ABSTRACT

Parental boundary dissolution is a term used to describe a parent-child relationship structure wherein a parent breaches age-appropriate and relationship-appropriate boundaries with their child. The current study aimed to examine the association of boundary dissolution with negative indicators of sexual and romantic relationship health in young adulthood, the moderating role of family risk factors and other indicators of parent-child relationship quality, as well as the mediating role of emotion regulation between boundary dissolution and negative sexual and romantic relationship outcomes. Results did not support hypotheses. However, emotion regulation emerged as a significant correlate of sexual and relationship health, as were race and household income. The findings demonstrate that current self-report measures may not be adequate measurements of boundary dissolution and that more research needs to be done to address cultural differences in family structure. Parental Boundary Dissolution and Young Adults' Romantic Relationships

by

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TABLE OF CONTENTS

	Page
Acknowledgements	iii
Table of Contents	v
List of Tables	xi
List of Figures	xii
Introduction	1
Family Systems Theory	1
Boundary Dissolution	3
Multicultural Considerations	9
Sexual and Romantic Relationship Concerns	12
Moderators and Mediators of Links between Boundary	
Dissolution and Negative Romantic Outcomes	17
Family Risk Factors.	17
Emotion Regulation.	19
The Current Study	20
Method	22
Participants	22
Measures	24
Boundary Dissolution Measures.	25
Relationship Closeness Measure	26
Attachment Style and Parenting Style Measures	26

Relationship Satisfaction and Relationship Insecurity
Measures27
Relationship Power Measures27
Sexual Health Measures27
Emotion Dysregulation Measure
Control Variables
Results
Analytic Plan
Bivariate Correlations and Descriptive Statistics
Relationships between Boundary Dissolution and Sexual Health34
Relationships between Boundary Dissolution and Age of
First Sex
First Sex
Relationships between Boundary Dissolution and Number of
Relationships between Boundary Dissolution and Number of Sexual Partners
Relationships between Boundary Dissolution and Number of Sexual Partners
Relationships between Boundary Dissolution and Number of Sexual Partners
Relationships between Boundary Dissolution and Number of Sexual Partners
Relationships between Boundary Dissolution and Number of Sexual Partners
Relationships between Boundary Dissolution and Number of Sexual Partners

Relationships between Boundary Dissolution and Experiences
of Sexual Partner Violence
Relationships between Boundary Dissolution and Romantic
Relationship Functioning40
Relationships between Boundary Dissolution and Age of First
Relationship40
Relationships between Boundary Dissolution and Number of
Romantic Partners40
Relationships between Boundary Dissolution and Romantic
Partner Attachment Anxiety43
Relationships between Boundary Dissolution and Romantic
Partner Attachment Avoidance43
Relationships between Boundary Dissolution and Romantic
Relationship Power44
Relationships between Boundary Dissolution and Romantic
Relationship Insecurity44
Relationships between Boundary Dissolution and Romantic
Relationship Satisfaction45
Relationships between Boundary Dissolution and Romantic
Partner Interpersonal Closeness45
Relationships between Filial Responsibilities and Romantic
Relationship Insecurity and Sexual Limit-Setting
Self-Efficacy45

Interactive Relationships between Boundary Dissolution and
Family Risk Factors and Influence on Sexual Limit-Setting Self-
Efficacy46
Relationships between Boundary Dissolution, Attachment
Anxiety, and Sexual Limit-Setting Self-Efficacy47
Relationships between Boundary Dissolution, Attachment
Avoidance, and Sexual Limit-Setting Self-Efficacy47
Relationships between Boundary Dissolution, Permissive
Parenting Style, and Sexual Limit-Setting Self-Efficacy48
Relationships between Boundary Dissolution, Authoritarian
Parenting Style, and Sexual Limit-Setting Self-Efficacy49
Relationships between Boundary Dissolution, Single
Parenthood, and Sexual Limit-Setting Self-Efficacy49
Relationships between Boundary Dissolution, Parental
Divorce, and Sexual Limit-Setting Self-Efficacy50
Relationships between Boundary Dissolution, Parental
Physical Health Problems, and Sexual Limit-Setting Self-
Efficacy
Relationships between Boundary Dissolution, Parental Mental
Health Problems, and Sexual Limit-Setting Self-Efficacy51
Interactive Relationships Between Boundary Dissolution and
Family Risk Factors and Influence on Romantic Relationship
Insecurity52

Relationships between Boundary Dissolution, Attachment
Anxiety, and Romantic Relationship Insecurity52
Relationships between Boundary Dissolution, Attachment
Avoidance, and Romantic Relationship Insecurity53
Relationships between Boundary Dissolution, Permissive
Parenting Style, and Romantic Relationship Insecurity53
Relationships between Boundary Dissolution, Authoritarian
Parenting Style, and Romantic Relationship Insecurity54
Relationship between Boundary Dissolution, Single
Parenthood, and Romantic Relationship Insecurity54
Relationships between Boundary Dissolution, Parental
Divorce, and Romantic Relationship Insecurity55
Relationship between Boundary Dissolution, Parental
Physical Health Problems, and Romantic Relationship
Insecurity55
Relationship between Boundary Dissolution, Parental Mental
Health Problems, and Romantic Relationship Insecurity56
Mediation Of Significant Outcomes With Controls57
Relationship between Boundary Dissolution, Emotion
Dysregulation, and Sexual Limit-Setting Self-Efficacy57
Relationship between Boundary Dissolution, Emotion
Relationship between boundary Dissolution, Enlotion
Dysregulation, and Romantic Relationship Insecurity

Summary	60
Discussion	62
Present Results Compared to Predicted Outcome	62
The Role of Race and Class	63
Methodological Concerns	67
Strengths Error! Bookmark no	ot defined.
Limitations	70
Appendix A. Survey	71
References	110

LIST OF TABLES

Page

<i>Table 1.</i> Unstandardized coefficients from multilevel models
testing direct associations between all variables
Table 2. Main effects of boundary dissolution, filial responsibility,
and sexual health
Table 3. Main effects of boundary dissolution, filial responsibility,
and sexual health (cont.)
and sexual health (cont.)
Table 4. Main effects of boundary dissolution, filial responsibility,

LIST OF FIGURES

Page

INTRODUCTION

Detrimental patterns in parental relationships can compromise a child's development, including that child's functioning in other interpersonal relationships (Minuchin, 1974; Donnellan, Larsen-Rife, & Conger, 2005). An important aspect of a healthy parent-child relationship is the care and conservation of boundaries (Minuchin, 1974) that determine roles of the individual, attention to the child's developmental needs, and a balance between the identity of the individual and collective identity of the family. When parents do not maintain these boundaries properly, it is termed "boundary dissolution" (Shaffer & Egeland, 2011). Parental boundary dissolution has been linked to anxiety, depression, anorexia nervosa, low self-esteem, and anxious and avoidant attachment styles in adolescence and adulthood (Shaffer & Egeland, 2011; Rowa, Kerig, & Gellar, 2001; Jacobvitz & Bush, 1996). However, less is known about how boundary dissolution compromises romantic relationship functioning, particularly in adolescence and adulthood. This study aimed to address this gap in research by examining the predictive power of boundary dissolution on negative indicators of sexual and romantic relationship health in young adulthood, the mediating effect of family risk factors and other indicators of parent-child relationship quality, as well as the moderating role of emotion regulation between boundary dissolution and negative sexual and romantic relationship outcomes.

Family Systems Theory

Family systems theory, in conjunction with family therapy, began to develop in the early 1950s to address the importance of family environment and family functioning in the already

ongoing treatment of mental illness with individuals (Kerr, 1981). Therapists found that working with patients' families allowed them to address contextual problems that contributed to the symptoms that often reappeared post-treatment when patients returned to their families. Family Systems Theory finds its origins in the research of Murray Bowen who based his theoretical framework of family relationships around the concept of boundaries, based upon an "emotional stuck-togetherness" (Bowen, 1985, p. 189) he observed between patients diagnosed with schizophrenia and their mothers. This observation led to an understanding of this "symbiosis" as but a facet of a larger family dynamic characterized by boundary violations with every member of the family as well as with people connected to the family. This way of thinking about the relationship between the individual and his or her family led to a more complex and multi-faceted understanding of families in mental health called Family Systems Theory.

Family Systems Theory asserts that the family unit, or system, is made up of various bounded subsystems, or dyadic relationships wherein a disruption in one affects every other system and thus the whole (Kerr, 1981). According to Family Systems Theory, the balance between the intrinsic, contrasting forces of individuality and togetherness within the family is central to healthy family functioning (Kerr, 1981; Baker, 2015). Similarly, Minuchin (1974) posits that boundaries within all subsystems of the family fall on a spectrum between "disengaged" to "enmeshed" boundary functioning. According to Minuchin, "disengaged" refers a relationship wherein boundaries are overly rigid and "enmeshed" refers to one wherein boundaries are too diffuse. The notion of "clear boundaries" characterizes the "normal range." In this conception, overly rigid boundaries foster distance, a lack of communication, and inflexibility which can compromise the relationship; whereas, enmeshed subsystems are characterized by an imbalance of power, an abandonment of autonomy, and a faulty support system within the relationship. Bowen (1971) argued that individual members of the family each strive to maintain a homeostasis between these two forces by negotiating the tension between attending to the needs of the self and fulfilling those of the other. As a result, from the beginning, family therapy has centered on concepts of boundaries. Boszormenyi-Nagy and Spark (1973) emphasized the power of parents in establishing and maintaining family power structures, and to do so appropriately, must accept their children's inherent dependence and their role as parents. In families where boundary violations and boundary problems occur, family therapists have worked with family members to restructure boundaries by enforcing family rules, renegotiating family roles and responsibilities, and defining lines (or boundaries) between family members. Indeed, for the majority of the 20th century, advances in boundary-related thinking in the family context have almost entirely occurred in theoretical framework and the therapeutic method. Empirical research regarding "boundary dissolution" as a distinct phenomenon is a more recent occurrence, beginning in the 1980s with the research of Sroufe and Ward (1980).

Boundary Dissolution

The term boundary dissolution refers to a breach in the boundaries within a relationship, particularly in a parent-child subsystem, wherein a parent breaches age-appropriate and relationship-appropriate boundaries with their child. In their seminal 1980 study, Sroufe and Ward (1980) observed seductive behavior of mothers toward their infants, an extreme form of *parentification* (Boszormenyi-Nagy & Spark, 1973). In this study, mothers were not only considered seductive because of explicit physical interaction or manipulative behavior, but rather an imposition of their own emotional needs and desires over that of their infants' in a way that was both over-stimulating and role, age, and relationship inappropriate. Since then, this imposition of needs has been observed in parent-child dynamics at every age, broadly termed

"boundary dissolution" (Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Kerig, 2003; Kerig, 2005). Boundary dissolution is characterized by parent-child patterns wherein a parent imposes upon their children roles and responsibilities beyond their developmental capacity while at the same time, interrupting the child's ability to attend to their age-appropriate developmental tasks. Additionally, in abdicating their parental responsibilities, children have reduced support from parents with regard to their age-appropriate developmental needs and fulfilling roles thrust upon them in the boundary dissolved family (Shaffer & Sroufe, 2005). In short, parents prioritize their own needs over those of the child and in doing so, compromise their child's development. In a later review of the literature on boundary dissolution, Kerig (2005) argues that integral to parental boundary dissolution is a failure on the part of the parent to recognize the psychological distinctiveness of their child. This understanding echoes Bowen's early conceptualization of the "emotional stuck-togetherness" that seemed to characterize the maladaptive behavior and family dynamics of his clients.

An important facet of boundary dissolution has to do with "role reversal and role confusion." Indeed, there is a large body of research addressing role reversal and role confusion, specifically, as well as subcategories such as *spousification*, *parentification*, *triangulation* and *adultification* (Goglia, Jurkovic, Burt, & Burge-Callway, 1992; Valleu, Bergner, & Horton, 1995; Sroufe & Fleeson, 1988; Rowa, Kerig, & Geller, 2001; Burton, 2007; Macfie, Brumariu, & Lyons-Rufe, 2007; Baggett, Shaffer, & Muetzefeld, 2013; Madden & Shaffer, 2016; Schmitz & Tyler, 2016). The caregiving tasks given to children in boundary-dissolved parental relationships are categorized as either instrumental or emotional (Shaffer & Sroufe, 2005). Instrumental tasks may involve helping to raise younger siblings, extensive household tasks, contributing to household income, cooking meals for siblings and parents, and keeping up with the household bills. Emotional tasks may involve providing emotional support for a parent, dating advice, a mediating role between two parents, inappropriate or excessive physical comfort, and even going so far as complete role-reversal (termed *parentification*) as the child parents their mother or father. The tasks that characterize boundary dissolution require much more of the child than they are prepared for, are inappropriate for a relationship between a parent and their child, and distract from important developmental tasks such as play, education, and forming friendships with peers and siblings (Garber, 2011).

Boundary dissolution is a multifaceted and complex phenomenon and can look very different from one dyad to another, which provides a challenge for researchers. Additionally, language used to describe the different types and aspects of boundary dissolution has been very inconsistent throughout the literature. In her review of the literature on boundary dissolution, Kerig (2005) found approximately forty different terms used to describe boundary dissolution and its different aspects. Kerig (2005) consolidated different clusters of these terms into the following four dimensions of boundary dissolution: *Enmeshment, intrusiveness, spousification,* and *role reversal* (which includes *parentification* and *adultification*).

In the Kerig model, *enmeshment* involves a relational *identity* and *feeling* that blurs the line between self and other, it prioritizes the relationship or group identity over individual identity. The concept of enmeshment in family therapy originates with Minuchin's (1974) spectrum of family boundaries that ranges from disengaged (too rigid boundaries, no flexibility, and little communication) to enmeshed (dissolved boundaries and blurred or confusing lines between family members). Minuchin (1974) and Bowen (1971; 1985) also describe enmeshment as an attribute that can describe the whole family system and related systems (such as family friends, household or working staff). That is to say, the whole family system, other subsystems,

and related systems are affected by and/or reinforce the enmeshed state. Sometimes enmeshment is conflated with family closeness and family cohesion, which have not been associated with maladaptive behavior patterns (Peris & Emery, 2005; Rowa, Kerig, & Geller, 2001). Enmeshment is characterized by parents' failure to view their child's identity as distinct from their own. Parents may perceive their child's reputation, emotions, and behavior as intertwined with their own, which influences their expectations of their children, and can certainly disrupt the natural processes of identity discovery, extra-familial intimacy and friendship, and growing autonomy (Bowen, 1978; Sroufe & Ward, 1980; Macfie, Houts, McElwain, & Cox, 2005; Jacobvitz, Morgan, Kretchmar, & Morgan, 2009).

Intrusiveness involves the control and manipulation of a child's behavior, or the externalized reinforcement of enmeshment. Like enmeshment, it is characterized by the parent's lack of acknowledgment of or regard for a child's autonomy, individual development, and identity. However, intrusiveness refers to *behavior* and *actions* that are over-controlling, manipulative, and sometimes overprotective and infantilizing, on the part of the parent (Fish, Belsky, & Youngblade, 1991). For example, the parent might frequently go into their child's room while their child is away, they might read their diary, or perhaps they will encroach on their child's friendships (Garber, 2011). Parents also might make their child feel guilty for autonomous actions such as developing close relationships outside of the home (or even with other family members, such as another parent), or taking on different world views from those of their parent. Additionally, unlike enmeshment, intrusiveness implies an imbalance of power or hierarchical structure. In other words, a parent's intrusion on their child is a way of enforcing and maintaining and enmeshed family or dyadic environment (Kerig, 2005). Intrusive parental behavior has been linked to violence and victimization in adulthood (Linder & Collins, 2005),

Spousification involves the parent giving responsibilities to the child that are meant for a spouse. Spousification is either termed "affectionate/seductive" or "hostile" (Kerig, 2005). Spousification that is termed "affectionate" is derived from research regarding the observation of "seductive behavior" of parents toward their small children (Sroufe & Ward, 1980; Sroufe et al., 1985). In broad terms, "affectionate" spousification involves the parent uses their child as a stand-in for a spousal relationship. However, it is important to understand that the term "affectionate" does not refer to behavior that benefits the child, as affectionate spousification is associated with maladaptive parental behaviors like withholding praise, emotional manipulation, and physical punishment (Sroufe & Ward, 1980; Sroufe et al., 1985). Instead, it refers to the affectionate role in which the child is placed by the parent. For example, a mother might hold her small child closely for a long time to comfort herself, despite a lack of need signaling from the child or despite signals that the child wishes to end the close contact. Thus, the parent prioritizes their own needs over those of the children in a way that is over-stimulating and controlling. There is a wide spectrum of affectionate spousification. In its milder forms, affectionate spousification involves the parent turning to their child for emotional support and physical comfort. In its more extreme forms, it is characterized by sexual undertones, sometimes even resulting in sexual abuse of the child.

"Hostile" spousification, on the other hand, is conceptualized as the spillover (Kerig, 2005; Brown, 1998) of negative marital relations to the child. While the research of Sroufe and colleagues focuses specifically on seductive behavior of parents toward their children (Sroufe & Ward, 1980; Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985; Jacobvitz & Sroufe, 1987; Shaffer & Sroufe, 2005), the research of Kerig, Brown, and colleagues generally focuses on hostile spousification, sometimes simply called "spillover" (Rowa, Kerig, & Geller, 2001; Brown, 1997; Kerig, 2005). In hostile spousification, children are made the bear the brunt of the relational difficulties of their parents. For example, in their scale for children, Kerig and Brown (1996) include questions like, "When my mom gets mad at me, she says I'm just like my dad," or in their scale for mothers, "I have similar feelings toward my child as I do toward his/her father," to measure hostile spousification. While hostile spousification has been conceptualized as the result of discord between parents (Kerig, 2005), research on affectionate or seductive spousification has suggested that it is primarily generational, and that difficulties romantic relationships have more to do with the dissolved boundaries with one's own parents (Sroufe & Ward, 1980; Sroufe et al., 1985).

Role Reversal involves a child assuming roles and responsibilities that are meant for a parent or an adult. These roles and responsibilities are characterized as either instrumental helping tasks or emotional helping tasks. While many children are given roles and responsibilities within a household, role reversal goes far beyond chores. In fact, some level of chores and household responsibilities, when appropriate and primarily instrumental, have shown to be beneficial for children, promoting autonomous development (Hetherington & Stanley-Hagan, 1999; Herer & Mayseless, 2000). This may involve being a co-parent for younger siblings, or, in its more extreme forms, the parent-child hierarchy is completely reversed such that the child is put in the position of parenting the parent. This complete reversal of parent-child roles is termed *parentification* (Kerig, 2005). The parent may actively turn to their child for nurturance and care-giving, or it may occur as a result of the inability of the parents to care for themselves and their own children because of chronic physical health problems such as cancer, or chronic mental health problems like major depressive disorder (Champion, Jaser, Reeslund, Simmons, Potts, Shears, & Compas, 2009) or substance addiction (Goglia, Jurkovic, Burt, &

Burge-Callaway, 1992; Fitzgerald, Schneider, Salstrom, Zinzow, Jackson, & Fossel, 2008). In fact, there is evidence that physical health problems may be a protective factor against the aversive developmental outcomes of parentification (Baggett, Shaffer, & Muetzefeld, 2013).

Adultification is similar to parentification, except the child is given almost an equal status to their parent, as a peer or friend, which can take many forms, including co-parenting younger siblings, giving emotional and/or social support to their parent (such as being asked for relationship advice), or perhaps sharing and camaraderie that is too intimate for the child (Kerig, 2005; Nemmers, 2012; Macfie, Brumariu, & Lyons-Ruth, 2015). One form of adultification, *triangulation*, refers to a relational environment in which a child is elevated by the parents into the spousal relationship, usually placed between the parents in a mediating role (Peris & Emery, 2005; Kerig, 2005; Mayseless, Bartholomew, Henderson, & Trinke, 2004). In this type of relationship, a sense of responsibility for their parents' relationship is forced upon them. Role-reversal is considered problematic because it demands too much of the child's capacities and interrupts age-appropriate developmental tasks.

Multicultural Considerations

Advancing research in boundary dissolution and family-based therapeutic methods requires a culturally sensitive and complex understanding of familial and interpersonal boundaries. Superficial understandings stemming from individualistic cultural perceptions of familial closeness and enmeshment may be imposed upon families, especially families within marginalized populations. Historically, there is reason to be concerned. Stereotypes, systemic racism, and cultural prejudices have all directly influenced social policy and therapeutic methods concerning Black families. In 1965, a report, *The Negro Family: The Case for National Action* was published and circulated around Washington. President Lyndon B. Johnson's assistant Secretary of Labor, Daniel 'Pat' Moynihan, wrote the report with the intention of proposing a solution for the social and economic disparity between races at the height of the Civil Rights Movement. In the report, Moynihan expressed deep concern regarding on "absentee fathers," "matriarchal families," as well as an upsurge in a "tangle of pathology" determined by family structure (Patterson, 2015) within Black families. The report was initially met with a great deal of enthusiasm, followed almost immediately by a surge of backlash.

In her book, Black Families in Therapy Nancy Boyd-Franklin (2003) argued that social understanding and institutional policy influenced by the Moynihan Report are influenced by a lack of understanding of the diversity, strength, and normality of Black family structures that has a direct effect on therapy for Black families. She stated that the aforementioned "pathology" arises from the ethnocentric perspective that any family not centered on two married parents is inherently unhealthy (p.18-22). Instead, she urged therapists to consider the potential strength of extended family closeness, strong kinship bonds, and processes of informal adoption in Black families. She argued that in improving their understanding, therapists will be better equipped to identify functional or dysfunctional family dynamics without characterizing all fluid and extended families as having dissolved boundaries (p. 60-72). For example, she described one case study in which a family had a large number of related nuclear families living within the same home. This family had a complex system of support and habit that greatly promoted the financial and emotional security of the family, the socialization of the children (cousins), and did so through the enforcement of very clear boundaries between the subfamilies (each had their own private spaces) and between authority figures (parents, grand-parents, aunts and uncles) and the children. Until she began working with them, this family had been dismissed by previous therapists as unhealthy simply because of superficial structure.

Research regarding the cohesion, closeness, and enmeshment of Asian American families has also been problematic. Jin (2015) identified a great deal of inconsistency in regards to the effect of family closeness and enmeshment on Asian American youth, despite the relative consistency in findings in American and Australian youth, positing that Western conceptions of overly close relationships might not apply to Asian American families. For instance, Jin states that, as a direct result of Confucian influence, close child-parent relationships (Bujayuchin-Sungjung) are regarded as very important to family functioning, whereas boundaries between wife and husband are more greatly enforced. Additionally, Korean culture, much like many other collectivist cultures (Florian & Mikulincer, 1993), often prioritizes group identity over individual identity, which has implications for family identity. Contrary to expectations, studies have shown that Bujayuchin-Sungjung (child-parent closeness) is positively related to child selfdifferentiation (Choi, 2005; Jin, 2015). This suggests that Western conceptions of the spectrum of "disengaged" to "enmeshed" (Minuchin, 1974) may not be applicable to Korean or other collectivist cultures. However, according to Florian and Mikulincer (1993), collectivist culture family structures tend to also emphasize hierarchy. This may promote clearer boundaries, roles, and responsibilities among family members. However, collectivist cultures also emphasize group identity over individual identity (Florian & Mikulincer, 1993), which may have similar implications as enmeshment. This shows that the theoretical framework of familial boundaries, roles and responsibilities, must continually be revisited so as to be able to differentiate between adaptive and maladaptive family functioning among different cultures.

Alternatively, there is an emerging body in research regarding immigrant families and role-reversal, particularly regarding the new role many "first-generation" children must play as "culture and language brokers" (Buriel, Perez, DeMent, Chavez, & Moran, 1998; Kuperminc,

Jurkovic, & Casey) between their parents and adoptive culture, often literally translating language for their parents, or simply trying to communicate and negotiate the differences between the two cultures (Tse, 1995; Trickett & Jones, 2007; Bergelson, Kurman, & Roer-Strier, 2015; Kuperminc, Jurkovic, & Casey, 2009). Because of the enormous amounts of responsibility placed upon many immigrant young people as a result of new stressors upon the family, some researchers have classified this dynamic as role-reversal, adultification, and/or parentification (Roy, Messina, Smith, & Waters, 2014; Walsh, Shulman, Bar-On, & Tsur). Other researchers, on the other hand, have deliberately differentiated between investigations of role-reversal and "filial responsibilities" (Bergelson, et al., 2015; Kuperminc, Jurkovic, & Casey, 2009) to avoid pathological connotations. There is evidence to suggest that perception of unfairness may be a determining factor in the maladaptive results of caregiving tasks (Kuperminc, et al., 2009).

Ultimately, research and literature regarding boundary dissolution specifically among families of color, migrant families, and other families of other ethnicities is scarce and more research needs to address this gap. This is especially important considering how foundational the concept of "boundaries" is to family therapy. Additionally, more literature needs to bridge the gap between research regarding culturally-determined family structures and research that informs the practice of family therapists to improve their therapeutic technique with a diversity of clients.

Sexual and Romantic Relationship Concerns

Boundary dissolution is concerning primarily because of its disruptive impact on children's development. Indeed, parental boundary dissolution has been linked to adverse psychological outcomes at every stage of life, including behavior problems in childhood (Sroufe, Jacobvitz, & Mangelsdorf, 2005; Jacobvitz & Sroufe, 1987; Macfie, Houts, McElwain, & Cox, 2005), psychological disorders in adolescence and adulthood (Shaffer & Egeland, 2011; Rowa, Kerig, & Gellar, 2001; Jacobvitz & Bush, 1996), as well as negative romantic relationship and parenting outcomes that indicate that boundary dissolution is repetitive, generational, and self-perpetuating (Kretchmar & Jacobvitz, 2002; Jacobvitz, et al., 1991; Baggett, et al., 2013).

Boundary violations in developmentally important parental relationships may lead to later boundary maintenance issues in extra-familial close relationships, especially romantic relationships. As previously stated, Bowen (1985) observed that an enmeshed dyadic relationship was apparent within the whole family system, as well as related systems and relationships. Within a parent-child subsystem, power, and the responsibility of establishing, negotiating, and maintaining boundaries rests with the parent. However, romantic or spousal relationships are typically much more egalitarian and establishing, negotiating, and maintaining boundaries is the responsibility of both parties, thus violation of boundaries in childhood by a parent may disrupt boundary setting and maintenance in romantic relationships, such as in problem solving, maintaining limits, intrusiveness, and enmeshment.

That boundary dissolution may be apparent at other stages of development may also be relevant. The ages of 18-25 bridge the developmental stages termed by Erikson (1950) as *Identity v. Role Confusion* (ages 13-19) and *Intimacy v. Isolation* (ages 20-39). Between the ages of 13-19, the individual's primary concern is the development of an identity and inner sense of who they are to themselves as well as to others. In other words, adolescence is a time of role establishment. Boundary dissolution is potentially very disrupting to that pursuit, especially when a parent's identity intrudes upon the identity of their child. Additionally, pursuit of the next stage in life (Intimacy v. Isolation; ages 20-39) is meant to build upon the individual's

sense of identity in order to intertwine their own life with that of another (a romantic partnership). If boundary dissolution between parent and individual has prevented an individual's identity from fully developing, it may also disrupt the ability to, in Erikson's words, "fuse his identity with that of others" (Erikson, 1950, p.263).

Consistent with this claim, boundary dissolution has been associated with various negative romantic relationship outcomes. In a study by Baggett et al. (2013), father-daughter parentification was negatively associated with romantic relationship satisfaction and positively associated with romantic relationship insecurity. In another study, emotional parentification was negatively associated with romantic relationship constructive communication in young adults (Madden & Shaffer, 2016). On the other hand, maternal support has been linked to better romantic competence in adolescent daughters of divorced parents (Shulman, Zlotnik, Shachar-Shapira, Connolly, & Bohr, 2012).

These findings regarding links between boundary violations within a parent-child relationship and a romantic relationship lead to greater questions regarding potential other romantic relationship outcomes of parental boundary dissolution. Peris and Emery (2005) posit that power structures within boundary dissolved parent-child relationships are compromised or maladaptive, suggesting that power structures within a subsequent romantic relationship might also be compromised. Individuals who have compromised boundaries with their parents may grow to expect to take on heavy emotional tasks, while at the same time be afflicted with feelings of guilt and mistrust. This may result in seeking out and establishing romantic relationships from a young age while not feeling secure or satisfied in those relationships. Individuals who come from enmeshed families may also create more enmeshed relationships as the result of modeling. More research should address other possible romantic relationship developmental outcomes of parental boundary dissolution, particularly in regards to power dynamics, attachment, and enmeshment.

While research on the effect of parental boundary dissolution on romantic relationship functioning is scarce, its effect on sexual health is even more rare. The few existing studies examine the consequences of the most extreme forms of boundary dissolution—parents' seductive behavior and sexual abuse (Sroufe & Ward, 1980; Mayseless, et al., 2004)—but these studies focus on the sexuality of the parent. However, some studies have examined the relationship between family and sexual risk behavior in adolescents. A review by Kotchick, Shaffer, Forehand, and Miller (2001) indicates that parents' support, sexual attitudes, and sexual modeling, as well as the quality of communication between parents and adolescents are all important factors in determining sexual safety in adolescents. Additionally, parental divorce has been associated with early sexual activity and early first intercourse (Dorius, Heaton, & Steffan, 1993; Quinlan, 2003). However, these effects may be alleviated by adaptive parenting and spousal relationships (Shulman, Zlotnik, Shachar-Shapira, Connoley, & Bohr, 2012) which prompts speculation as to the role of boundary dissolution.

Role reversal and emotional caregiving are characterized by age-inappropriate conversations, such as financial matters, decision-making for the family, and sometimes the dating and sexual activity of the parents (especially in adultification or role reversal when the child serves as a confidante). This indicates that the sexual attitudes and sexual modeling of parents, which research has shown to contribute to sexual risk behavior in adolescents (Kotchick et al., 2001) may have a more profound effect on children when boundaries are dissolved. Since frank sexual conversation and modeling of sexual activity happen at an inappropriate age for the child, this may lead to earlier sexual initiation. In a study by Linder and Collins (2005) boundary violations with parents were significantly associated of both violence victimization and perpetration in romantic relationships, a possible explanation of which is that boundary violations may lead to poor emotion regulation development, such that individuals, instead of dealing with emotional upset in relationships in a healthy way, instead have violent outbursts, and adopt controlling and manipulative behaviors towards their partners. On the other hand, because of a lack of emotional awareness or emotion regulation strategies, they may find it difficult to acknowledge feelings of being manipulated, controlled or hurt within their own relationships. Boundary dissolution with parents may also lead to risk of nonconsensual sexual activity. This is for a variety of reasons. For instance, in high-arousal situations that require decision-making, access to emotion regulation strategies is very important, both to understand one's own feelings, to make decisions based on those feelings, let alone to communicate those desires and decisions. In short, conflicted and confusing feelings lead to difficulties in both decision-making and communication.

More research is needed to investigate the possible effect that boundary violations with a parent in childhood may have on that child's later romantic and sexual relationship development, in other words, an individual's boundary problems in one dyad (parent-child) during early development, and its implications in later development for a different dyad (romantic and sexual partnership). This may provide insight into the vulnerabilities for boundary problems that exist within a romantic or spousal relationship (Kerig, 2005) that, from a systems perspective, are affected by and affect the rest of the family system (Bowen, 1971; Minuchin, 1974).

Moderators and Mediators of Links between Boundary Dissolution and Negative Romantic Outcomes

Family Risk Factors. There are two other constructs associated with family systems theory that are often associated with parental boundary dissolution: attachment style and parenting style. While parenting style, attachment style, and dyadic boundaries are distinct concepts, they often interact with each other and are sometimes difficult to distinguish. In some studies, attachment has been shown to be a predictor of role-reversal (Macfie, Fitzpatrick, Rivas, & Cox, 2008). In others, boundary dissolution and attachment style have been found to be two distinct-but-related contributors to self-other differentiation development (Lopez, 2001). Still in other studies, boundary dissolution has been found to contribute to the maladaptive internal working models associated with anxious and avoidant attachment styles (Hooper, 2007). Moreover, insecure attachment styles are associated with parental boundary dissolution in both children (Macfie, et al., 2008) and young adults (Baggett et al., 2013). More research needs to address the conceptual differences and similarities between attachment style and boundary dissolution. Both contribute to the development of internal working models for relationships as well as have profound influence on autonomous development. Additionally, research needs to address whether or not they are distinct and mutually exclusive phenomena and the exacerbating effects of attachment issues on boundary dissolution.

In regards to parenting style, parental boundary dissolution is often characterized by hostility (Sroufe et al., 1985), and withholding praise, which are characteristic of authoritarian parenting. On the other hand, boundary dissolution is also often characterized by unconcern for a child's needs, a peer-like relationship between parent and child (role reversal-adultification), conflict avoidance or passivity, and emotional or physical absence, which are reflected in

attributes of neglectful and permissive parenting styles. Additionally, positive authoritative parenting styles have been linked to more secure attachment in mothers, while more negative parenting styles have been associated with anxious and avoidant attachment in mothers (Ktistaki, Papadaki-Michailidi, & Karademas, 2014). Ktistaki et al.'s (2014) observational study also showed that mothers who are more secure in their relationships display more positive parenting ability. More research is needed to investigate the exacerbating effects of parenting styles on boundary dissolution.

Boundary dissolution is also associated with other family risk factors such as parental divorce and parental chronic health problems (including substance abuse), which both may result in vulnerability on the part of the parent. Kerig (2005) suggests that upon parental divorce, the family is vulnerable to boundary dissolution as parents' emotional needs increase and support structures are compromised. Indeed, role-reversal in childhood may be more common in families with divorced or single parents (Jurkovic, Thirkield, & Morrell, 2001). Similarly, if a parent is suffering from a chronic health condition or has a substance abuse problem, the parents' needs may conduce to child role-reversal. However, while parental mental health problems and substance abuse issues are considered risk factors for children, if the parent in the parentified dyad is experiencing long-term physical health concerns, it may protect the child from the maladaptive effects of parentification (Baggett et al., 2013). However, the assertion that parental divorce and parental health problems are causal factors in boundary dissolution may be premature. More research needs to be done to determine the specific interactions between boundary dissolution and other family risk factors to examine the possible exacerbating effects of parental divorce and parental mental health problems on boundary dissolution between parent

and child, as well as the effect of boundary dissolution on children in families wherein parents have not been divorced or parents are not made vulnerable by chronic health issues.

Emotion Regulation. Emotion regulation has recently emerged as a focus of research that investigates links between parent-child relationships and romantic relationship outcomes. Emotion regulation refers to an individual's awareness and acceptance of and control over one's emotions and impulses, the ability to engage in goal-directed behavior, as well as access to various emotion-regulation strategies (Gratz & Roemer, 2004). There is evidence to suggest that parental boundary dissolution may disrupt emotion regulation development. Parents have been shown to have an important influence on their child's abilities to regulate emotions (Shaffer, Suveg, Thomassin, & Bradbury, 2012). In one study by Macfie and Swan (2009), children whose mothers had been diagnosed with borderline personality disorder demonstrated higher role-reversal, and maternal identity disturbance was correlated with maladaptive emotion regulation.

Ultimately, parental boundary dissolution is characterized by a preoccupation with one's own needs over that of the child, which is associated with both poor responsiveness to the emotional signals from their child, and modeling poor emotion regulation to their child (Eisenberg, Cumberland, & Spinard, 1998; Goodman & Gotlib, 1999; Peris & Emery, 2005). Emotion dysregulation, the lack of emotion regulation skills, is characteristic of various psychological diagnoses, such as depression, bipolar disorder, and borderline personality disorder (Linehan, 1993; Joorman & Gotlib, 2010; Gruber, Harvey, & Gross, 2012). Emotion dysregulation has also been shown to be a risk factor for romantic relationship satisfaction, while emotion regulation strategies may be a protective factor against negative psychosocial outcomes (Gross and John, 2003). Parents have been shown to have an important influence over their

child's later romantic relationship functioning (Linder & Collins, 2005), and in a study by Bradbury & Shaffer (2012) emotion regulation difficulties mediated the negative relationship between childhood emotional maltreatment and relationship satisfaction, which prompts questioning into the role of boundary dissolution. Therefore, emotion regulation may mediate the relationship between the maltreatment of children that occurs in boundary dissolved parentchild relationships and negative romantic relationship

The Current Study

Our understanding of the effects of parental boundary dissolution on romantic relationships is limited. While there is evidence of its detrimental effects in some aspects of young adult development, its specific impact on romantic relationship and sexual functioning outcomes are unclear. Additionally, the way in which boundary dissolution as a unique construct interacts with and is distinct from other family functioning phenomena (such as parenting style and attachment style) requires further research. The current study examined specific romantic relationship outcomes of parental boundary dissolution, particularly in regards to romantic partner attachment, romantic relationship satisfaction, romantic relationship insecurity, romantic relationship power, sexual self-efficacy (safe sex practices, limit-setting, sexual communication), sexual assertiveness, sexual partner violence, and sexual violence/coercion. I hypothesized that boundary dissolution has direct negative associations with indicators of sexual health and romantic relationship health. I also hypothesized that various family risk factors (parenting style, attachment style, divorce, single parenthood status and parental health) moderate the link between boundary dissolution and sexual and relationship outcomes such that they amplify the negative effects of boundary dissolution. I also hypothesized that emotion regulation mediates the link between boundary dissolution and sexual health and romantic relationship outcomes.

Additionally, research has indicated that culture may have a profound effect on family and relationship structure (Florian & Mikulincer, 1993; Boyd-Franklin, 2003; Jin, 2015). Therefore, Black racial identity, East Asian racial identity, parental education, and household income were added as covariates.

Participants

Participants were recruited via flyers posted online, on the Mount Holyoke College campus, and in public spaces such as coffee shops and movie theaters. Advertisements targeted young adults (ages 18-25) and aimed to recruit a diverse sample in terms of gender, race, socioeconomic status, and educational background. Flyers included an email address for the study. In response to email inquiries, participants were given a link to the survey and a participant number. Participants who complete the survey were entered into a raffle for one of four \$25 gift cards; participants who are enrolled in eligible courses at Mount Holyoke instead had the option to earn research participation credit.

METHOD

Two hundred and two people requested participation via email and were given participant ID numbers and a link to the survey. Of those, 179 filled out at least part of the survey, of which 15 people were not included based on age ineligibility, attempting the survey more than once, or not having completed any questionnaires beyond demographic information. Cisgender males were initially recruited with the intention of contributing to the understanding of how boundary dissolution affects boys, since there is evidence that boundary dissolution may have gender or sex-specific characteristics and outcomes (Jacobvitz, Hazen, Curran, & Hitchens, 2004; Kerig, 2005; Roy, Messina, Smith, & Waters, 2014; Macfie, et al., 2005). Cisgender males, however, only made up a very small portion of the sample (9, 6%) and were not included in further analysis. While the representation of cisgender males in the sample was comparably small to that of the number of self-identified Black participants (15, 10%), Black participants were included in analysis while cisgender males were not as previous studies suggest that female children may be more vulnerable to boundary dissolution than male children (Burnett, Jones, Bliwise, & Ross, 2006; Davies & Lindsay, 2004) and that family subculture in relation to race needs to be taken into account in family systems theory research (Boyd-Franklin, 2003). Therefore, for this study, N=155.

Participants ranged from 18.25 years to 25.81 years (M=20.61, SD=1.69). In regards to gender, 90 (58%) self-identified as cisgender women; 12 (8%) self-identified as agender, bigender, genderqueer, genderfluid, and/or nonbinary, of those half (6, 4%) also included "woman" as part of their identity; 2 (1%) self-identified as trans men.

The majority (97, 63%) of the sample identified as White, 36 (23%) as East Asian, 15 (10%) as Black, 7 (5%) as South Asian, 5 (3%) as Native/Indigenous North Americans, 5 (3%) as Central/South American and/or Hispanic, and 1 (0.6%) as Middle Eastern/North African. These categories overlap as 8 (5%) self-identified with more than one racial affiliation.

In regards to religious affiliation, 70 (45%) did not identify with a religion, whereas 82 (53%) did. Of those 51 (32%) identified as affiliated with Catholicism or other Christian denominations, 9 (6%) with Judaism, 6 (4%) with Buddhism, 5 (3%) with the Bahá'í Faith, 4 (3%) with Islam, 2 (1%) with Paganism and/or Wicca, and 1 (0.6%) with both Buddhism and Hinduism.

Additionally, 11% (17) of the sample reported an annual household income of less than \$25,000, 17% (26) reported one of between \$25,000 and \$49,999, 26% (40) reported one of between \$50,000 and \$99,999, 24% (37) reported one of between \$100,000 and \$149, 999, 8% (12) reported one of between \$150,000 and \$199,999, and 11% (17) reported one of \$200,000 and above. Additionally, 85% (133) had at least one parent who had a 2-year or 4-year college degree. About half of the sample (74, 47.4%) reported still living with their parents.

Only 58 participants (37.2%) were in romantic relationships at the time of participation. Of those 39 (67.2%) were dating seriously, 6 (10.3%) were in an unmarried committed partnership, 5 (8.6%) were engaged, 2 (3.4%) were married, and 4 (6.9%) were in a committed open or polyamorous relationship. Of those relationships, only 8 (13.7%) were cohabitational. The average relationship length was approximately 1.9 (*SD*=1.8) years. Participants identified their partners' gender identity: 31 (19.9%) were cisgender men, 9 (5.8%) were cisgender women, 1 (0.6%) was a trans man, 1 (0.6%) was a trans woman, and 3 (1.8%) had nonbinary identities (agender, bigender, genderqueer, genderfluid, and/or nonbinary).

Measures

Data collection involved an online survey (Appendix A) containing measures of demographic information, family background, sexual health and history, romantic relationship history, emotion regulation and, if applicable, current romantic relationship, and current relationship with parents. Family background questions included if the participant currently lived with their parents, a checklist of parental chronic health issues (including drug or alcohol addiction), parental level of education, annual household income, and a family structure checklist (parental marital status, adoption, time spent in foster care, involvement of extended family and step-parents, etc.). Sexual health and history questions included a sexual health scale (sexual self-efficacy, assertiveness, and violence), age of first sex, and number of sexual partners. Romantic relationship questions included scales for relationship power, satisfaction, insecurity, sense of closeness, and attachment, as well as questions about age of dating initiation, number of romantic partners, and relationship status. Parental relationship questions included scales of parenting style and attachment. The online survey took approximately 1 hour to complete and included 9 different measures focusing on three distinct areas: parental relationships, romantic/sexual relationships, and participants' ability to regulate emotion. The survey also included detailed demographic and background information about the participants themselves, their family, and their romantic partner(s). Measures regarding participants' relationships with their parents included measures of boundary dissolution as well as for attachment style, and parenting style. Measures regarding participants' romantic/sexual relationships included measures for attachment style, relationship satisfaction, relationship insecurity, relationship power, sexual self-efficacy (safe sex practices, limit-setting, sexual communication), and sexual assertiveness. An additional scale measured participants' trouble regulating emotions.

Boundary Dissolution Measures. Boundary dissolution measures included the Parent-Child Boundaries Scale (PBS; Kerig & Brown, 1996) and the Filial Responsibility Scale-Adult (FRS-A; Jurkovic & Thirkield, 1999). The PBS is a 35-item Likert scale measure that measures boundary problems between parents and children. Each item measures either enmeshment, intrusiveness, role reversal, or spousification. Items are summed to derive total and subscale scores. Participants completed four versions, once for each parent, for current and retrospective relationship. The scale assesses the four key facets of boundary dissolution as stipulated by Kerig (2005): enmeshment, intrusiveness, role reversal, and spousification. This scale demonstrated good internal consistency both with questions regarding participants' mothers (α =0.88) and fathers (α =0.90). The FRS-A is a 30-item Likert scale measure that assesses the instrumental and emotional caregiving tasks as well as the sense of unfairness that characterize parentification. This scale demonstrated excellent internal consistency (α =0.93). **Relationship Closeness Measure.** Sense of relationship closeness was measured by the Inclusion of Self and Others Scale (IOS; Aron, Aron, & Smollan, 1992). The IOS is a 1-item multiple choice scale that measures the perception of interpersonal closeness of the self and another. The participant is given 7 different pictures of two circles (one labelled "self" and one labelled "other") of varying degrees of connectedness. Participants are asked to indicate which most closely resembles their relationship with another. Participants completed three versions, one for each parent and one for their romantic partner. As it is a 1-item scale, internal reliability could not be calculated.

Attachment Style and Parenting Style Measures. The measure of attachment style was the Experiences in Close Relationships - Relationship Structures Questionnaire (ECR-RS; Fraley et al., 2011). The ECR-RS is a 9-item Likert scale measure that assesses attachment style in adults in any dyadic relationship. Participants complete three versions, one for each parent and one for their romantic partner. The ECR-RS demonstrated excellent internal consistency for anxious- (α =0.92) and avoidant-related (α =0.93) attachment styles with mothers, anxious-(α =0.92) and avoidant-related (α =0.89) attachment styles with fathers, as well as anxious-(α =0.91) and avoidant-related (α =0.88) attachment styles with romantic partners.

Parenting style was measured using the Parental Authority Questionnaire (PAQ; Buri, 1991). The PAQ is a 30-item measure that assesses each parent's parenting style from the adult child's perspective. Each of the items measures parental authority as permissive, authoritative, or authoritarian. Participants filled out two versions, one for each parent. This scale demonstrated good internal consistency for mother's permissiveness (α =0.79) and authoritarianism (α =0.88), and father's permissiveness (α =0.84) and authoritarianism (α =0.89). Relationship Satisfaction and Relationship Insecurity Measures. Relationship satisfaction was measured using the Relationship Assessment Scale (RAS; Hendrick, 1988), a 7item measure designed to assess romantic relationship satisfaction. This scale demonstrated good internal reliability (α =0.89). Relationship insecurity was measured using the Relationship Insecurity Scale (Fei & Berscheid, 1977), a 15-item measure. If applicable, participants completed each scale for their current romantic relationship. This scale demonstrated good internal reliability (α =0.89).

Relationship Power Measures. Relationship power was measured by The Relationship Power Inventory (RPI; Farrell, Simpson, & Rothman, 2015). The RPI is a 20-item scale designed to measure power dynamics in romantic relationships. Each item addresses dynamics of discussions and problem-solving within a romantic relationship and measures self-outcome, partner-outcome, self-process, and partner process. If applicable, participants completed the scale for their current romantic relationship. This scale demonstrated fair internal consistency (α =0.77).

Sexual Health Measures. Sexual health was measured using the Canadian Sexual Health Indicators Survey (CSHI; Public Health Agency of Canada, 2012). The CSHI is a 41item self-assessment scale developed by the Public Health Agency of Canada in order to systematize evaluation of sexual health among Canadian young people. It is particularly designed not only to evaluate safe-sex practices like using a condom, but sexual self-efficacy which includes condom/protection usage, limit-setting, and communication. This is particularly useful for the current study because sexual self-efficacy criteria closely resemble boundary regulation issues. The survey also includes a section measuring one's sexual relationship approach which was excluded as this was not particularly relevant to this study. The questionnaire also includes a section about experiences of sexual violence/coercion and partner violence. For the purposes of this study, subscales of the CSHI that were employed included a sexual assertiveness measure and sexual self-efficacy (including condom/protection, limit-setting, and communication), as well as the measures of sexual partner violence experiences and sexual violence/coercion experiences. The measure of sexual assertiveness indicated good internal consistency (α =0.83). The measure of sexual self-efficacy measure, measuring condom/protection usage, limit-setting, and communication indicated excellent internal reliability (α =0.83, α =0.91, α =0.96). The measures of sexual violence/coercion and partner violence indicated excellent internal reliability (α =0.71, α =0.90) respectively.

Emotion Dysregulation Measure. Emotion dysregulation was measured using the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). The Difficulties in Emotion Regulation Scale is a 36-item Likert scale designed to measure emotion dysregulation, in other words, struggles with control over one's emotions. The scale assesses four dimensions of emotion dysregulation: awareness and understanding of emotions, acceptance of emotions, the ability to engage in goal-directed behavior and refrain from impulsive behavior during emotional upset, and access to effective emotion regulation strategies. This scale has demonstrated excellent internal consistency (α =0.95).

Control Variables. This study included participants' *Black racial identity* (Not Black = 0, Black/African American = 1), *East Asian racial identity* (Not East Asian = 0, East Asian =1), *household income* (0-24,999 annually = 1, 25,000-49,999 annually = 2, 50,000-99,999 annually = 3, 100,000-149,999 annually = 4, 150,000-199,999 annually = 5, 200,000 and up annually = 6), and *parental education* (no parent has graduated with at least a 2-year degree = 0, at least one parent has graduated with at least a 2-year degree = 1) as possible covariates.

RESULTS

Analytic Plan

Bivariate correlations examined associations between subscales of boundary dissolution, sexual health, romantic relationship functioning, parental attachment, parenting style, emotion regulation, and covariates. Next, hierarchical regressions examined main effects of boundary dissolution on sexual health and romantic relationship functioning. In each regression model, maternal boundary dissolution was entered into block 1; and the covariates Black racial identity (1 = self-identifies as Black; 0 = does not self-identify as Black), East Asian racial identity (same), and household income were entered into block 2.

Next, hierarchical regressions examined the moderating relationship between various family risk factors—maternal attachment anxiety, attachment avoidance, permissiveness, authoritarianism, being raised by a single parent, parental divorce, parental physical health problems, and parental mental health problems—on links between boundary dissolution and sexual health and romantic relationship functioning. In each regression model, maternal boundary dissolution and a family risk factor were entered into block 1, the interaction term between maternal boundary dissolution and family risk factor were entered into block 2, and covariates were entered into block 3.

Finally, hierarchical regressions examined the mediating role of emotion dysregulation on the relationship between boundary dissolution and significant sexual health and romantic relationship functioning outcomes observed in previous regression analyses. Maternal boundary dissolution was entered into block 1, and emotion dysregulation was entered into block 2.

Exploratory analysis involved demographic frequencies of Black and East Asian racial subgroups in regards to household income, nationality, ethnicity, family structure, and relationship length.

Bivariate Correlations and Descriptive Statistics

Table 1 presents the results from bivariate correlation analysis and descriptive statistics for boundary dissolution, sexual health, romantic relationship functioning, covariates, anxious and avoidant parental attachment styles, parental permissiveness and parental authoritarianism, and emotion dysregulation.

Because the PBS boundary dissolution subscales of enmeshment, intrusiveness, role reversal, and spousification were significantly correlated (see Table 1; *r* ranged from .16 to .79), the PBS total *maternal boundary dissolution* scale was used as the indicator of maternal boundary dissolution. Maternal boundary dissolution and maternal closeness (r = .18, p = .033), were significantly correlated.

Maternal boundary dissolution was unrelated to household income (r = -.14, p = .101) and parental education (r = -.10, p = .230); household income, but not parental education was included as a covariate in further analyses.

Maternal boundary dissolution was significantly positively correlated with emotion dysregulation (r = .20, p = .014). Emotion dysregulation was also significantly correlated with sexual assertiveness (r = -.21, p = .011), sexual limit-setting self-efficacy (r = -.25, p = .002), sexual communication self-efficacy (r = -.30, p < .001), experiences of partner violence (r = .17,

p = .046), romantic partner attachment anxiety (r = .39, p = .003), and relationship insecurity (r = .37, p = .005). While East Asian racial identity did not show a significant correlation with any

Table 1

Unstandardized Coefficients from Multilevel Models Testing Direct Associations between All Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	М	SD
1 Mother Enmeshment	_																													27.61	6.37
2 Mother Intrusiveness	.35**	_																												23.64	7.33
3 Mother Role Reversal	.46**	.41**	_																											15.03	6.09
4 Mother Spousification	.16*	.25**	.38**	-																										10.91	4.67
5 Mother Boundary Dissolution	.69**	.75**	.79**	.57**	_																									83.73	18.63
6 Instrumental Caregiving	.12	.28**	.41**	.14	.35**	-																								2.13	0.68
7 Emotional Caregiving	.30**	.38**	.60**	.40**	.60**	.48**	-																							2.62	0.88
8 Sense of Unfairness	.18*	.45**	.60**	.41**	.59**	.53**	.79**	_																						2.31	0.97
9 Overall Filial Responsibilities	.24**	.44**	.63**	.39**	.61**	.74**	.90**	.92**	_																					2.35	0.73
10 Mother Interpersonal Closeness	.06	15	17*	15	18*	09	23**	34**	27**	_																				3.95	1.75
11 Sexual Assertiveness	.02	.06	.05	04	.04	.07	.16	.03	.10	17*	_																			3.09	1.19
12 Sexual Condom/Protection Self-Efficacy	.05	04	.05	09	.00	.03	.14	01	.06	03	.71**	_																		3.40	1.40
13 Sexual Limit Setting Self- Efficacy	04	20*	16	14	19*	08	06	06	08	02	.56**	.52**	_																	3.96	1.27
14 Sexual Communication Self- Efficacy	05	09	02	08	08	03	.08	03	.01	09	.74**	.80**	.66**	-																3.55	1.20
15 Sexual Violence/Coercion	.00	.12	.07	.03	.09	.06	.17*	.11	.13	12	.40**	.29**	.10	.23**	-															1.06	0.37
16 Sexual Partner Violence	02	.21*	.10	.06	.12	.03	.25**	.17*	.18*	.00	.35**	.21*	01	.20*	.66**	-														1.19	0.69

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	N
17 Romantic Partner Attachment Anxiety	.05	.16	.17	.07	.17	.10	.18	.20	.19	.02	.02	.14	17	.04	.24	.31*	_													2.6
18 Romantic Partner Attachment Avoidance	.12	.03	.02	08	.01	04	.02	06	03	.29*	35**	09	27*	34**	09	.09	.48**	_												1.8
19 Romantic Relationship Power	13	.03	.00	05	04	.03	02	.07	.03	08	.36**	.28*	.00	.22	.02	.06	.19	21	_											4.2
20 Romantic Relationship Insecurity	.21	.33*	.30*	.17	.33*	.09	.29*	.25	.25	.12	.03	.04	37**	09	.40**	.48**	.77**	.57**	.12	_										2.3
21 Romantic Relationship Satisfaction	27*	08	04	.00	10	09	03	.06	01	36**	.31*	.20	.36**	.42**	.06	20	39**	78**	.21	58**	-									5.3
22 Romantic Partner Interpersonal Closeness	.03	.03	.00	.09	.04	31*	15	06	18	.05	02	.05	02	.06	.09	10	24	48**	.06	15	.38**	-								3.9
23 Black Racial Identity	11	.25**	.06	06	.05	.16	.07	.16*	.15	.11	03	03	10	05	.11	.16	.47**	.19	.30*	.37**	10	.02	-							-
24 East Asian Racial Identity	.03	08	.03	.04	02	.11	07	05	01	02	18*	12	24**	14	20*	14	09	.30*	.01	04	54**	08	18*	_						_
25 Household Income	.05	16	24**	03	14	21 [*]	23**	26**	27**	.03	.14	.07	.17*	.12	.12	.01	.05	13	.19	.04	.06	09	19*	09	-					_
26 Mother Attachment Anxiety	.20*	.34**	.43**	.38**	.48**	.11	.36**	.50**	.40**	29**	05	10	10	07	.01	.06	.17	12	03	.19	.17	.18	01	.07	06	_				1.3
27 Mother Attachment Avoidance	.17*	.44**	.49**	.25**	.50**	.14	.38**	.58**	.46**	57**	.01	11	16	14	.07	.05	02	16	.02	.07	.15	.26*	03	.08	20*	.63**	_			2.3
28 Mother Permissiveness	.16	37**	07	09	16	06	17*	23**	19*	.14	03	.00	.07	04	24**	30**	02	.07	.17	05	11	03	27**	.22**	.07	17*	16	-		2.:
29 Mother Authoritarianism	.15	.56**	.42**	.31**	.52**	.33**	.41**	.57**	.52**	11	01	04	15	09	.13	.26**	.14	.05	03	.19	06	.22	.27**	03	29**	.40**	.43**	52**	_	2.8
30 Emotion Dysregulation	.05	.25**	.12	.14	.20*	.16	.26**	.40**	.33**	08	21 [*]	15	25**	30**	.05	.17*	.39**	.22	.16	.37**	24	05	.04	01	02	.22**	.24**	10	.22**	2.8

measure of boundary dissolution (see Table 1), Black racial identity was not significantly correlated with maternal boundary dissolution overall (r = .05, p = .511), but did show a significant correlation with maternal intrusiveness (r = .25, p = .002). Household income, on the other hand, was significantly associated with maternal role reversal (r = .24, p = .004), instrumental caregiving (r = .21, p = .013), emotional caregiving (r = .23, p = .005), sense of unfairness (r = .26, p = .001), and overall (r = .27, p = .001).

Relationships between Boundary Dissolution and Sexual Health

Tables 2 and 3 present hierarchical regression analyses between maternal boundary dissolution and measures of sexual health: age of first sexual, total number of sexual partners, sexual assertiveness, sexual self-efficacy (including condom/protection usage, limit-setting, and communication), experiences of sexual violence and coercion, and experiences of sexual partner violence.

Relationships between boundary dissolution and age of first sex. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' age of first sex (see Table 2). In block 1, maternal boundary dissolution was not significantly associated with age of first sex ($R^2 = .01$, F(1, 90) = .60, $\beta = -.08$, t(90) = -.77, p = .442). In the final model, the covariates accounted for a significant amount of variance ($\Delta R^2 = .10$, $\Delta F(3, 87) = 3.32$, p = .026). This was not consistent with the hypothesis that boundary dissolution is negatively associated with participants' age of first sex. Although East Asian racial identity and household income were not significantly associated with age of first sex, Black racial identity was a significant correlate of lower age of first sex ($\beta = -.31$, t(90) = -2.93, p = .004).

Table 2

Main Effects of Boundary Dissolution, Filial Responsibility, and Sexual Health

	Age of First Sex				al Numb cual Part			Sexual sertivene	ess	Condom/Protection Self-Efficacy			
	β	t	р	β	t	р	β	t	p	β	t	р	
Maternal Boundary Dissolution	04	34	.733	.15	1.77	.078	.02	.18	.855	02	27	.790	
Black racial identity	31**	-2.93	.004	.14	1.59	.115	04	48	.631	05	51	.610	
East Asian racial identity	.04	.36	.719	13	-1.52	.130	18*	-2.08	.039	10	-1.19	.236	
Household income	01	07	.941	.17	1.93	.055	.12	1.40	.163	.05	.60	.549	
Filial Responsibilities	04	40	.689	.17	1.95	.054	.10	1.12	.265	.05	.56	.576	
Black racial identity	31**	-2.90	.005	.11	1.28	.202	06	74	.459	06	63	.531	
East Asian racial identity	.07	.65	.520	13	-1.54	.126	18*	-2.07	.040	11	-1.27	.206	
Household income	01	12	.902	.19*	2.20	.030	.14	1.59	.115	.06	.72	.475	

Note. *p < .05, **p < .01.

Table 3

Main Effects of Boundary Dissolution, Filial Responsibility, and Sexual Health (cont.)

	Sexual Self		Sexual nmunica lf-Effica	ation		Sexual nce/Coe	Sexual Partner Violence					
	β	t	р	β	t	р	β	t	р	β	t	р
Maternal Boundary Dissolution	19*	-2.29	.023	10	-1.22	.225	.10	1.22	.223	.12	1.45	.150
Black racial identity	12	-1.44	.151	06	74	.462	.12	1.36	.176	.14	1.59	.113
East Asian racial identity	23**	-2.75	.007	13	-1.46	.146	18*	-2.12	.036	10	-1.21	.229
Household income	.11	1.33	.184	.08	.93	.353	.15	1.71	.089	.05	.54	.593
Filial Responsibilities	06	72	.475	.00	.05	.959	.17*	1.99	.049	.19*	2.20	.030
Black racial identity	12	-1.43	.156	07	76	.450	.09	1.08	.284	.13	1.51	.134
East Asian racial identity	23**	-2.71	.008	12	-1.40	.163	18*	-2.11	.037	11	-1.26	.211
Household income	.12	1.39	.166	.10	1.09	.278	.17	1.97	.051	.08	.87	.384

Note. *p < .05, **p < .01.

Relationships between boundary dissolution and number of sexual partners. A

hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' total number of prior sexual partners (see Table 2). In block 1, maternal boundary dissolution was not significantly associated ($R^2 = .02$, F(1, 136) = 2.50, $\beta = .16$, t(136) = 1.85, p = .117). In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .06$, $\Delta F(3, 133) = 3.033$, p = .032); however, neither Black racial identity, East Asian racial identity, nor household income were significant correlates of total number of sexual partners. This was not consistent with the hypothesis that boundary dissolution is positively associated with number of sexual partners.

Relationships between boundary dissolution and sexual assertiveness.

A hierarchical regression analysis examined the association between maternal boundary dissolution and participants' sexual assertiveness (see Table 2). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .00$, F(1, 137) = .00, $\beta = -.00$, t(137) = -.02, p = .985). This was not consistent with the hypothesis that boundary dissolution is negatively associated with sexual assertiveness. In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .05$, $\Delta F(3, 134) = 2.41$, p = .070). While Black racial identity and household income were not associated with sexual assertiveness, East Asian racial identity was negatively associated with it ($\beta = -.18$, t(134) = -2.08, p = .039).

Relationships between boundary dissolution and sexual self-efficacy

(condom/protection usage). A hierarchical regression analysis examined the association between maternal boundary dissolution and participants' sexual self-efficacy of condom or protection usage (see Table 2). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .00$, F(1, 137) = .14, $\beta = -.03$, t(137) = -.37, p = .713). This was not consistent with the hypothesis that boundary dissolution would predict lower condom/protection usage. In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .02$, $\Delta F(3, 134) = .72$, p = .544). Neither Black racial identity, East Asian racial identity, nor household income were significantly associated of condom or protection usage.

Relationships between boundary dissolution and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the association between of maternal boundary dissolution and participants' sexual limit-setting self-efficacy (see Table 3). In block 1, maternal boundary dissolution was a significant correlate ($R^2 = .04$, F(1, 137) = 6.12, $\beta = -.21$, t(137) = -2.47, p = .015) with sexual limit-setting self-efficacy. In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .08$, $\Delta F(3, 134) = 3.96$, p = .010), and maternal boundary dissolution remained significant ($\beta = -.19$, t(134) = -2.29, p = .023) when covariates are added to the model. While Black racial identity and household income were not significant correlates, East Asian racial identity ($\beta = -.23$, t(134) = -2.75, p = .007) was significantly associated of self-reported sexual limit-setting self-efficacy.

Relationships between boundary dissolution and sexual communication self-

efficacy. A hierarchical regression analysis examined the association between of maternal boundary dissolution and participants' sexual communication self-efficacy (see Table 3). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .01$, F(1, 137) = 1.92, $\beta = -.12$, t(134) = -1.38, p = .169). This was not consistent with the hypothesis that boundary dissolution is linked to sexual communication self-efficacy. In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .03$, $\Delta F(3, 134) = 1.27$, p

= .286). Black and East Asian racial identities and household income were not significantly associated with sexual communication self-efficacy.

Relationships between boundary dissolution and experiences of sexual violence or coercion. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' experiences of sexual violence or coercion (see Table 3). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .01$, F(1, 136) = 1.33, $\beta = .09$, t(136) = 1.07, p = .289). This was not consistent with the hypothesis that boundary dissolution is linked experiences of sexual violence or coercion. In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .07$, $\Delta F(3, 133) = 3.51$, p = .017). While neither Black racial identity or household income were significantly associated, East Asian racial identity ($\beta = -.18$, t(133) = -2.12, p = .036) was a significant correlate of fewer self-reported experiences of sexual violence or coercion.

Relationships between boundary dissolution and experiences of sexual partner violence. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' experiences of sexual partner violence (see Table 3). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .02$, F(1, 136) =2.20, $\beta = .13$, t(136) = 1.48, p = .141). In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .04$, $\Delta F(3, 133) = 1.69$, p = .172) and neither Black racial identity, East Asian racial identity or household income were significantly associated of experiences of sexual partner violence. This was not consistent with the hypothesis that boundary dissolution is linked to more experiences of sexual partner violence.

Relationships between Boundary Dissolution and Romantic Relationship Functioning

Tables 4 and 5 present hierarchical regression analyses between maternal boundary dissolution and measures of romantic relationship functioning: age of first relationship, total number of romantic partners, romantic partner attachment anxiety, romantic partner attachment avoidance, romantic relationship power, romantic relationship insecurity, romantic relationship satisfaction, and romantic partner interpersonal closeness.

Relationships between boundary dissolution and age of first relationship. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' age of first relationship (see Table 4). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .00$, F(1, 113) = .25, $\beta = -.05$, t(113) =-.50, p = .621). In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .02$, $\Delta F(3, 110) = .761$, p = .518) and neither Black racial identity, East Asian racial identity nor household income were significantly associated of experiences of age of first relationship. This was not consistent with the hypothesis that boundary dissolution is linked to earlier age of first relationship.

Relationships between boundary dissolution and number of romantic partners. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' total number of past and current romantic partners (see Table 4). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .00$, F(1, 118) = .00, $\beta = .00$, t(118) = .03, p = .980). In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .02$, $\Delta F(3, 115) = .78$, p = .505) and neither Black racial identity, East Asian racial identity nor household income were significantly associated of age of first relationship. This was not consistent with the hypothesis that boundary dissolution is linked to

Table 4

	Age of First Relationship				ll Numb antic Par			ntic Par nent An	Romantic Partner Attachment Avoidance			
	β	t	р	β	t	р	β	t	р	β	t	р
Maternal Boundary Dissolution	07	70	.483	.00	04	.967	.14	1.16	.250	04	28	.779
Black racial identity	.11	1.08	.282	.01	.13	.899	.45**	3.62	.001	.24	1.81	.077
East Asian racial identity	01	13	.896	14	-1.45	.150	04	36	.720	.33*	2.53	.014
Household income	07	74	.458	.02	.24	.812	.04	.33	.744	15	-1.18	.244
Filial Responsibilities	14	-1.48	.141	.01	.11	.912	.14	1.14	.259	07	58	.566
Black racial identity	.13	1.30	.195	01	07	.945	.45**	3.60	.001	.25	1.89	.064
East Asian racial identity	01	06	.952	15	-1.62	.107	04	36	.718	.33*	2.58	.013
Household income	10	98	.329	.03	.27	.785	.03	.25	.807	15	-1.14	.261

Main Effects of Boundary Dissolution, Filial Responsibility, and Romantic Relationship Functioning

Note. **p* < .05, ***p* < .01.

Table 5

	Romantic Relationship Power			Rel	omantic lationsh security	ip	Rel	omantic ationshi isfactior	Romantic Partner Interpersonal Closeness			
	β	t	p	β	t	p	β	t	р	β	t	р
Maternal Boundary Dissolution	09	70	.485	.32*	2.55	.014	09	77	.443	.04	.31	.756
Black racial identity	.31*	2.28	.027	.32*	2.52	.015	16	-1.33	.190	01	07	.945
East Asian racial identity	.03	.23	.816	02	13	.895	56**	-4.85	.000	09	66	.512
Household income	.16	1.20	.236	.03	.23	.822	.06	.52	.608	08	62	.538
Filial Responsibilities	.00	03	.975	.22	1.72	.092	.00	04	.969	20	-1.51	.136
Black racial identity	.29*	2.19	.033	.34*	2.58	.013	17	-1.45	.153	.02	.18	.856
East Asian racial identity	.03	.21	.832	01	08	.940	57**	-4.90	.000	08	58	.566
Household income	.17	1.27	.211	.04	.29	.771	.06	.56	.580	11	81	.423

Main Effects of Boundary Dissolution, Filial Responsibility, and Romantic Relationship Functioning (cont.)

Note. *p < .05, **p < .01.

greater total number of romantic partners.

Relationships between boundary dissolution and romantic partner attachment anxiety. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' romantic partner attachment anxiety (see Table 4). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .04$, F(1, 53) = 2.24, $\beta = .20$, t(53) = 1.50, p = .140). This was not consistent with the hypothesis that boundary dissolution is linked to romantic partner attachment anxiety. In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .21$, $\Delta F(3, 50) = 4.67$, p = .006). While neither East Asian racial identity nor household income were significantly associated, Black racial identity ($\beta = .45$, t(50) = 3.62, p = .001) was a significant correlate of romantic partner attachment anxiety. Self-identification as Black was associated with more romantic partner attachment anxiety.

Relationships between boundary dissolution and romantic partner attachment avoidance. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' romantic partner attachment avoidance (see Table 4). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .00$, $\Delta F(1, 53) = .01$, $\beta = -.01$, t(53) = -.08, p = .935). This was not consistent with the hypothesis that boundary dissolution is linked to romantic partner attachment avoidance. In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .17$, $\Delta F(3, 50) = 3.31$, p = .028). While neither Black racial identity nor household income were significantly associated, East Asian racial identity ($\beta = .33$, t(50) = 2.53, p = .014) was a significant correlate of romantic partner attachment avoidance. Self-identification as East Asian was associated with greater romantic partner attachment avoidance.

Relationships between boundary dissolution and romantic relationship power. A

hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' power in their romantic relationships (see Table 5). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .01$, F(1, 53) = .24, $\beta = -.07$, t(53) = -.49, p = .626). This was not consistent with the hypothesis that boundary dissolution is linked to less romantic relationship power. In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .12$, $\Delta F(3, 50) = 2.36$, p = .083). While neither East Asian racial identity nor household income were significantly associated, Black racial identity ($\beta = .31$, t(50) = 2.29, p = .027) was a significant correlate of romantic relationship power. Selfidentification as Black was associated with greater romantic relationship power.

Relationships between boundary dissolution and romantic relationship insecurity.

A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' romantic relationship insecurity (see Table 5). In block 1, maternal boundary dissolution was a significant correlate ($R^2 = .13$, F(1, 52) = 7.98, $\beta = .37$, t(52) = 2.82, p = .007). Additionally, in the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .10$, $\Delta F(3, 49) = 2.32$, p = .096). East Asian racial identity and household income were not significantly associated, but Black racial identity ($\beta = .32$, t(49) = 2.53, p = .015) was a significant correlate of romantic relationship insecurity.

The current model was consistent with the hypothesis that boundary dissolution is linked to romantic relationship insecurity with a positive relationship, even while controlling for Black and East Asian racial identity and household income. Additionally, the final model demonstrated that self-identification as Black was associated with greater romantic relationship insecurity.

Relationships between boundary dissolution and romantic relationship satisfaction.

A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' romantic relationship satisfaction (see Table 5). In block 1, maternal boundary dissolution was not a significant correlate ($R^2 = .01$, F(1, 53) = .78, $\beta = -.12$, t(53) = -.88, p = .382). This was not consistent with the hypothesis that boundary dissolution is linked to less romantic relationship satisfaction. In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .32$, $\Delta F(3, 50) = 8.11$, p < .001). While neither Black racial identity nor household income were significantly associated, East Asian racial identity ($\beta = -.56$, t(50) = -4.85, p < .001) was a significant correlate of romantic relationship satisfaction.

Relationships between boundary dissolution and romantic partner interpersonal closeness. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and participants' romantic partner interpersonal closeness (see Table 5). In block 1, maternal boundary dissolution was not a significant correlate, ($R^2 = .01$, F(1, 57) = .08, $\beta = .04$, t(57) = .28, p = .778). In the final model, covariates did not account for a significant amount of variance ($\Delta R^2 = .02$, $\Delta F(3, 54) = .32$, p = .812). Neither Black racial identity, East Asian racial identity, nor household income were significantly associated of romantic partner interpersonal closeness. This was not consistent with the hypothesis that boundary dissolution is linked to greater romantic partner interpersonal closeness.

Relationships between filial responsibilities and romantic relationship insecurity and sexual limit-setting self-efficacy. Romantic insecurity emerged as the only significant romantic relationship functioning correlate associated with maternal boundary dissolution once covariates were included, and sexual limit-setting self-efficacy was the only significant sexual health correlate. Analysis examined whether the Filial Responsibility Scale might be a significant correlate of sexual health and romantic relationship functioning outcomes. In this case, boundary dissolution (measured by the FRS) was not correlated with romantic relationship insecurity or sexual limit-setting self-efficacy (see Tables 2, 3, 4, and 5), but was correlated with experiences of sexual violence and/or coercion and sexual partner violence. When sexual limit-setting self-efficacy was the outcome variable, in block 1, filial responsibility was not a significant correlate ($R^2 = .01$, F(1, 140) = 1.72, $\beta = -.11$, t(140) = -1.31, p = .192). In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .08$, $\Delta F(3, 137) = 3.85$, p = .011). East Asian racial identity was associated with sexual limit-setting self-efficacy ($\beta = .23$, t(137) = -2.71, p = .008) while Black racial identity and household income were not. Self-identification as East Asian was associated with self-reports of lower sexual limit-setting self-efficacy.

Furthermore, when romantic relationship insecurity was the outcome variable, in block 1, filial responsibility was not a significant correlate ($R^2 = .07$, F(1, 53) = 4.07, $\beta = .27$, t(53) = 2.02, p = .049). In the final model, covariates accounted for a significant amount of variance ($\Delta R^2 = .11$, $\Delta F(3, 50) = 2.34$, p = .085). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .34$, t(50) = 2.58, p = .013) was a significant correlate of romantic relationship insecurity. Self-identification as Black was associated with self-reports of greater romantic relationship insecurity.

Interactive Relationships between Boundary Dissolution and Family Risk Factors and Influence on Sexual Limit-Setting Self-Efficacy

Sexual limit-setting self-efficacy emerged as the only significant sexual health correlate of maternal boundary dissolution once covariates were included. Next, analyses examined whether family risk factors moderated these associations. Family risk factors included maternal attachment anxiety, maternal attachment avoidance, maternal permissiveness, maternal authoritarianism, parental single parenthood status, parental divorce, parental physical health problems, and parental mental health problems—on sexual limit-setting self-efficacy.

Relationships between boundary dissolution, attachment anxiety, and sexual limitsetting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal attachment anxiety on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution ($\beta = -.17$, t(133) = -1.69, p = .093), maternal attachment anxiety (β = .05, t(133) = .40, p = .690) and maternal attachment avoidance ($\beta = -.12$, t(133) = -1.06, p = .293) did account for a significant amount of variance $(R^2 = .05, F(3, 133) = 2.41, p = .070)$. In block 2, the interaction between maternal boundary dissolution ($\beta = -.21$, t(132) = -1.97, p = .051) and maternal attachment anxiety ($\beta = -.02$, t(132)) = -.14, p = .891) while controlling for attachment avoidance ($\beta = -.12$, t(132) = -.95, p = .346) was not a significant correlate of sexual limit-setting self-efficacy ($\Delta R^2 = .01, \Delta F(1, 132) = 1.35$, $\beta = .13$, t(132) = 1.16, p = .247). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .07$, $\Delta F(3, 129) = 3.34$, p = .021). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -$.21, t(129) = -2.42, p = .017) was a significant negative correlate of sexual limit-setting selfefficacy.

Relationships between boundary dissolution, attachment avoidance, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal attachment avoidance on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution (β = -.17, *t*(133) = -1.69, *p* = .093), maternal attachment avoidance (β = -.12, *t*(133) = -1.06, *p* = .293)

and maternal attachment anxiety ($\beta = .05$, t(133) = .40, p = .690) did account for a significant amount of variance ($R^2 = .05$, F(3, 133) = 2.41, p = .070). In block 2, the interaction between maternal boundary dissolution ($\beta = -.17$, t(132) = -1.64, p = .104) and maternal attachment avoidance ($\beta = -.12$, t(132) = -1.05, p = .294) while controlling for attachment anxiety ($\beta = -.04$, t(132) = .38, p = .707) was not a significant correlate of sexual limit-setting self-efficacy (ΔR^2 = .00, $\Delta F(1, 132) = .01$, $\beta = .01$, t(132) = .08, p = .936). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .07$, $\Delta F(3, 129) = 3.66$, p = .014). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -.22$, t(129) = -2.63, p = .010) was a significant negative correlate of sexual limitsetting self-efficacy.

Relationships between boundary dissolution, permissive parenting style, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal permissiveness on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution (β = -.20, *t*(136) = -2.36, *p* = .020) and maternal permissiveness (β = .05, *t*(136) = .55, *p* = .584) did account for a significant amount of variance (R^2 = .05, *F*(2, 136) = 3.19, *p* = .044). In block 2, the interaction between maternal boundary dissolution (β = -.26, *t*(135) = -3.02, *p* = .003) and maternal permissiveness (β = .10, *t*(135) = 1.14, *p* = .258) was not a significant correlate of sexual limit-setting self-efficacy (ΔR^2 = .04, $\Delta F(1, 135)$ = 3.19, β = -.22, *t*(135) = -2.49, *p* = .014). In the final model, covariates accounted for a significant amount of additional variance (ΔR^2 = .07, $\Delta F(3, 132)$ = 3.85, *p* = .011). While Black racial identity and household income were not

significantly associated, East Asian racial identity ($\beta = -.22$, t(132) = -2.71, p = .008) was a significant negative correlate of sexual limit-setting self-efficacy.

Relationships between boundary dissolution, authoritarian parenting style, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal authoritarianism on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution (β = -.16, t(136) = -1.66, p = .100) and maternal authoritarianism (β = -.08, t(136) = -.85, p = .399) did account for a significant amount of variance ($R^2 = .05$, F(2, 136) = 3.41, p = .036). In block 2, the interaction between maternal boundary dissolution (β = -.18, t(135) = -1.73, p = .087) and maternal authoritarianism (β = -.09, t(135) = -.87, p = .385) was not a significant correlate of sexual limit-setting self-efficacy ($\Delta R^2 = .00$, $\Delta F(1, 135) = .26$, $\beta = .05$, t(135) = .51, p = .614). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .07$, $\Delta F(3, 132) = 3.59$, p = .016). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -.22$, t(132) = -2.66, p = .009) was a significant negative correlate of sexual limit-setting self-efficacy.

Relationships between boundary dissolution, single parenthood, and sexual limitsetting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and being raised by a single parent on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution ($\beta = -.21$, t(136) = -2.46, p = .015) and single parenthood status ($\beta = -.03$, t(136) = -.41, p = .684) did account for a significant amount of variance ($R^2 = .04$, F(2, 136) = 3.12, p = .047). In block 2, the interaction between maternal boundary dissolution ($\beta = -.19$, t(135) = -2.01, p = .047) and single parenthood status ($\beta = -.03$, t(135) = -.39, p = .699) was not a significant correlate of sexual limit-setting self-efficacy ($\Delta R^2 = .00, \Delta F(1, 135) = .13, \beta = .04, t(135) = .36, p = .717$). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .08, \Delta F(3, 132)$ = .13, *p* = .008). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -.24, t(132) = -2.87, p = .005$) was a significant negative correlate of sexual limit-setting self-efficacy.

Relationships between boundary dissolution, parental divorce, and sexual limitsetting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental divorce on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution ($\beta = -.23$, t(136) = -2.66, p = .009) and parental divorce ($\beta = .09$, t(136) = 1.04, p = .302) did account for a significant amount of variance ($R^2 = .05$, F(2, 136) = 3.60, p = .030). In block 2, the interaction between maternal boundary dissolution ($\beta = -.33$, t(135) = -3.30, p = .001) and parental divorce ($\beta = -.03$, t(135) = -.36, p = .721) was not a significant correlate of sexual limit-setting self-efficacy ($\Delta R^2 = .03$, $\Delta F(1, 135) = 3.71$, $\beta = .21$, t(135) = 1.93, p = .056). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .07$, $\Delta F(3, 132) = 3.49$, p = .018). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -.13$, t(132) = -2.60, p = .011) was a significant negative correlate of sexual limitsetting self-efficacy.

Relationships between boundary dissolution, parental physical health problems, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental physical health problems on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution (β = -.18, t(127) = -2.02, p = .045) and parental physical health problems (β = .09, t(127) = 1.02, p

= .308) did not account for a significant amount of variance ($R^2 = .04$, F(2, 127) = 2.91, p= .058). In block 2, the interaction between maternal boundary dissolution ($\beta = -.16$, t(126) = -1.36, p = .175) and parental physical health problems ($\beta = -.09$, t(126) = -1.01, p = .317) was not a significant correlate of sexual limit-setting self-efficacy ($\Delta R^2 = .00$, $\Delta F(1, 126) = .03$, $\beta = .21$, t(135) = 1.93, p = .866). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .06$, $\Delta F(3, 123) = 2.90$, p = .038). While Black racial identity and household income were not significantly associated, East Asian racial identity ($\beta = -.20$, t(123) =-2.32, p = .022) was a significant negative correlate of sexual limit-setting self-efficacy.

Relationships between boundary dissolution, parental mental health problems, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental mental health problems on participants' sexual limit-setting self-efficacy. In block 1, maternal boundary dissolution (β = -.18, *t*(127) = -2.02, *p* = .045) and parental mental health problems (β = .09, *t*(127) = 1.02, *p* = .308) did not account for a significant amount of variance (R^2 = .04, *F*(2, 127) = 2.74, *p* = .069). In block 2, the interaction between maternal boundary dissolution (β = -.16, *t*(126) = -1.36, *p* = .175) and parental mental health problems (β = -.09, *t*(126) = -1.01, *p* = .317) was not a significant correlate of sexual limit-setting self-efficacy (ΔR^2 = .01, $\Delta F(1, 126)$ = 1.29, β = .21, *t*(135) = 1.93, *p* = .258). In the final model, covariates accounted for a significant amount of additional variance (ΔR^2 = .08, $\Delta F(3, 123)$ = 3.51, *p* = .018). While Black racial identity and household income were not significantly associated, East Asian racial identity (β = -.25, *t*(123) = -2.69, *p* = .008) was a significant negative correlate of sexual limit-setting self-efficacy.

Interactive Relationships between Boundary Dissolution and Family Risk Factors and Influence on Romantic Relationship Insecurity

Romantic relationship insecurity emerged as the only significant romantic relationship functioning correlate of maternal boundary dissolution once covariates were included. Next, analyses examined whether family risk factors moderated these associations. Family risk factors included maternal attachment anxiety, maternal attachment avoidance, maternal permissiveness, maternal authoritarianism, parental single parenthood status, parental divorce, parental physical health problems, and parental mental health problems—on romantic relationship insecurity.

Relationships between boundary dissolution, attachment anxiety, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal attachment anxiety on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .48, t(48) = 2.64, p = .011), maternal attachment anxiety ($\beta = .04, t(48) = .16, p = .872$) and maternal attachment avoidance ($\beta = -.22$, t(48) = -1.31, p = .271) did account for a significant amount of variance ($R^2 = .16$, F(3, 48) = 3.09, p = .036). In block 2, the interaction between maternal boundary dissolution ($\beta = .49$, t(47) = 2.67, p = .011) and maternal attachment anxiety $(\beta = -.08, t(47) = -.27, p = .791)$ while controlling for attachment avoidance $(\beta = -.22, t(47) = -.27, p = .791)$ 1.07, p = .291) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .01$, $\Delta F(1, 47) = .29, \beta = .13, t(47) = .53, p = .596$). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .16$, $\Delta F(3, 44) = 3.52$, p = .023). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .40$, t(44) = 3.17, p = .003) was a significant correlate of romantic relationship insecurity.

Relationships between boundary dissolution, attachment avoidance, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal attachment avoidance on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .48, t(48) = 2.64, p = .011), maternal attachment avoidance (β = -.22, t(48) = -1.11, p = .271), and maternal attachment anxiety (β = .04, t(48) = .16, p = .872) accounted for a significant amount of variance ($R^2 = .16, F(3, 48) = 3.09, p = .036$). In block 2, the interaction between maternal boundary dissolution (β = .50, t(47) = 2.71, p = .009) and maternal attachment avoidance (β = -.21, t(47) = -1.02, p = .311), while controlling for attachment anxiety (β = .10, t(47) = .44, p= .664) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .01, \Delta F(1, 47)$) = .57, β = -.14, t(47) = -.76, p = .453). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .14, \Delta F(3, 44) = 3.07, p = .038$). While East Asian racial identity and household income were not significantly associated, Black racial identity (β = .39, t(44) = 2.96, p = .005) was a significant correlate of romantic relationship insecurity.

Relationships between boundary dissolution, permissive parenting style, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal permissiveness on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution ($\beta = .37$, t(51) = 2.73, p = .009) and maternal permissiveness ($\beta = .00$, t(51) = .02, p = .983) did not account for a significant amount of variance ($R^2 = .13$, F(2, 51) = 3.91, p = .026). In block 2, the interaction between maternal boundary dissolution ($\beta = .38$, t(50) = 2.18, p = .034) and maternal permissiveness ($\beta = .01$, t(50) = -.03, p = .974) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .00$, $\Delta F(1, 50) = .02$, $\beta = .03$, t(50) = .17, p = .888). In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .12$, $\Delta F(3, 47) = 2.32$, p = .087). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .35$, t(47) = 2.58, p = .013) was a significant correlate of romantic relationship insecurity.

Relationships between boundary dissolution, authoritarian parenting style, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and maternal authoritarianism on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .36, t(51) = 2.27, p = .027) and maternal authoritarianism (β = .13, t(51) = .07, p = .943) did not account for a significant amount of variance ($R^2 = .13, F(2, 51) = 3.92, p = .026$). In block 2, the interaction between maternal boundary dissolution (β = .40, t(50) = 2.29, p = .026) and maternal authoritarianism (β = .02, t(50) = .10, p = .921) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .01, \Delta F(1, 50) = .33, \beta = -.09, t(50) = -.57, p = .570$). In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .11, \Delta F(3, 47) = 2.19, p = .101$). While East Asian racial identity and household income were not significantly associated, Black racial identity (β = .35, t(47) = 2.50, p = .016) was a significant correlate of romantic relationship insecurity.

Relationship between boundary dissolution, single parenthood, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and being raised by a single parent on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .37, t(51) = 2.77, p = .008) and being raised by a single parent ($\beta = .00$, t(51) = -.01, p = .989) accounted for a significant amount of variance ($R^2 = .13$, F(2, 51) = 3.91, p = .026). In block 2, the interaction between maternal boundary dissolution ($\beta = .39$, t(50) = 2.59, p = .013) and being raised by a single parent ($\beta = .01$, t(50) = .08, p = .939) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .00$, $\Delta F(1, 50) = .15$, $\beta = -.06$, t(50) = -.38, p = .704). In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .11$, $\Delta F(3, 47) = 2.30$, p = .090). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .36$, t(47) = 2.56, p = .014) was a significant correlate of romantic relationship insecurity.

Relationships between boundary dissolution, parental divorce, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental divorce on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution ($\beta = .26$, t(51) =2.04, p = .047) and parental divorce ($\beta = .33$, t(51) = 2.59, p = .013) accounted for a significant amount of variance ($R^2 = .23$, F(2, 51) = 7.77, p = .001). In block 2, the interaction between maternal boundary dissolution ($\beta = .32$, t(50) = 2.00, p = .051) and parental divorce ($\beta = .36$, t(50) = 2.64, p = .011) was not a significant correlate of romantic relationship insecurity (ΔR^2 = .01, $\Delta F(1, 50) = .39$, $\beta = -.11$, t(50) = -.63, p = .533). In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .07$, $\Delta F(3, 47) = 1.70$, p = .180). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .26$, t(47) = 2.03, p = .048) was a significant correlate of romantic relationship insecurity.

Relationship between boundary dissolution, parental physical health problems, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental physical health problems on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .35, t(50) = 2.65, p = .011) and parental physical health problems (β = .06, t(50) = .47, p = .640) accounted for a significant amount of variance ($R^2 = .13$, F(2, 50) = 3.86, p = .028). In block 2, the interaction between maternal boundary dissolution (β = .13, t(49) = .67, p = .509) and parental physical health problems (β = .05, t(49) = .41, p = .686) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .04$, $\Delta F(1, 49) = 2.22$, $\beta = .30$, t(49) = 1.49, p = .143). In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .11$, $\Delta F(3, 46) = 2.32$, p = .088). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .37$, t(46) = 1.53, p = .011) was a significant correlate of romantic relationship insecurity.

Relationship between boundary dissolution, parental mental health problems, and romantic relationship insecurity. A hierarchical regression analysis examined the interactive relationship between maternal boundary dissolution and parental mental health problems on participants' romantic relationship insecurity. In block 1, maternal boundary dissolution (β = .29, t(50) = 2.09, p = .042) and parental mental health problems ($\beta = .22$, t(50) = 1.64, p= .107) accounted for a significant amount of variance ($R^2 = .17$, F(2, 50) = 5.28, p = .008). In block 2, the interaction between maternal boundary dissolution ($\beta = .34$, t(49) = 1.68, p = .100) and parental mental health problems ($\beta = .23$, t(49) = 1.64, p = .107) was not a significant correlate of romantic relationship insecurity ($\Delta R^2 = .00$, $\Delta F(1, 49) = .12$, $\beta = -.07$, t(49) = -.35, p= .726). In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .12$, $\Delta F(3, 46) = 2.68$, p = .058). While East Asian racial identity and household income were not significantly associated, Black racial identity ($\beta = .34$, t(46) = 2.66, p = .011) was a significant correlate of romantic relationship insecurity.

Mediation of Significant Outcomes with Controls

Next, hierarchical regression analysis examined the potential mediating effect of emotion regulation on the link between boundary dissolution and sexual limit-setting self-efficacy as well as the link between boundary dissolution and romantic relationship insecurity.

Relationship between boundary dissolution, emotion dysregulation, and sexual limit-setting self-efficacy. A hierarchical regression analysis examined the relationship between maternal boundary dissolution and emotion dysregulation on sexual limit-setting selfefficacy. In block 1, maternal boundary dissolution was significantly associated with sexual limit-setting self-efficacy ($R^2 = .04$, F(1, 135) = 6.22, $\beta = -.21$, t(135) = -2.50, p = .014). In block 2, maternal boundary dissolution was still a significant correlate of sexual limit-setting selfefficacy ($\beta = -.17$, t(134) = -2.01, p = .046) when emotion dysregulation was added into the model while emotion dysregulation was not ($\Delta R^2 = .03$, $\Delta F(1, 134) = 3.83$, $\beta = -.17$, t(51) = -1.96, p = .053). In the final model when covariates were added, neither maternal boundary dissolution ($\beta = -.15$, t(131) = -1.87, p = .064) nor emotion dysregulation ($\beta = -.16$, t(131) = -1.94, p = .055) were significant. In the final model, covariates accounted for a significant amount of additional variance ($\Delta R^2 = .08$, $\Delta F(3, 131) = 3.97$, p = .010). In the final model, while Black racial identity and household income were not correlated with sexual limit-setting selfefficacy, East Asian racial identity ($\beta = -.23$, t(131) = -2.76, p = .007) was. The results do not support the hypothesis that emotion dysregulation mediates the relationship between boundary dissolution and sexual limit-setting self-efficacy. However, both boundary dissolution and emotion dysregulation are both independently correlated with sexual limit-setting self-efficacy.

Relationship between boundary dissolution, emotion dysregulation, and romantic relationship insecurity. A hierarchical regression analysis examined the relationship between

maternal boundary dissolution and emotion dysregulation on romantic relationship insecurity. In block 1, maternal boundary dissolution was significantly associated with relationship insecurity $(R^2 = .13, F(1, 52) = 7.98, \beta = .37, t(52) = 2.82, p = .007)$. In block 2, maternal boundary dissolution was still a significant correlate of romantic relationship insecurity ($\beta = .30, t(51) =$ 2.36, p = .022) when emotion dysregulation was added into the model ($\Delta R^2 = .09, \Delta F(1, 51) =$ 5.54, $\beta = .30$, t(51) = 2.35, p = .022). However, in the final model, maternal boundary dissolution ($\beta = .28$, t(48) = 2.24, p = .030) stayed significant while emotion dysregulation (β = .25, t(48) = 1.91, p = .063) was no longer significant in the final model when covariates were added. In the final model, covariates did not account for a significant amount of additional variance ($\Delta R^2 = .07, \Delta F(3, 48) = 1.65, p = .191$). In the final model, while East Asian racial identity and household income were not correlated with relationship insecurity. Black racial identity ($\beta = .26$, t(48) = 2.04, p = .047) was. The results do not support the hypothesis that emotion dysregulation mediates the relationship between boundary dissolution and romantic relationship insecurity. However, both boundary dissolution and emotion dysregulation are both independently correlated with romantic relationship insecurity.

Race and Household Income Exploratory Analysis

Frequency analysis revealed that among the 15 participants who self-identified as Black, 4 reported an annual household income of below \$25,000, 5 reported one of between \$25,000 and \$49,999, 3 reported one between \$50,000 and \$99,999, 1 reported one between \$100,000 and \$149,999, 1 reported one between \$150,000 and \$199,999, and 1 reported one of \$200,000 or above. Ethnically, participants who identified as Black racially were very diverse. Only 5 identified as African-American, 4 identified with African ethnicities, and 4 identified as AfroLatino/a and/or Afro-Caribbean. Only 4 reported being in relationships, 3 of 9 months or less in duration, and 1 of over 4 years.

Frequency analysis revealed that among the 36 participants who identified as East Asian, 4 reported an annual household income of below \$25,000, 11 reported one of between \$25,000 and \$49,999, 5 reported one between \$50,000 and \$99,999, 9 reported one between \$100,000 and \$149,999, 1 reported one between \$150,000 and \$199,999, and 4 reported one of \$200,000 or above. In terms of nationality, 2 participants reported being adopted from an East Asian country by American parents, 7 reported being American while their parents came from East Asian countries. Of those who stated their nationality as outside of the U.S., 16 self-identified as Chinese, 4 self-identified as South Korean, 2 self-identified as Japanese, 2 self-identified as Vietnamese, 1 self-identified as Taiwanese, and 1 self-identified as Thai. Six racially East Asian participants stated that they have lived with adoptive parents, 2 stated that they have spent time in the foster care system. Only 5 reported being in relationships with an average of 2.22 years in length.

Pearson's correlation analysis that defined household income as being above or below the poverty line (about \$25,000 annually), showed that participants who reported being below the poverty line were more likely to report higher intrusiveness (r = -.19, p = .022), higher role-reversal (r = -.31, p < .001), and higher overall boundary dissolution (r = -.23, p = .007) with their mothers as well as greater sense of unfairness (r = -.22, p = .009) and overall filial responsibility (r = -.19, p = .022). Additionally, being below the poverty line was associated with lower sexual assertiveness (r = .19, p = .026), lower sexual limit-setting self-efficacy (r = .36, p < .001), and lower sexual communication self-efficacy (r = .22, p = .009). Participants who

reported being below the poverty line were also more likely to report higher maternal attachment avoidance (r = -.28, p = .001) and higher maternal authoritarianism (r = -.30, p < .001).

Summary

In sum, main effect regression analyses yielded results contrary to the first hypothesis, that boundary dissolution was a significant correlate of sexual health and romantic relationship functioning outcomes—age of first sex, total number of sexual partners, sexual assertiveness, sexual self-efficacy (including condom/protection usage and communication), experiences of sexual violence/coercion, sexual partner violence, age of first relationship, total number of romantic partners, romantic partner attachment anxiety, romantic relationship attachment avoidance, romantic relationship power, romantic relationship satisfaction, and romantic partner interpersonal closeness. Boundary dissolution was correlated with sexual limit-setting self-efficacy and romantic relationship insecurity when controlling for race and household income, so moderation and mediation analysis were conducted to further investigate those links.

In hierarchical regression analysis investigating the link between boundary dissolution and sexual limit-setting self-efficacy, maternal permissiveness moderated the relationship. In analysis investigating the link between boundary dissolution and romantic relationship insecurity, no family risk factors moderated the relationship. Similarly, in mediation analysis, emotion dysregulation did not mediate the link between boundary dissolution and sexual limitsetting self-efficacy nor between boundary dissolution and romantic relationship insecurity. This was contrary to the hypothesis that emotion dysregulation mediated the relationship between boundary dissolution and sexual health and romantic relationship functioning. Additionally, further analysis revealed that filial responsibility (as another measure of boundary dissolutionrole-reversal), was not a significant correlate of any of sexual limit-setting self-efficacy nor romantic relationship insecurity, so those results were not triangulated. Overall, race and income contributed to good deal of the variance, however, considering the small sizes and ethnic/national diversity of those subgroups, results may be unreliable.

DISCUSSION

The present study examined if retrospective reports of boundary dissolution in childhood were associated with sexual health and romantic relationship functioning in young adulthood. The results were not consistent with the hypotheses that boundary dissolution would be a significant correlate of sexual health and romantic relationship functioning outcomes, that family risk factors would moderate that relationship, or that emotion dysregulation would mediate that relationship. However, an interesting story emerged regarding the role race and class may play in relationship functioning, as well as the way in which emotion dysregulation may influence perceptions of relationships.

Present Results Compared to Predicted Outcome

There was no clear evidence that maternal boundary dissolution disrupted sexual and romantic relationship pathway development (see Tables 2, 3, 4, and 5). Maternal boundary dissolution, as measured by the PBS, was not found to be a significant correlate of any of the hypothesized outcomes, except for romantic relationship insecurity. Additionally, analysis of the Filial Responsibility Scale-Adult measure of boundary dissolution was mostly consistent with the results of analysis with the Parental Boundaries Scale, except regarding confidence setting limits within sexual relationships and sense of insecurity in a romantic relationship. Thus, the pattern of null results was consistent across two separate measures of boundary dissolution.

Contrary to evidence and prior research, boundary dissolution did not predict age of first sex (Dorius, et al., 1993), sexual partner violence (Linder & Collins, 2005), or attachment style, relationship satisfaction, and relationship insecurity (Baggett et al., 2013); instead, the current study's analysis yielded only relationship insecurity as a significant outcome. Additionally, other variables not yet linked to boundary dissolution—age of first relationship, total number of sexual and romantic partners, romantic partner specific attachment, sexual assertiveness and self-efficacy, relationship power, and relationship closeness—were also not significant outcomes, except sexual limit-setting self-efficacy. The lack of significance regarding romantic relationship satisfaction is contradictory to the study by Baggett et al. (2013) using the same scales (though only the role-reversal/parentification subscale of the PBS). The disparity between the results of the current study and that of Baggett et al. (2013) is unexpected, because they had very similar samples—young adults, female, with similar racial demographics—and both employed self-report measures in an online survey. However, that study evaluated boundary dissolution specifically with fathers and had a sample size about five times larger. Baggett et al.'s study demonstrated significant correlations between paternal boundary dissolution and generalized anxious and avoidant attachment styles, as well as with romantic relationship satisfaction and insecurity.

The Role of Race and Class

That the social factors of race and income yielded more significant findings than any parenting factor, not just boundary dissolution, but also maternal attachment style and parenting style, is worth further exploration. Most self-report studies about boundary dissolution (Rowa, Kerig, & Gellar, 2001; Baggett et al., 2013; Madden & Shaffer, 2016) have not accounted for racial differences in analysis. The current study, on the other hand, controlled both for race (Black or not, East Asian or not) and household income. In several cases, race and household income were associated with romantic relationship outcomes while maternal boundary dissolution, attachment style, and parenting style were not (see Tables 1, 4 and 5). Analysis showed that participants who self-identified as Black were more likely to report lower age of

first sex, higher romantic partner attachment anxiety, and higher romantic relationship power. Participants who self-identified as East Asian were more likely to report lower sexual assertiveness, lower sexual limit-setting self-efficacy, as well as fewer experiences of sexual violence and coercion. This may be explained by the fact that East Asian participants reported fewer sexual partners, though this association was not significant. East Asian participants were also more likely to report higher romantic partner attachment avoidance, and lower romantic relationship satisfaction.

However, because of the great diversity of racial subgroups in regards to nationality, ethnicity, and household income as well as the very small number of those individuals, conclusions cannot be made regarding the importance of race. Namely, the majority of the participants who self-identified as Black racially did not identify as African-American (but rather Afro-Latino/a, Caribbean, or African) and the majority of those who self-identified as racially East Asian did not identify as nationally American, but rather as a child of immigrants or as having a national status in an East Asian country. However, it is clear that racial subgroups that are defined by diversity of class and culture are contributing a significant amount of variance to the sample.

The developmental task of learning how to create extra-familial intimacy (Erikson, 1950), especially in romantic relationships, may be determined more by culture and social environment than relationships with parents. In American society, race is characterized by numerous social stressors such as marginalization, victimization, and/or financial insecurity, which have profound implications for mental health, which in turn, can influence interpersonal relationship functioning. Additionally, culture can have a profound influence on dating, sexual initiation, and marriage. Religions and cultures typically prescribe the ways in which young

people begin to have intimate relationships outside of the family of origin. Within the American context, this is further complicated by cultural mixing, parents come from different cultures than their children, and romantic partnerships might be inter-cultural. The complexity of relationships found within the current study's sample may be influencing the results in unexpected ways. The current study's survey did not account for interracial or inter-cultural relationships, immigration status of participant's or participant's parents, all of which may be having a profound effect on participants' sexual and romantic relationships.

It is also worth noting that Black racial identity was not significantly associated with any boundary dissolution subscales except for maternal intrusiveness, and East Asian racial identity was not associated with any boundary dissolution measures. This further emphasizes the work of Boyd-Franklin (2003) and Jin (2015), that boundary problems are not culturally-determined. The findings in this study were limited by small racial subgroups (only 15 participants selfidentified as Black, 10% of the sample) and lack of culturally-specific data. Future studies need to study different cultures and racial groups specifically in order to better characterize healthy versus unhealthy family functioning. Qualitative studies, especially, need to build upon the work of Boyd-Franklin to better understand the ways in which Black family structures have developed in response to and despite a dominant White majority culture, not only so that therapists can distinguish healthy from unhealthy family functioning, but also so that we might learn more about the ways in which Black family structures protect children and help their development flourish despite social stressors. Additionally, further qualitative investigation into family structure in collectivist cultures, different Asian cultures, and in Asian American families from different cultures must advance in order to add complexity to the concept of boundaries within families, and their differences with Western and White family dynamics.

Results indicated that household income may have implications for sexual relationships in young adulthood. Participants who indicated a being below the poverty line were more likely to report less assertiveness, ability to set limits, and confidence communicating in their sexual relationships. However, household income did not have a significant association with any romantic relationship variables. This result leads to further questions regarding class, financial security, and sexual risk behavior in young adulthood. It may also be explained by access to sexual education and sexual resources outside of condom and protection usage (which was not associated with household income).

In regards to parental relationships, participants who reported being above the poverty line were more likely to report lower maternal attachment avoidance and lower maternal authoritarianism, but not attachment anxiety or maternal permissiveness. Unlike race, household income did have a significant relationship with boundary dissolution. Being above the poverty line was negatively associated with intrusiveness, role-reversal, overall boundary dissolution, sense of unfairness, and overall filial responsibilities. This is consistent with previous research that indicates that poverty may lead to increased instrumental caregiving responsibilities in childhood such as taking care of younger siblings as a result of lack of access to childcare and contributing to household income (East, Wisner, & Reyes, 2006). However, it is less obvious why these children would report more intrusiveness from their parents. It may be because these children have less privacy due to constrained living spaces (Burton & Lawson Clark, 2005). In Burton's (2007) ethnographic research, she found that family needs, birth order, family culture and expectations within economically disadvantaged families had a profound influence on children's regular emotional and instrumental caregiving responsibilities within their families. Further research needs to address the ways in which the familial expectations that lead to

boundary dissolution are established within impoverished families, and more importantly, how most impoverished families prevent boundary dissolution.

Methodological Concerns

In the current study, boundary dissolution was measured using the Parental Boundaries Scale, and supplemented by the Filial Responsibility Scale-Adult. The PBS was developed by Kerig & Brown (1996) in order to address the inconsistencies in parental boundary research, and consolidate concepts under the umbrella of boundary dissolution, as well as to develop a selfreport measure that takes hostile spousification, instead of affectionate spousification, into account. The FRS-A was developed by Jurkovic and Thirkield (1999) in order to measure instrumental caregiving tasks, emotional caregiving tasks, sense of unfairness in responsibilities, and overall role reversal within the family in order to differentiate between role reversal overall and particular characteristics of role reversal. It was developed particularly for research on children of immigrants in order to avoid the pathological connotations of enmeshment and parentification. Overall filial responsibility as measured by the FRS-A was not associated with any sexual health or romantic relationship functioning variables, except for experiences of sexual partner violence. Previous research (Kuperminc, et al., 2009) found that filial responsibilities characterized by perceived fairness was associated with social competence, while filial responsibilities characterized by perceived unfairness was not. This is the first study to investigate a possible link between filial responsibilities and sexual and romantic relationship development. More research needs to be done to address the way in which filial responsibilities are established in the family of origin and its potential influence on extra-familial interpersonal functioning and sexual health.

One explanation for the inconclusive results may involve the limitations of self-report measures, particularly because of influence by introspective ability. Indeed, Figure 1 shows that emotion regulation was significantly correlated with maternal boundary dissolution, filial responsibilities, and with various sexual and romantic relationship outcomes. Since there is evidence for an indirect relationship between the variables, it may be because participants who have poor emotion regulation, or poor perception of their own emotion regulation, also have poor perception of their romantic and sexual relationships. Additionally, emotion dysregulation is characterized by a lack of emotional awareness (a subscale of the DERS), indicating that emotion dysregulation may also result in conflicted perceptions of relationships. Thus, while self-report measures are useful, they should be triangulated. Observational research, while subject to researcher bias, can account for discrepancies that sometimes exist between people's perceptions of their relationship quality and actual relationship quality.

Strengths

The current study had multiple strengths. While the main subject under investigation was the relationship between boundary dissolution with parents and boundary problems in sexual and romantic relationship development and functioning, the methodology took into account multiple variables—including various social factors as covariates. While the PBS was the primary scale under consideration, the survey included a second scale that measures caregiving, role reversal, and sense of unfairness—facets of boundary dissolution—in order to triangulate the findings. Since the study took emotion dysregulation into consideration, as well as other parenting factors, various related-but-distinct interpersonal factors were taken into consideration alongside the main effect, which allowed for a more complex understanding of the dynamics at play.

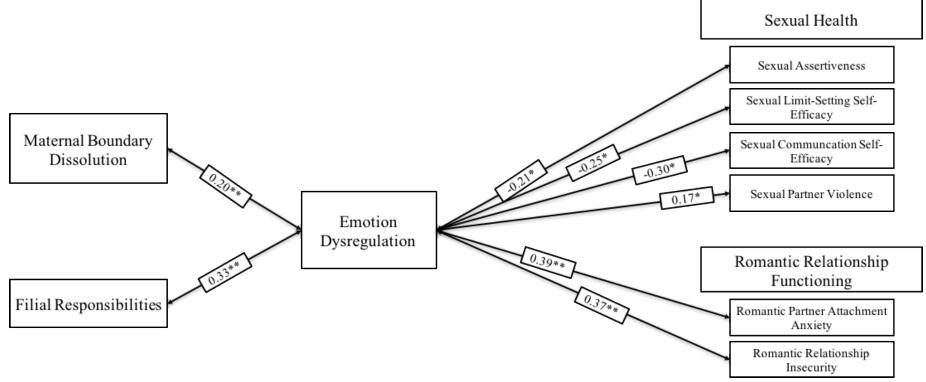


Figure 1. Significant Pearson's correlation coefficients between emotion dysregulation, maternal boundary dissolution, filial responsibilities, sexual health, and romantic relationship functioning. * p < .05

Limitations

This study was limited by a small sample size (N = 155), which limits the ability to generalize the findings. As previously mentioned, the use of only self-report measures may not be the most reliable way of measuring relationship quality of any kind, since there are numerous factors besides true relationship functioning that can color perception of relationship functioning. Additionally, the initial goal of the study was to attract a variety of genders to participate, but very few cis-gendered males requested participation. Because for most of the recruiting process people in relationships were not targeted directly, the number of people in romantic relationships was small, only about 60. Therefore, the number of people in romantic relationships was not ideal for statistical power.

APPENDIX A

Survey

Welcome & Informed Consent

Welcome to the Close Relationships Study!

If you agree to participate in this study, you will be asked questions about yourself, your relationship with your parent(s), your romantic relationships, and sexual history. The survey will take about an hour to complete. Please read the following information carefully before you decide whether or not to participate in the study.

MOUNT HOLYOKE COLLEGE INFORMED CONSENT FORM

Study: Parent Relationship and Romantic Relationship Study Investigators: Sojourner Gleeson, Class of 2017 KC Haydon, Psychology & Education Department

This project has been approved by the Institutional Review Board of Mount Holyoke College. The following informed consent is required by Mount Holyoke College for all participants in human subjects research:

A. Your participation is voluntary.

B. You may withdraw your consent and discontinue participation in this study at any time. You will not be penalized in any way if you decide not to participate. You may skip any question you prefer not to answer during the study.

C. The procedures to be followed in the project will be explained to you, and any questions you may have about the aims or methods of the project will be answered.

D. All of the information from this study will be treated as strictly confidential. No names will be associated with the data in any way. If you provide your address in order to receive a report of this research upon its completion, that information will not be used to identify you in the data. The data will be stored securely online and in locked offices in Reese Psychology & Education building at Mount Holyoke College. The data will be accessible only to the investigators, Sojourner Gleeson, Dr. KC Haydon, and their research team.

E. The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will your name or other identifying characteristics be included.

If you have any questions about this research, please contact Sojourner Gleeson at glees22s@mtholyoke.edu, KC Haydon at kchaydon@mtholyoke.edu

or the Mount Holyoke Institutional Review Board at institutional-review-board@mtholyoke.edu.

* 1. Please indicate whether you consent to participate in this study:

- I consent to participate in this study
- I decline to participate in this study

Participant Information

* 2. Are you 18 years of age or older?

O Yes

O No

* 3. Please enter your participant number - it's listed in the email you received from Sojourner.

4. What is the zip code of where you currently reside?

Demographics

Please specify

5. What is your date of birth?

MM	DD	YYYY
	/	1

6. Which of the following describes yourgender identity? (Check all that apply)

Cisgender man
Trans man
Cisgender woman
Trans woman
Man
Woman
Agender
Bigender
Genderqueer
Gender fluid
Nonbinary
You don't have an option that applies to me. I identify as (please specify):

7. Do you identify under the trans umbrella?

\bigcirc	Yes
\bigcirc	No

\sim	
()	Sometimes

_		 		

\bigcirc	Unsure	
~		

8. Please describe your ethnic background/identity:

9. Please describe your nationality (country of origin and your parents' countries of origin):

10. Please state your religious affiliation:

11. Which most accurately describes your race?: (please check all that apply)

White
Black/African-American

East Asian	
------------	--

Sou	th Asian
-----	----------

Middle Eastern/North African

- Native/Indigenous North American
- Central/South American

Native Hawaiian/Pacific Islander

Other (please specify)

12. What is your approximate annual household income (the total yearly income of everyone in your household)?



13. What is the highest level of education you have completed?

14. Do you have children?

Yes

15. If yes, please list your children's ages and living arrangements (live with you full time, live with you parttime, do not live with you)?

16. Do you have any siblings?

Yes

O No

Other (please specify)

17. What are their genders and ages?

Romantic Relationships Questions Intro

The following three pages are going to ask you questions about your romantic relationship history, sexual history, and current romantic relationship(s).

Romantic Relationships Basic Info.

18. Have you ever dated or been in a romantic relationship?

O Yes

O No

19. If yes, at what age did you start dating, or have your first romantic relationship?(*Indicate your age at whichever came first*)

0	100
0	
20. Since you started dating, how many romantic partners have you had, counting a you have had and your current relationship?	any past relationships
Please enter a number.	
·	
21. What is your relationship status? (check all that apply)	
am not in a relationship	
Dating casually	
Dating seriously	
Engaged	
Married	
Unmarried committed partnership	
Open relationship/polyamorous	
Separated	
Divorced	
Widowed	
I currently have one partner	
I currently have more than one partner	
22. Are you currently in a relationship? (If no, you can skip to the next page after an	swering this question)

Yes

O No

23.	If ves.	Which of the followi	na describes vou	· partner'sgender	identity? (Che	ck all that apply)
20.	ii yoo,		ig accombic your	paration ogonaon	raonary. jono	on an inal apply)

	Cisgender man
	Trans man
	Cisgender woman
	Trans woman
	Man
	Woman
	Agender
	Bigender
	Genderqueer
	Gender fluid
	Nonbinary
	I am not in a relationship (you may skip to the next page)
	You don't have an option that applies to my partner. My partner identifies as (please specify):
24.	Does your partner identify under the trans umbrella?
\bigcirc	Yes
\bigcirc	No
\bigcirc	Sometimes
\bigcirc	Unsure

25. How long have you been romantically involved with your current partner? Please enter your response in years and months. (For examp or a year and a half, please enter "1" for years and "6" for

Years

Months

26. Have you been involved with your partner continuously or have there been times when you broke up and got back together?

My partner and I have been involved continuously since we first began dating.

My partner and I have taken a break (or broken up) and then gotten back together.

Other (please specify)

27. If your relationship has not been continuous, how many times have you broken up and gotten back together?

28. Do you live with your partner?
Yes
O No
O Not Applicable
29. If yes, how long have you and your partner lived together?
Years
Months

Sexual History Questions Disclaimer

Disclaimer: The following page asks you questions about your sexual history. Some questions may be distressing. As stated on the first page where you granted your consent, you are not required to answer any of these questions. You may answer as many or as few as you want. The information will not be shared with anyone outside of the research team. If you wish to skip the page entirely, move to the bottom of the next page and click "next."

Sexual History

30. How many sexual partners have you had? (Those with whom you have engaged in oral sex or intercourse)

31. How old were you when you had sex for the first time (oral, penetrative or any other kind)? *If you have never had sex, you can skip this question.*

1	100
0	

32. The following questions ask you about your sexual habits and attitudes. Please rate the following statements 1-5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree." If the question does not apply to you, choose "N/A" for not applicable.

	N/A	1-Strongly Disagree	2-Disagree	3-Neither Agree nor Disagree	4-Agree	5-Strongly Agree
1. I am assertive about the sexual aspects of my life	0	\bigcirc	0	\bigcirc	0	0
2. I am direct about voicing my sexual needs and preferences	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
 I am the type of person who insists on having my sexual needs met 	0	\bigcirc	0	\bigcirc	0	0
4. If I were to have sex with someone, I would tell my partner what I like	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
5. If I wanted to practice "safer sex" with someone, I would insist on doing so	\bigcirc	0	0	0	0	0
 I feel confident in my ability to use protection on myself or my partner 	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
7. I feel confident I could purchase protection without feeling embarrassed	\bigcirc	0	\bigcirc	0	0	0
8. I feel confident I could stop to put protection on myself or my partner, even in the "heat of passion"	0	\bigcirc	0	\bigcirc	\bigcirc	0

	N/A	1-Strongly Disagree	2-Disagree	3-Neither Agree nor Disagree	4-Agree	5-Strongly Agree
9. I feel confident that I would remember to use protection, even if I were high	0	0	0	0	0	0
10. I feel confident I would be able to go out with someone without feeling obligated to engage in sexual activity	0	0	0	0	0	0
11. I feel confident I would be able to choose when and where to engage in sexual activity	0	0	0	0	0	0
12. I feel confident I would be able to refuse sexual activity I'm not comfortable with	0	0	0	0	0	0
 I feel confident in my ability to discuss protection usage with any partner I might have 	0	0	0	0	0	0
14. If I or my partner didn't have protection, I feel confident in my ability to suggest less risky activities, even in the "heat of passion"	0	0	0	0	0	0
15. I feel confident in my ability to suggest using protection with a new partner	0	0	0	0	0	0
16. I feel confident I could bring up the topic of protection with my health care provider	0	0	0	0	0	0
17. I feel confident I could easily ask my partner if they had protection (or tell them that I didn't)	0	0	0	0	0	0
18. I feel confident I could ask a doctor or health care provider specifically for HIV testing	0	0	0	0	0	0

	N/A	1-Strongly Disagree	2-Disagree	3-Neither Agree nor Disagree	4-Agree	5-Strongly Agree
19. I feel confident I could ask my partner to get tested specifically for HIV	0	0	0	0	0	0
20. I feel confident that I could ask my doctor or health care provider specifically for STI testing (testing for sexually transmitted infections)	0	0	0	0	0	0
21. I feel confident I could ask my partner to get tested for STIs	0	0	\bigcirc	0	0	0
22. I feel confident I would be able to say to someone how they can give me sexual pleasure	0	\bigcirc	0	0	0	0
23. If I were regularly having problems becoming sexually aroused, I feel confident I could ask a doctor about it	0	0	0	0	0	0
24. If I were regularly experiencing pain during sexual activity, I feel confident I could ask a doctor about it	0	0	0	0	0	0
25. If I were regularly experiencing pain during sexual activity, I feel confident I could talk to my partner(s) about it	0	0	0	0	0	0
26. If I got a sexually transmitted infection, I feel confident I could tell my current partner(s) about it	0	0	0	0	0	0
27. If I got a sexually transmitted infection, I feel confident I could tell my past partner(s) about it	0	0	0	0	0	0

	N/A	1-Strongly Disagree	2-Disagree	3-Neither Agree nor Disagree	4-Agree	5-Strongly Agree
28. If I have questions about sexual health, I feel I could ask a teacher, health care professional (e.g., doctor or nurse), and/or other sexual health educator	0	0	0	0	0	0

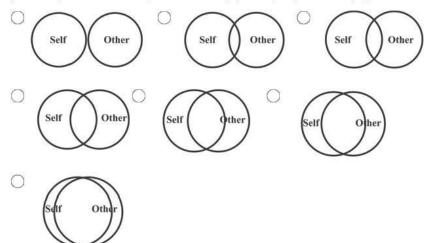
33. The following questions will ask you about unwanted sexual experiences. You do not have to answer every one, but any information you are willing to give is appreciated. Please rate your answers on a scale from 1-5, with 1 being "this has never happened" and 5 being "this is a regular occurence."

	N/A	1-This has never happened	2-This has happened once or twice	3-This happens sometimes	4-This happens often	5-This always happens
1. How often have you been forced to engage in sexual acts without your consent (without you wanting to do it)?	0	\circ	0	0	0	0
2. How often have you had sexual contact without your consent with a person in exchange for money?	0	0	0	0	0	0
3. How often have you had sexual contact without your consent with a person in exchange for drugs?	0	0	0	0	0	0
4. How often have you had sexual contact without your consent with a person in exchange for gifts, goods, a place to sleep, food or services?	0	0	\bigcirc	0	0	0
5. In general, in your sexual relationships, how often does it happen that one (or some) of your partners verbally intimidates you?	0	0	0	0	0	0
6. In general, in your sexual relationships, how often does it happen that one (or some) of your partners is aggressive towards you?	0	0	0	0	0	0

	N/A	1-This has never happened	2-This has happened once or twice	3-This happens sometimes	4-This happens often	5-This always happens
7. In general, in your sexual relationships, how often does it happen that one (or some) of your partners gives you unwanted insults?	0	0	0	0	0	0
8. In general, in your sexual relationships, how often does it happen that one (or some) of your partners give you unwanted physical harm?	0	0	0	0	0	0

My Romantic Relationship

34. Please choose the picture below that most accurately describes your relationship with your romantic partner. If you are not currently in a relationship, you may skip to the next page.



	Strongly disagree	ŗ		Neither agree	·	1 3	Strongly agree
1. It helps to turn to this person in times of need.	0	0	0	0	0	\bigcirc	0
 I usually discuss my problems and concerns with this person. 	0	0	0	0	0	0	0
3. I talk things over with this person.	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
4. I find it easy to depend on this person.	0	0	0	\bigcirc	0	0	0
5. I don't feel comfortable opening up to this person.	0	\bigcirc	0	0	0	0	0
 I prefer not to show this person how I feel deep down. 	0	0	0	0	0	0	\bigcirc
7. I often worry that this person doesn't really care for me.	0	0	0	0	0	0	0
8. I'm afraid that this person may abandon me.	0	0	0	0	0	0	0
9. I worry that this person won't care about me as much as I care about him or her.	0	0	0	0	0	0	0

35. Please indicate the degree to which you agree with the following statements about your current romantic relationship. If you are not currently in a relationship, you may skip to the next page.

36. For the following statements, please choose the number that shows how you feel about your partner and your relationship at this time. If you are not currently in a relationship, you may skip to the next page.

	1- Low	2	3	4	5	6	7-High
1. How well does your partner meet your needs?	0	\bigcirc	0	0	0	\bigcirc	0
2. In general, how satisfied are you with your relationship?	0	0	0	0	0	0	0
3. How good is your relationship compared to most?	0	\bigcirc	0	\bigcirc	0	0	0
4. How often do you wish you hadn't gotten into this relationship?	0	0	0	\bigcirc	0	0	\bigcirc
5. To what extent has your relationship met your original expectations?	0	0	0	0	0	0	0
6. How many problems are there in your relationship?	0	0	0	\bigcirc	0	0	0
7. How much do you love your partner?	\bigcirc	0	0	\bigcirc	0	\bigcirc	0

37. Please indicate the degree to which the following occurs in your relationship, 1 being "never" and 7 being "always." If you are not currently in a relationship, you may skip to the next page.

	1-Never	2	3	4	5	6	7-Always
1. I have more say than my partner does when we make decisions in our relationship.	0	0	0	0	0	0	0
 I have more control over decision making than my partner does in our relationship. 	0	0	0	\bigcirc	0	0	\bigcirc
3. When we make decisions in our relationship, I get the final say.	0	0	0	0	0	0	\bigcirc
 I have more influence than my partner does on decisions in our relationship. 	0	0	0	\bigcirc	0	0	0

	1-Never	2	3	4	5	6	7-Always
5. I have more power than my partner when deciding about issues in our relationship.	0	0	0	0	0	0	0
 I am more likely than my partner to get my way when we disagree about issues in our relationship. 	0	0	0	\bigcirc	0	0	0
7. My partner has more say than I do when we make decisions in our relationship.	0	0	0	0	0	0	0
8. My partner has more control over decision making than I do in our relationship.	0	0	0	0	0	0	0
9. When we make decisions in our relationship, my partner gets the final say.	0	0	0	0	0	0	0
10. My partner has more influence than I do on decisions in our relationship.	0	0	0	0	0	0	0
11. My partner has more power than me when deciding about issues in our relationship.	0	0	0	0	0	0	0
 My partner is more likely to get his/her way than me when we disagree about issues in our relationship. 	0	0	0	0	0	0	0
13. I am more likely than my partner to start discussions about issues in our relationship.	0	0	0	0	0	0	0
14. When my partner and I make decisions in our relationship, I tend to structure and lead the discussion.	0	0	0	0	\bigcirc	0	0
15. I lay out the options more than my partner does when we discuss decisions in our relationship.	0	0	0	0	0	0	0

	1-Never	2	3	4	5	6	7-Always
16. I tend to bring up issues in our relationship more often than my partner does.	0	0	0	0	0	0	0
17. My partner is more likely than me to start discussions about issues in our relationship.	0	0	0	0	0	0	0
18. When my partner and I make decisions in our relationship, my partner tends to structure and lead the discussion.	0	0	0	0	0	0	0
19. My partner lays out the options more than I do when we discuss decisions in our relationship.	0	0	0	0	0	0	0
20. My partner tends to bring up issues in our relationship more than I do.	0	0	0	0	0	0	0

38. Think about your current relationship with your romantic partner and indicate the degree to which you agree with the following statements. If you are not currently in a relationship, you may skip to the next page.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I feel very secure in my relationship.	0	0	0	0	0
2. My partner is a rather mysterious person.	\bigcirc	0	0	0	0
3. I often wonder how much my partner really cares for me.	0	0	0	0	0
 Sometimes, I wish I didn't care so much for my partner. 	\bigcirc	0	\bigcirc	\bigcirc	0
5. I worry that my partner doesn't care as much for me as I do for them.	0	0	0	0	0
 I have great difficulty trying to figure out my partner. 	0	0	0	0	0

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
7. I have imagined conversations I would have with my partner.	0	0	0	0	0
8. I try to plan out what I want to say before talking to my partner.	0	0	0	0	0
9. My partner pays enough attention to me.	\bigcirc	0	0	0	0
10. I feel uneasy if my partner is making friends with someone they may be attracted to.	\bigcirc	0	0	0	0
11. I need my partner more than they needs me.	0	0	0	\bigcirc	0
12. My partner has been the cause of some of my worst depressions.	0	0	0	0	0
13. My relationship with my partner is stable and quietly satisfying.	0	0	0	0	0
14. There is little conflict between my partner and myself.	0	0	0	0	0
15. I worry about losing my partner's affection.	0	0	0	0	0

My Family Background

39.	Do you currently	live with	your	parent(s)?
\frown				

\cap	١.	Yes
L	X	103

O No

40. Many of the following questions will ask you to answer in regards to your mother, mother-like figure, or parent #1. Regardless of the quality of your relationship, who is that person for you?

41. Many of the following questions will ask you to answer in regards to your father, father-like figure, or parent #2. Regardless of the quality of your relationship, who is that person for you?

			- 1
			- 1
			- 1
			- 1

42. Has one or more of your parents suffered any debilitating and/or chronic physical or mental health problems during your childhood or adolescence? (*Check all that apply*)

	Diabetes
	Cancer
	Heart Disease
	HIV/AIDS
	Cystic Fibrosis
	Multiple Sclerosis
	Obesity
	ALS (Lou Gherig's Disease)
	Parkinson's Disease
	Crohn's Disease
	Epilepsy
	Post-Traumatic Stress Disorder
	Depression
	Bipolar Disorder
	Anxiety Disorder such as GAD or OCD
	Narcissistic, Borderline, or Antisocial Personality Disorder
	Alcohol or Drug Addiction
	None of my parents dealt with any health conditions while I was growing up.
	Other (please specify)

43. What is the highest level of education your parents have completed?

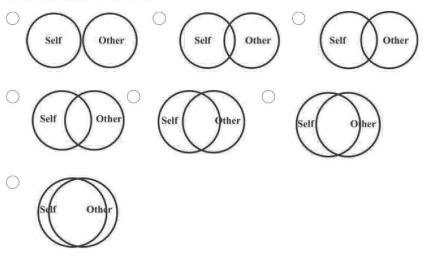
Parent #1	
Parent #2	\$
Other Parent	
Other Parent	\$

44. Please choose the options that most accurately describe your family structure growing up:(check all that apply)

I was raised by a single parent
l lived with my biological parent(s)
l lived with my adoptive parent(s)
I spent time in the foster care system
My parents are married to each other
My parents are divorced
My parents are separated
My parents were never married
My step-parent(s) were very involved in raising me
My grandparent(s) were very involved in raising me
Other extended family members were very involved in raising me.
Other (please specify):

My mother/mother-like figure/parent #1

This page will ask you questions about the person you indicated as your mother/mother-like figure/parent #1. Some of the questions will refer to your "mother" or your "father." If that language does not apply to you, mentally substitute the names of the people you indicated on the last page.



45. Please choose the picture below that most accurately describes your relationship with your mother, mother-like figure, or Parent #1.

46. Think about your relationship with your MOTHER, MOTHER-LIKE figure, or Parent #1. Think about how it is now and how it was while you were growing up, and think if these are things that usually happen, often happen, sometimes happen, rarely happen, or never happen.

	My mother/mother-like figure/parent #1 while I was GROWING UP	My mother/mother-like figure/parent #1 CURRENTLY
 My mom goes into my room even if I ask her not to. 	\$	\$
 My mom feels lonely it I don't spend time with her. 	\$	\$
 My mom and I know each other's thoughts and feelings. 	\$	\$
 My mom tells me too many personal things about her life. 	\$	\$
5. I take care of things around the house, just as if I were a grown-up.	\$	\$
6. I make my mom upset, just like my dad does.	\$	\$
7. When my mom is upset about something, she also gets upset with me.	\$	\$

	My mother/mother-like figure/parent #1 while I was GROWING UP	My mother/mother-like figure/parent #1 CURRENTLY
8. I feel like my mom is the kid, and I am the parent.	\$	
9. It is okay with my mom if I have private things from her.	\$	\$
10. I am the one who is supposed to make sure my mom is happy.	\$	
11. It is okay for me to think and feel differently than my mom.	\$	•
12. My mom and I are so much the same we are like the same person.	\$	
13. When my mom gets mad at me, she says I'm just like my dad.	\$	\$
14. My mom asks me to tell her about things I don't want to tell her.	•	
15. My mom treats me just the same way she treats my dad.	\$	
16. My mom thinks it's important for me to know about her problems.	▲	
17. My mom needs to know everything about how I am thinking and feeling.	\$	\$
18. My mom talks to me about her worries.	\$	\$
19. My mom needs me to take care of her.	\$	\$
20. My mom asks too many questions about me and my friends.	\$	
21. My mom wants me to be happy, even if she has worries.	\$	\$
22. My mom feels the same way about me as she does about my dad.		

	My mother/mother-like figure/parent #1 while I was GROWING UP	My mother/mother-like figure/parent #1 CURRENTLY
23. My mom looks through my personal stuff without asking me.	\$	\$
24. When my mom gets mad at my dad, she also gets mad at me.		
25. My mom wants me to spend a lot of time with her.	\$	\$
26. My mom thinks and feels the same as me.		\$
27. My mom tells me not to worry about her problems.	\$	\$
28. It is okay with my mom if I disagree with her.		
29. My mom talks to me about "grown-up" things that are not really for kids.	\$	\$
30. My mom wishes I didn't act so much like my dad.		
31. It is my job to make sure my mom is happy.	\$	\$
32. My mom thinks she knows better about how I feel than I do.		
33. I take care of my mom more than she takes care of me.	\$	\$
34. My mom would rather spend time with me than her grown-up friends.		
35. If my mom is feeling bad, it is up to me to cheer her up.		

	Strongly disagree			Neither agree nor disagree			Strongly agree
1. It helps to turn to this person in times of need.	0	0	0	0	0	0	0
 I usually discuss my problems and concerns with this person. 	0	0	0	0	0	\bigcirc	0
3. I talk things over with this person.	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
4. I find it easy to depend on this person.	0	0	0	0	0	0	0
5. I don't feel comfortable opening up to this person.	0	0	0	0	0	0	0
 I prefer not to show this person how I feel deep down. 	0	0	0	0	0	0	\bigcirc
7. I often worry that this person doesn't really care for me.	0	0	0	0	0	0	0
8. I'm afraid that this person may abandon me.	0	0	0	\bigcirc	0	\bigcirc	0
9. I worry that this person won't care about me as much as I care about him or her.	0	0	0	0	0	0	0

47. Please answer the following questions about your MOTHER, MOTHER-like figure, or Parent #1. Rate the degree to which you agree with the following statements.

48. For each of the following statements, choose the degree to which you agree with the following statements as they pertain to your MOTHER, your MOTHER-LIKE FIGURE, or Parent #1.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
1. While I was growing up, my parent felt that in a well-run home the children should have their way in the family as often as the parents do.	0	0	0	0	0
2. Even if their children didn't agree with them, my parent felt that it was for our own good if we were forced to conform to what they thought was right.	0	0	0	0	0

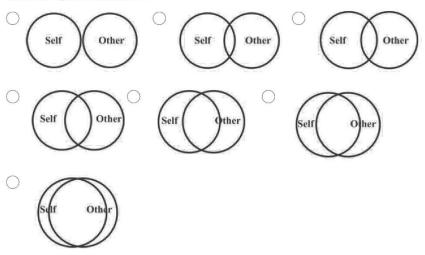
	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
3. Whenever my parent told me to do something as I was growing up, they expected me to do it immediately without asking any questions.	0	0	0	0	0
4. As I was growing up, once family policy had been established, my parent discussed the reasoning behind behind the policy with the children in the family.	0	0	0	0	0
5. My parent has always encouraged verbal give- and-take whenever I have felt that family rules and restrictions were unreasonable.	0	0	0	0	0
6. My parent has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	0	0	0	0	0
7. As I was growing up my parent did not allow me to question any decision they had made.	0	0	0	0	0
8. As I was growing up my parent directed the activities and decisions of the children in the family through reasoning and discipline.	0	0	0	0	0
9. My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	0	0	0	0	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
10. As I was growing up my parent did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	\bigcirc	0	0	0	0
11. As I was growing up I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with my parent when I felt that they were unreasonable.	0	0	0	0	0
12. My parent felt that wise parents should teach their children early just who is boss in the family.	0	0	0	0	0
13. As I was growing up, my parent seldom gave me expectations and guidelines for my behavior.	0	0	0	0	0
14. Most of the time as I was growing up my parent did what the children in the family wanted when making family decisions.	0	0	0	0	0
15. As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways.	0	0	0	0	0
16. As I was growing up my parent would get very upset if I tried to disagree with them.	0	0	0	0	0
17. My parent feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	0	0	0	0	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
18. As I was growing up my parent let me know what behavior they expected of me, and if I didn't meet those expectations, they punished me.	0	0	0	0	0
19. As I was growing up my parent allowed me to decide most things for myself without a lot of direction from them.	0	0	0	0	0
20. As I was growing up my parent took the children's opinions into consideration when making family decisions, but they would not decide in favor something simply because the children wanted it.	0	0	0	0	0

My father/father-like figure/parent #2

This page will ask you questions about the person you indicated as your father/father-like figure/parent #2. Some of the questions will refer to your "mother" or your "father." If that language does not apply to you, mentally substitute the names of the people you indicated previously.



49. Please choose the picture below that most accurately describes your relationship with your father, father-like figure, or Parent #2.

50. Think about your relationship with your FATHER, FATHER-LIKE figure, or Parent #2. Think about how it is now and how it was while you were growing up, and think if these are things that usually happen, often happen, sometimes happen, rarely happen, or never happen.

	My father/father-like figure/parent #2 while I was GROWING UP	My father/father-like figure/parent #1 CURRENTLY
 My dad goes into my room even if I ask him not to. 	\$	\$
2. My dad feels lonely if I don't spend time with him.	\$	\$
 My dad and I know each other's thoughts and feelings. 	\$	\$
4. My dad tells me too many personal things about his life.	\$	\$
5. I take care of things around the house, just as if I were a grown-up.	\$	\$
6. I make my dad upset, just like my mom does.		\$
7. When my dad is upset about something, he also gets upset with me.	\$	\$

	My father/father-like figure/parent #2 while I was GROWING UP	My father/father-like figure/parent #1 CURRENTLY
8. I feel like my dad is the kid, and I am the parent.	\$	\$
9. It is okay with my dad if I have private things from him.	\$	\$
10. I am the one who is supposed to make sure my dad is happy.	\$	\$
11. It is okay for me to think and feel differently than my dad.	\$	\$
12. My dad and I are so much the same we are like the same person.	\$	
13. When my dad gets mad at me, he says I'm just like my mom.	\$	\$
14. My dad asks me to tell him about things I don't want to tell him.	\$	\$
15. My dad treats me just the same way he treats my mom.	•	\$
16. My dad thinks it's important for me to know about his problems.	\$	\$
17. My dad needs to know everything about how I am thinking and feeling.	\$	\$
18. My dad talks to me about his worries.		\$
19. My dad needs me to take care of him.	\$	•
20. My dad asks too many questions about me and my friends.	\$	\$
21. My dad wants me to be happy, even if he has worries.	\$	\$
22. My dad feels the same way about me as he does about my mom.	•	\$

	My father/father-like figure/parent #2 while I was GROWING UP	My father/father-like figure/parent #1 CURRENTLY
23. My dad looks through my personal stuff without asking me.	\$	\$
24. When my dad gets mad at my mom, he also gets mad at me.		
25. My dad wants me to spend a lot of time with him.	\$	\$
26. My dad thinks and feel the same as me.	•	\$
27. My dad tells me not to worry about his problems.	\$	\$
28. It is okay with my dad if I disagree with him.		
29. My dad talks to me about "grown-up" things that are not really for kids.	•	
30. My dad wishes I didn't act so much like my mom.		
31. It is my job to make sure my dad is happy.	\$	\$
32. My dad thinks he knows better about how I feel than I do.		
33. I take care of my dad more than he takes care of me.	\$	\$
34. My dad would rather spend time with me than his grown-up friends.	\$	
35. If my dad is feeling bad, it is up to me to cheer him up.	\$	\$

51. For each of the following statements, choose the degree to which you agree with the following statements as they pertain to your FATHER, your FATHER-LIKE FIGURE, or Parent #2.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
1. While I was growing up, my parent felt that in a well-run home the children should have their way in the family as often as the parents do.	0	0	0	0	0
2. Even if their children didn't agree with them, my parent felt that it was for our own good if we were forced to conform to what they thought was right.	0	\bigcirc	0	0	0
3. Whenever my parent told me to do something as I was growing up, they expected me to do it immediately without asking any questions.	0	0	0	0	0
4. As I was growing up, once family policy had been established, my parent discussed the reasoning behind behind the policy with the children in the family.	0	0	0	0	0
5. My parent has always encouraged verbal give- and-take whenever I have felt that family rules and restrictions were unreasonable.	0	0	0	0	0
6. My parent has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	0	0	0	0	0
7. As I was growing up my parent did not allow me to question any decision they had made.	0	0	0	0	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
8. As I was growing up my parent directed the activities and decisions of the children in the family through reasoning and discipline.	0	0	0	0	0
9. My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	0	0	0	0	0
10. As I was growing up my parent did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	0	0	0	0	0
11. As I was growing up I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with my parent when I felt that they were unreasonable.	0	0	0	0	0
12. My parent felt that wise parents should teach their children early just who is boss in the family.	0	0	0	0	0
13. As I was growing up, my parent seldom gave me expectations and guidelines for my behavior.	0	0	0	0	0
14. Most of the time as I was growing up my parent did what the children in the family wanted when making family decisions.	0	0	0	0	0
15. As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways.	0	0	0	0	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly agreee
16. As I was growing up my parent would get very upset if I tried to disagree with them.	0	0	0	0	0
17. My parent feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	0	0	0	0	0
18. As I was growing up my parent let me know what behavior they expected of me, and if I didn't meet those expectations, they punished me.	0	0	0	0	0
19. As I was growing up my parent allowed me to decide most things for myself without a lot of direction from them.	0	0	0	0	0
20. As I was growing up my parent took the children's opinions into consideration when making family decisions, but they would not decide in favor something simply because the children wanted it.	0	0	0	0	0

	Strongly disagree			Neither agree nor disagree			Strongly agree
1. It helps to turn to this person in times of need.	0	\bigcirc	0	\bigcirc	0	\bigcirc	\bigcirc
 I usually discuss my problems and concerns with this person. 	0	0	0	0	0	0	0
3. I talk things over with this person.	0	0	0	0	0	\bigcirc	0
4. I find it easy to depend on this person.	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	0	\bigcirc
5. I don't feel comfortable opening up to this person.	0	0	0	0	0	0	\bigcirc
6. I prefer not to show this person how I feel deep down.	0	0	0	0	0	0	0
7. I often worry that this person doesn't really care for me.	0	0	0	0	0	0	0
8. I'm afraid that this person may abandon me.	0	0	0	0	0	\bigcirc	0
9. I worry that this person won't care about me as much as I care about him or her.	0	0	0	0	0	0	0

52. Please answer the following questions about your FATHER, FATHER-like figure, or Parent #2.

Family

The next questions ask about your relationships with your parents currently and while you were growing up. Because everyone's experience is unique, there are no right or wrong answers. Just try to respond with the rating that fits best.

53. The following questions ask about different aspects of your experience growing up in your family. Please indicate the degree to which you agree with the following statements.

	Neither agree nor				
	Strongly disagree	Disagree	disagree	Agree	Strongly agree
1. I did a lot of the shopping (e.g. for groceries or clothes) for my family.	0	0	\bigcirc	0	0

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2. At times I felt I was the only one my mother or father could turn to.	0	0	0	0	0
3. I helped my brothers and sisters a lot with their homework.	0	\bigcirc	0	0	0
 Even though my parents meant well, I couldn't really depend on them to meet my needs. 	0	0	0	0	0
5. In my family, I was often described as being mature for my age.	0	0	0	0	0
6. I was frequently responsible for physically caring (e.g. washing, feeding, or dressing him or her) for some member of my family.	0	0	0	0	0
7. It often seemed that my feelings weren't taken into account in my family.	0	0	0	0	0
8. I worked to make money for my family.	0	0	0	0	0
9. I often feel like a referee in my family.	\bigcirc	0	0	0	\bigcirc
19. I often felt let down my members of my family.	\bigcirc	0	0	0	0
20. In my family I often made sacrifices that went unnoticed.	0	0	0	0	0
21. It seemed like family members were always bringing me their problems.	0	0	0	0	0
22. I often did the family's laundry.	\bigcirc	0	0	0	0
23. If a member of my family were upset, I usually didn't get involved.	0	0	0	0	0

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
24. My parents were very helpful when I had a problem	0	0	0	0	0
25. In my house, I rarely did the cooking.	\bigcirc	0	0	0	0
26. My parents often tried to get me to take their side in conflicts.	0	0	0	0	0
27. Even when my family did not need my help, I felt very responsible for them.	0	0	0	0	0
28. I was rarely asked to look after my siblings.	0	0	\bigcirc	0	0
29. Sometimes it seemed that I was more responsible than my parents were.	0	0	0	0	0
30. Members of my family understood me pretty well.	0	0	0	0	0
31. My parents expected me to help discipline my siblings.	0	\bigcirc	0	0	0
32. My parents often criticized my efforts to help out at home.	0	0	0	0	0
 33. I often felt that my family could not get along without me. 	0	0	0	0	0
34. For some reason it was hard for me to trust my parents.	0	\bigcirc	0	0	0
35. I often felt caught in the middle of my parents' conflicts.	0	0	0	0	0
36. I helped manage my family's financial affairs (e.g. making decisions about purchases or paying bills).	0	0	0	0	0
37. In my family, I often gave more than I received.	0	\bigcirc	0	\bigcirc	0

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
38. It was hard sometimes to keep up with school because of my responsibilities at home.	\bigcirc	0	0	0	0
39. I often felt more like an adult than a child in my family.	0	0	0	0	0
Almost there!					

54. The following questions ask you about your own way of dealing with thoughts, feelings, and emotions. Please indicate the degree to which you agree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am clear about my feelings.	0	0	0	\bigcirc	0
2. I pay attention to how I feel.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
3. I experience my emotions as overwhelming and out of control.	\bigcirc	0	0	0	0
4. I have no idea how I am feeling	\bigcirc	0	\bigcirc	\bigcirc	0
5. I have difficulty making sense out of my feelings	0	0	0	0	0
6. I am attentive to my feelings.	\bigcirc	0	\bigcirc	\bigcirc	0
7. I know exactly how I am feeling.	\bigcirc	0	\bigcirc	\bigcirc	0
8. I care about what I am feeling.	\bigcirc	0	\bigcirc	\bigcirc	0
9. I am confused about how I feel.	0	0	\bigcirc	0	0
10. When I'm upset, I acknowledge my emotions.	0	0	0	0	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. When I'm upset, I become angry with myself for feeling that way.	0	0	0	0	0
12. When I'm upset, I become embarrassed for feeling that way.	0	0	0	0	0
13. When I'm upset, I have difficulty getting work done	0	0	\bigcirc	0	0
14. When I'm upset, I become out of control.	0	0	\bigcirc	\bigcirc	0
15. When I'm upset, I believe that I will remain that way for a long time.	0	0	0	0	0
16. When I'm upset, I believe that I'll end up feeling very depressed.	0	0	0	0	0
17. When I'm upset, I believe that my feelings are valid and important.	0	0	0	0	0
18. When I'm upset, I have difficulty focusing on other things.	0	0	0	0	0
19. When I'm upset, I feel out of control.	0	\bigcirc	\bigcirc	\bigcirc	0
20. When I'm upset, I can still get things done.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
21. When I'm upset, I feel ashamed with myself for feeling that way.	\bigcirc	0	\bigcirc	0	0
22. When I'm upset, I know that I can find a way to eventually feel better.	0	0	\bigcirc	0	0
23. When I'm upset, I feel like I am weak.	\bigcirc	0	\bigcirc	0	0
24. When I'm upset, I feel like I can remain in control of my behaviors.	0	0	0	0	0
25. When I'm upset, I feel guilty for feeling that way.	0	0	0	0	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
26. When I'm upset, I have difficulty concentrating.	0	0	0	0	0
27. When I'm upset, I have difficulty controlling my behaviors.	0	0	0	0	0
28. When I'm upset, I believe that there is nothing I can do to make myself feel better.	0	0	0	0	0
29. When I'm upset, I become irritated with myself for feeling that way.	0	0	0	0	0
30. When I'm upset, I start to feel very bad about myself.	0	0	0	0	0
31. When I'm upset, I believe that wallowing in it is all I can do.	0	0	0	0	0
32. When I'm upset, I lose control over my behaviors.	0	0	0	0	0
33. When I'm upset, I have difficulty thinking about anything else.	0	0	0	0	0
34. When I'm upset, I take time to figure out what I'm really feeling	0	0	0	0	0
35. When I'm upset, it takes me a long time to feel better.	0	0	0	0	0
36. When I'm upset, my emotions feel overwhelming.	0	0	0	0	0

Interview Contact Consent

Thank you so much for participating in the first part of our study. Some people who have taken this survey will be contacted for a follow-up interview. The identity of those who are contacted will remain confidential and will only be seen by Sojourner Gleeson and Dr. KC Haydon. Your interview will be associated with your survey. We will not share your identity or contact information with any other person or organization.

Follow-up interviews will help give us a deeper understanding of the effect of parental relationships on romantic relationships, and your contribution of your perception and experience would be highly valuable and deeply appreciated.

Thank you!

Thank you for participating in Part I of the Closest Relationships Study! Your name has been entered in a raffle for one of four \$25 gift cards!

If you have questions about the study, please contact Sojourner Gleeson by email at glees22s@mtholyoke.edu or Dr. KC Haydon by phone at (413) 538-2365 or by email at kchaydon@mtholyoke.edu. You can also contact the Mount Holyoke College Institutional Review Board by email at institutional-review-board@mtholyoke.edu.

Below is a list of mental health resources that you may contact if you have any concerns that you would like to discuss with a professional:

National:

National Suicide Prevention Hotline Available 24 hrs: 1-800-273-8255 National Sexual Assault Hotline (RAINN) Available 24 Hrs: 1-800-656-4673

Western Mass:

Behavioral Health Network 24-hour crisis line: (413) 733-6661 or 1-800-437-5922 YWCA of Western Mass 24-hour domestic violence/sexual assault hotline: (413) 733-7100 Psychological Services Center (behavioral health and counseling on a sliding scale fee): (413) 545-0041 or 1-800-796-8711

1-800 NUMBERS ARE TOLL FREE

Thanks again for your time and effort!

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