risk Taking Behaviors in LGBT Youth

As with substance related behaviors, LGBT youth have been found to engage in higher rates of sexual risk-taking behaviors relative to non-sexual minority youths (Lindley et al. 2003). Sexual risk-taking behaviors pose both short- and long-term health consequences for LGBT emerging adults including contracting an STI, genital cancers and damage to reproductive systems (Aral 2001).

Some studies in the early 2000s, for example Lindley et al. (2003), suggested that LGBT youth were engaging in more protective behaviors to reduce HIV/STI risks. Lindley et al. (2003) conducted a study of risky behaviors in college students who identified as LGBT and found fairly consistent condom use for penile vaginal and anal sex (61% and 63% respectively), but relatively low condom use during oral sex (4%). However, in recent years rates of STIs have spiked in the general population, in particular Gonorrhea, Chlamydia and Syphilis (CDC 2018). LGBT youth populations have been impacted especially hard by these increases, suggesting rates of condom use may be dropping. For example, the CDC (2017) reported LGBT youth made up a larger portion of new HIV diagnoses among young people (aged 13–24) and studies have found the primary reason for HIV infections in young men who have sex with men is lack of condom use during anal sex (Boislard et al. 2016). This behavior may be compounded by other risk factors such as substance use and mental health issues (WHO 2015).

In sum, the risky behaviors for youth examined here have been found to be more prevalent in LGBT youth. These behaviors are of concern as the inherently experimental nature of emerging adulthood, along with an optimistic view of life characteristic of emerging adults, may leave LGBT emerging adults especially vulnerable to the risks and dangers associated with the behaviors examined in this section. As we turn our attention to sociological theories most applicable to examining the influence of emerging adulthood of LGBT youth we will see how each of these theories can influence risk taking behaviors, and specifically how they may impact these behaviors in LGBT youth during emerging adulthood.

## 4. Sociological Theories Applicable to Risky Taking during Emerging Adulthood for LGBT Youth

As demonstrated above, risky and dangerous behaviors are especially prevalent in LGBT populations during emerging adulthood. Here we will examine theories that may explain higher rates of risk-taking behaviors found in LGBT youth, and the applicability of these theories to LGBT youth. The authors reviewed several theoretical perspectives identified throughout the sociological and criminological literature to explain risk taking and deviant behaviors. Using the work of scholars who have examined risk taking behaviors in emerging adult populations (e.g., Salvatore 2018), as well as the above examined empirical studies, the four theoretical perspectives listed below were chosen and listed in the order the authors deemed best, and they explained the risk taking behaviors of LGBT emerging adults.

The first theoretical perspective that might be used to explain risk-taking behaviors in LGBT populations is social learning theory (Akers 1968). Social learning theory has four main components (differential association, definitions, differential reinforcement and imitation) which we will describe here briefly (for a full explanation see Akers 1998). Differential association has two sub-concepts: interactional dimension and normative dimension. The interactional dimension can involve indirect and direct association along with indirect or direct interactions with others who engage in specific kinds of behavior and the normative/cultural dimension involves different kinds of values and norms to which a person is exposed through this association. Definition can be general or specific; specific refers to a distinct act or circumstance as wrong and other acts as acceptable. Specific is a learned behavior. General on the other hand is when a behavior can be either positive, negative or neutral; depending on the audience. Differential reinforcement is the possibility of rewards or an actual reward that follows behaviors (Akers 1998). The final concept, imitation, means to observe a certain behavior in others and then to follow it. (Akers 1968). Social learning theory has four main components (which we will describe here briefly—for a full explanation see Akers 1998).

This gives a conceptual framework for understanding the prevalence of risk-taking behaviors in the LGBT community through several processes. First, social learning theory argues behaviors are guided by stimuli and behavioral specific consequences; behavior is learned by observing others engaging in the behavior and by then imitating it, and cognition then mediates how these behaviors are learned and presented (Green and Feinstein 2012). Next, alcohol and substance use may be normalized in the LGBT communities; as such we may see higher rates of these behaviors in these populations (as the behaviors are learned via interactions and modeling). Third, the added stress of being a sexual minority could influence risky and dangerous behaviors like substance use (see discussion below) (Meyer 2003). Finally, the social networks of LGBT individuals, including peers and romantic partners, may socialize youth into normalizing these behaviors as part of social engagement and relationships (Green and Feinstein 2012). In other words, LGBT communities have frequently incorporated alcohol and substance use as part of their social milieu. Going to clubs, bars and parties where risk taking behaviors like substance use and alcohol are prevalent may teach young LGBT individuals these behaviors are acceptable and even expected, as part of being in the LGBT community, especially if these behaviors are celebrated. Research in the area has found support for the idea that social learning may influence patterns of alcohol use (Homish and Leonard 2008), and the influence of perceptions of peer alcohol use patterns and alcohol consumption habits in LGBT populations (Fromme and Ruela 1994).

The next theoretical perspective that can be used to explain the high rates of risky and dangerous behaviors in LGBT youth is minority stress, a variant of social stress theory (Meyer 2003). The minority stress model is a combination of perspectives and viewpoints, implied from several other theoretical paradigms that examine the negative effects of social stigma and prejudice on the lives of those affected by their minority status (e.g., Allport 1954; Goffman 1963; Link and Phelan 2001). The central idea around minority stress is the notion that being disconnected from mainstream society (e.g., norms, social structures) can lead to negative outcomes. Perhaps the most well-known example of this conceptualization is Durkheim (1951) study of normlessness as a causative agent in suicide. Durkheim argued moral regulation is necessary for people in order to regulate desires and goals. When there is no connection to the mainstream, in other words normlessness, or as Durkheim phrased, anomie, there are no social controls on the individual and that lack of connection can lead to suicide, as core social needs aren't being addressed. Others like Pearlin (1982) integrated Merton's work on stress theory, arguing that for Merton (1968) society may act as a stressor, "stimulating values that confluence with the structures in which they are to be acted upon" (Pearlin 1982, p. 371). To put it another way, a minority person is likely to run into conflicts because there is a tension between dominant and minority groups in a variety of areas and social institutions. For example, until relatively recently, same sex couples could not marry. As Meyer (2003) discussed, marriage is an important social institution which legitimizes a relationship and offers an opportunity for family life and socially approved intimacy.

LGBT emerging adults may be especially subjected to minority stress, as emerging adulthood has been found to be a highly stressful period fraught with experimentation in substance use, romantic relationships, education, housing and employment (Arnett 2015). As such minority status such as being LGBT may interact with the uncertain and experimental nature of emerging adulthood, leading LGBT youth to engage in risky and dangerous behaviors in response to both minority stress and the stresses and strains of emerging adulthood.

The third theoretical perspective that may be applied is social constructionism. The central idea of social constructionism is that our beliefs are manifestations of social creations and are focused on the process through which people describe and relate to the world they inhabit (Blumer 1969; Goffman 1963). Cheung (1997) argued social construction theory posits the insights of individuals are created as the result of societies' interconnected communications. According to Berger and Luckman (1966) social realities are constantly being reinvented through the process of interaction between individuals and their wider society. To put another way, our individual views and understandings of society are developed within the context of a wider society, which is in constant flux; therefore, our attitudes and perceptions of groups, issues and so forth are a creation of the wider society.

Using a social constructionist perspective, social issues, problems and populations influence perceptions and attitudes may be shaped by how society applies negative or positive images or attitudes. For example, groups with positive images (e.g., volunteers for the Red Cross) may be viewed in a positive light by society, and benefit from the positive associations (e.g., having greater social capital, political power, etc.). On the other hand, groups with negative images, (e.g., substance abusers, those with STIs) have less power in society and may be impacted by the negative stigma associated with these viewpoints. Using social constructionism to discuss LGBT youth during emerging adulthood, a group with high rates of sexual activity, drug and alcohol use, and other behaviors society typically labels as negative, we can see how the societal view of these individuals would be negative. Individuals within these groups may internalize these negative attitudes and views, thereby creating a social reality in which they view themselves in a negative light.

The final theoretical perspective that may explain risk taking behaviors in LGBT emerging adults is social control theory (now known as Social Bond Theory) presented by Hirschi in 1969. Hirschi's theory argues the stronger one is bonded to society; they are to less likely to engage in crime. Hirschi (1969) presented four aspects to a social bond: (1) attachment refers to the emotional bond with prosocial individuals such as teachers, parents and friends. Individuals avoid committing crime, because doing so would risk this emotional bond. (2) Involvement refers to the individual's level of engagement with prosocial activities like school, arts programs, sports, and religious activities. If someone is engaged in these prosocial pursuits, they will not have time to engage in antisocial behavior like crime. (3) Belief refers to the level of commitment to the belief in the values of the wider society. For example, if an individual is vested in the wider societal value of hard work and saving to reach financial goals, they would be less apt to use crime to achieve a financial goal like the purchase of a new car. (4) Commitment refers to the level of investment an individual has in activities and institutions. For example, if an individual has made a significant investment in their family by purchasing a home, they would be less likely to engage in behaviors that will risk the loss of their investment by engaging in behaviors like illegal substance use for fear of undermining their ability to earn a living by getting arrested, incarcerated etc. and thereby risking their commitment to providing a home for their family.

Hirschi (1969) theory could be used to explain risky and dangerous behaviors in LGBT emerging adults by integrating the changes and experimental nature of this stage of the life course. Emerging adults typically have different relationships with parents than they did when they were younger; it is common for them to move out of the home and thereby no longer being subjected to their control. They also have different relationships with teachers, who (for those going to college) do not have the same level of control they did in high school. As Salvatore and Taniguchi (2012) show, many of the social bonds identified by Hirschi are relevant for emerging adults, as such those LGBT emerging adults who have strong bonds such as relationships with parents and siblings, and coworkers, involvement in



prosocial activities and so forth may help prevent many of these youths from engaging in the risky and dangerous behaviors identified.

In sum, the above described theoretical perspectives provide a framework for us to explain why emerging adulthood may influence the risk-taking behaviors of LGBT emerging adults. In the next section, we look at four areas that can uniquely impact LGBT youth in emerging adulthood.

#### *How Emerging Adulthood Impacts Risk Taking Behaviors of LGBT Youth*

The above section summarized the most applicable sociological theories to explain the influence of emerging adulthood on the risk-taking behaviors of LGBT youth. The authors hypothesize the risk-taking behaviors examined above, which are also prevalent in heterosexual youth, are more problematic in LGBT youth due to the experience of minority stress LGBT youth are subjected to in the United States. As such, it is important to connect the risk-taking behaviors of LGBT youth, sociological theory and emerging adulthood. In this section four core areas of impact are identified and discussed. Each explains a distinct aspect of emerging adulthood and how it influences the risk-taking behaviors of LGBT youth:

Experimentation—as discussed above, scholars such as [Arnett \(2015\)](#) have repeatedly identified emerging adulthood as a period of experimentation in a variety of areas including relationships, substance use and employment. LGBT youths during emerging adulthood may want to experiment with sexual partners and types of relationships (e.g., hook ups, romances) to see what kind of relationship and partner works best for them.

In addition to experimenting with relationships, LGBT youth in emerging adulthood may also be prone to experimentation with drugs and alcohol as part of the identity exploration characteristic of emerging adulthood ([Arnett 2015](#)). LGBT emerging adults exist within a sub-culture where they may learn alcohol and substance use are acceptable parts of social interactions and relationships. As such, LGBT youth engaging in these behaviors may be subjected to higher rates of risk and negative outcomes (e.g., developing a substance abuse disorder, contracting an STI, overdosing, getting into an accident).

Instability—emerging adulthood has been noted as a marked period of change and instability ([Arnett 2015](#)). Instability may be found in romantic relationships, jobs, housing and education. As emerging adults may want to have many experiences (including sexual partners and substance use) as part of the identity exploration, instability in these areas may prevent them from fostering the necessary social bonds that act as informal social controls, which have been found to reduce offences and substance use in emerging adults ([Salvatore and Taniguchi 2012](#)). Furthermore, instability in key areas like employment, education, romantic relationships and residency may lead to less stable finances, which may undermine the economic and professional viability of some LGBT emerging adults, further placing them in a context where they may engage in more risk taking behaviors due to a perception of having less to lose.

Decreased social bonds/delayed turning points—as discussed by [Salvatore and Taniguchi \(2012\)](#), many emerging adults have weaker social bonds than those who provided controls during adolescence such as parents and teachers. In addition to weaker social bonds, many in emerging adulthood delay traditional turning points like marriage, parenthood, attaining full time employment and homeownership. These turning points, when reached, typically act as increased attachments to conventional society.

Optimistic Nature of emerging adults—the belief that “things will work out,” and “nothing bad will happen to me” is reflective of the optimistic nature of emerging adulthood ([Arnett 2015](#)). Of course, optimism in and of itself may not be a negative trait but compiled with the abovementioned instability and risk taking behaviors in emerging adults, which have been found to be higher in LGBT youth, we have the potential for several negative outcomes. For example, LGBT youth with the high levels of optimism of emerging adults may ignore the dangers in risk taking behaviors such as unsafe sex, drunk driving or the potential of developing a substance use disorder. When faced with problems

such as an STI or arrest, they may believe that things will “work out” but fail to realize the long-term consequences of these events. Something like an arrest for possession of illegal drugs or driving while under the influence could impact the ability to attain employment in certain professions or lead to stigma within the community, family or friendship network.

Perhaps more than any of the above areas, having an optimistic attitude may be the Achilles heel for many emerging adults, especially those in the LGBT community. Lulled into a false sense of security by their optimism, they may fail to realize the very real dangers and consequences of the risk-taking behaviors in which they may engage.

## 5. Conclusions

This paper examined the influence emerging adulthood has on risk taking behaviors of LGBT youth. While LGBT populations have been a focus of prior studies dealing with risk taking behaviors of youth and adult populations, there has yet to be a comprehensive summary examining the key role of emerging adulthood on risk taking behaviors in LGBT populations. We also provided a theoretical framework to explain the role of emerging adulthood on the risk taking behaviors of LGBT populations. As much of the prior literature has found emerging adulthood to be a key factor in the risk-taking behaviors of youth, there is a need for further research examining the role of emerging adulthood as a factor influencing the risky taking behaviors of LGBT youth. Specifically, studies need to explore the role of diminished social bond, stigmatization and discrimination on these populations. Studies are needed to explore the long-term effects of risk taking during emerging adulthood, as they influence outcomes during other stages of the life course. Longitudinal studies need to be conducted as LGBT populations emerge into adulthood, to provide a prospective look at how emerging adulthood influence risk taking behaviors. As a relatively new stage of the life course and area of inquiry, this is a needed area of inquiry and one that will continue to be of value for the LGBT community. Further, research on LGBT populations in emerging adulthood needs to expand beyond the United States and other Western nations, as a large portion of the scholarship on emerging adulthood in general tends to focus on the United States and similar high-income nations.

The role of emerging adulthood as a factor influencing the risk-taking behaviors of LGBT youth has policy and theoretical implications. In regard to policy, as risk behaviors are common in emerging adults, and even more prevalent in LGBT emerging adults, prevention and treatment programs could be developed to target the risk-taking behaviors of LGBT youth during emerging adulthood. In terms of prevention, LGBT community-based programs and organizations can be used to deliver prevention-based strategies in the areas of depression and suicide and substance use (including alcohol, tobacco and illegal drugs). For example, LGBT community centers could be used to house support group meetings for those struggling with alcohol and substance abuse. Referrals for more formal treatment programs and related services could also be provided at community centers. LGBT community centers could also work with local criminal justice organizations such as drug courts to provide treatment and support services for LGBT youth who enter the juvenile or adult criminal justice systems. Mental health services to deal with issues such as depression and suicide are also a key area of need in which communities need to invest funding and resources such as outreach to at-risk LGBT emerging adults through public information campaigns (e.g., billboards, subway advertising) in areas with high concentrations of LGBT youth, as well as the use of social media and traditional websites to provide prevention and treatment information and referrals for support services. Sexual practices such as unsafe sex and the use of HIV prevention and treatment medications could also be addressed, such as condom use and prescription medications like Truvada. Given the increased risk for unprotected casual sex under the influence of alcohol, it may be essential to provide personalized feedback (regarding comparisons between their behavior and “normative” behavior for people their age and gender) to young people. Other ways would be through community centers, as well as through public information campaigns in areas with high concentrations of LGBT youth. Funding for ‘pop up’ testing for HIV and other sexually transmitted infections can be provided to target events and

locations where LGBT youth socialize and interact. This ‘pop-up’ testing can also be utilized to screen youth for substance abuse disorders and mental health issues and provide referrals to LGBT youth who are at risk.

One aspect that is not given much attention is the importance of family relationships in emerging adulthood (Velleman 2005). Family-based preventive interventions—involving parents in helping young people avoid high risk behavior—may have great potential in promoting healthy behavior in young people (Stromshak et al. 2019). Another area where treatment and prevention could be utilized for LGBT youth are colleges and universities that could also develop policy and practices to provide similar prevention-based programs engaging LGBT youth student groups, and by targeting LGBT students in prevention campaigns run by college/university health centers. Offices of Diversity and Health Centers could work with college and university administrators to develop the previously mentioned initiatives to engage LGBT youth on college and university campuses. Faculty who work in disciplines dealing with sexuality and public health could also be a valuable resource for colleges and universities, as they may provide guidance in the strategies best suited for LGBT emerging adults on campuses and work with college and university administrators to pursue funding for programming and strategies targeting LGBT youth on campuses. Other social institutions and agencies and care providers may be useful routes of delivering prevention and treatment services to LGBT emerging adults and may also need to be informed about the needs of LGBT emerging adults. For example, police agencies may need to be engaged and trained to be sensitive to the LGBT community in general and LGBT youth specifically, who may be at higher risk for sexual victimization, substance abuse disorders and exposure to sexually transmitted infections. For example, LGBT youth who are arrested by police could be screened and tested for illegal substances and sexually transmitted infections and provided rapid treatment or referrals for medical care or substance abuse treatment at intake. Hospitals, community based medical centers and clinics and other healthcare services could provide prevention-based strategies such as training in safer sex practices and medications and vaccinations that may reduce the likelihood of contracting sexually transmitted infections. Information regarding the risks associated with substance abuse and support services could also be given to LGBT youth by health care providers.

Targeting prevention and treatment strategies for LGBT emerging adults may be challenging. Colleges and universities could be ideal locations for deploying treatment and prevention programs, but not all emerging adults attend college, nor would those enrolled in college or university necessarily live on campus or engage in these programs. Further, not all LGBT emerging adults may be open about their sexuality and they may fear stigmatization or victimization by disclosing their LGBT status openly on their college or university campus. In a similar fashion, health care providers may seem like ideal places to educate and provide prevention and treatment strategies for substance use or risky sexual practices, but not all LGBT youth may disclose their sexuality, substance use or sexual practices to health care providers. Those in lower income groups may not have access to medical care; as such, medical care providers would have no utility in providing treatment and prevention strategies for LGBT emerging adults.

Emerging adulthood poses a series of challenges for LGBT youth. As discussed here, these involve risky and dangerous behaviors that can have short- and long-term consequences for LGBT youth. Social sciences such as sociology, social psychology, public health and criminology need to continue to examine the influence emerging adulthood has on the behaviors of LGBT youth to gain a better understanding of the dynamics of emerging adulthood and its specific influence on the LGBT community, and preventive efforts must be tailored and adapted to the developmental realities of this life stage.

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