

# PRECOCIOUS ROLE ENTRY AS A MEDIATING FACTOR IN WOMEN'S METHAMPHETAMINE USE: IMPLICATIONS FOR LIFE-COURSE AND PATHWAYS RESEARCH\*

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*Precocious adoption of adult roles and responsibilities at an early age often has been linked to substance abuse and criminal behavior. Yet, much of the existing research suggests that early offending behaviors induce precocious movement into adulthood; less attention has focused on the way in which early adoption of adult roles and responsibilities might itself contribute to the onset of offending. In the following article, we examine the cumulative impact of early transitions into adult roles and responsibilities on the onset of methamphetamine (MA) use. Through inductive analyses of interviews with women methamphetamine users, we identified a range of adult roles and responsibilities that women described as facilitating their initiation into MA use, including family caretaking, motherhood, independent living, and peer and romantic*

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*associations with adults. Such findings have theoretical implications for both life-course perspectives and feminist pathways research. They highlight the importance of attending to the timing and sequencing of experiences as well as highlight the gendered nature of these processes.*

The import of dynamic life-course processes for understanding crime and desistance trajectories became widely recognized with the publication of Sampson and Laub's (1993) age-graded theory of social control. Life-course orientations have since been incorporated into many prominent theoretical traditions, including strain (Agnew, 2006a), social learning (Giordano, 2010), and integrated theories (Agnew, 2003; Farrington, 2005; Thornberry, 1997). Running parallel with these intellectual shifts, feminist scholars also have investigated women's and girls' pathways to drug use (Evans, Forsyth, and Gauthier, 2001; Sterk, 1999), offending (Daly, 1992; Gaarder and Belknap, 2002), and desistance (Giordano, Cernkovich, and Rudolph, 2002).

An important component of life-course research has been the investigation of transitions and turning points that contribute to the onset, stability, and change in antisocial or criminal behavior over time (Elder, 1998; Sampson and Laub, 1997). With regard to young women, research has highlighted the important roles that childhood victimization (Cernkovich, Lanctôt, and Giordano, 2008; Salisbury and Van Voorhis, 2009), peers and romantic relationships (Haynie et al., 2005), and parental criminality (Giordano, 2010) can play in the onset of drug use and delinquency. In addition, research has attended to the impact of precocious development in facilitating girls' delinquency—including the social network consequences of early pubertal development (Haynie, 2003); precocious sexual development that may result from childhood sexual trauma (Browning and Laumann, 1997; Finkelhor and Browne, 1985); and precocious independence associated with teen homelessness (Whitbeck, Hoyt, and Yoder, 1999).

Yet most research on precocious transitions into adult roles—although concerned with the bidirectionality of precocious development and deviance—assumes that delinquency or drug use begins the sequence of movement toward adult roles. Precocious role transitions often are investigated as developmental *consequences* of early participation in deviance, which contribute further to cumulative disadvantages that both facilitate ongoing engagement in crime and/or substance abuse, as well as other negative life outcomes (Blair, 2010; Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007; Newcomb, 1996; Newcomb and Bentler, 1988).

In this investigation, we suggest that precocious transitions into adult roles and responsibilities also may function as turning points that contribute to the onset of deviance, especially for young women. Such transitions may, in some instances, serve as mediating processes that help explain the impact

of parental criminality, family dysfunction, and childhood victimization on the onset of drug use, and perhaps other offending. We present evidence from inductive analyses of 35 qualitative interviews with women who self-identify as methamphetamine (MA) users, examining the impact of precocious movement into family caretaking, motherhood, independent living, and peer and romantic associations with adults in women's accounts of their initiation into MA use.

Our work furthers research on the connections among early adverse family experiences, childhood victimization, precocious transitions to adult roles and responsibilities, and substance use among women. Although we focus on young women's initiation into MA use, our study suggests an important line of inquiry for further research on life-course trajectories into substance abuse, delinquency, and crime, as well as the role gendered processes may play within these. Identifying the cumulative disadvantages that can result from precocious role transitions has import for control, strain, learning, and integrated theoretical works on life-course processes tied to offending. It also may further attune feminist pathways research to the developmental sequencing and age-graded nature of young women's pathways into drug use and offending.

### PRECOCIOUS DEVELOPMENT, ROLE TRANSITIONS, AND THE LIFE COURSE

Life-course perspectives examine how human development and behavior evolve across the lifespan as a result of changing demands, opportunities, interests, circumstances, and events (Elder, 1998). This work uncovers how life experiences set in motion dynamic processes, including individual adaptations, which impact subsequent outcomes (Giordano, 2010; Sampson and Laub, 1993, 1997). Life-course criminologists seek to identify transitions and turning points within people's lives that explain onset, stability, and change in antisocial or criminal behavior over time. They theorize about how such transitions shape individuals' bonds to prosocial institutions in ways that control or fail to control involvement in crime (Sampson and Laub, 1993), heighten strains that may result in deviant coping strategies (Agnew, 2006a), and expose individuals to differential associations that encourage initiation, continuation, or desistance from drug use and offending (Giordano, 2010; Giordano, Cernkovich, and Rudolph, 2002; Warr, 1998).

A compelling feature of this research is the identification of developmental trajectories as age differentiated (Elder, 1998). Childhood, adolescence, and movement into adulthood each come with culturally defined roles and transitions tied to age, including childhood dependency in family contexts; school participation and increased association with peers and romantic partners in adolescence; and adult roles such as employment, marriage, and

parenthood. Scholars have noted that adolescent delinquency is tied to “the major developmental task . . . [of] establishing age-appropriate autonomy” (Thornberry, 2005: 170), characterized by “the extension of *some* adult privileges and responsibilities to adolescents” (Agnew, 2003: 264). As Agnew explained:

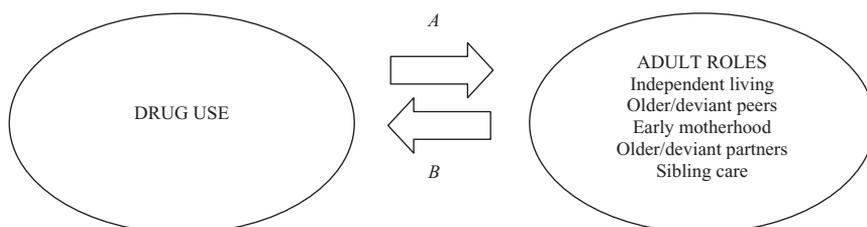
This feature has several mutually reinforcing effects, including a reduction in supervision; an increase in social and academic demands; participation in a larger, more diverse, peer-oriented social world; an increase in the desire for adult privileges; and a reduced ability to cope in a legal manner/increased disposition to cope in a criminal manner. Each of these effects increases crime by increasing strain or stress, reducing control, and increasing the association with and influence of delinquent peers (2003: 264).

Scholars often are concerned with transitions that occur “off time”—either earlier or later than would be socially expected—including premature or precocious development. For example, significant risks associated with early pubertal maturation for girls, which affect social development and involvement in delinquency (Caspi et al., 1993; Caspi and Moffitt, 1991; Haynie, 2003), have been identified. Haynie (2003: 356) noted that pubertal development “may signal others that one is ready to take on more adult-like roles” and may facilitate participation “in social contexts where greater opportunities to participate in delinquency are present.” There also are long-term consequences, with girls who mature early marrying earlier, and having worse educational and occupational outcomes than other girls (Stattin and Magnusson, 1990), which suggests cumulative disadvantages associated with early pubertal maturation.

Life-course research on the impact of childhood sexual victimization conceptualizes adult-child sexual contact (i.e., abuse) as an off-time transition that can lead to precocious sexual trajectories, including early sexual activity, teenage pregnancy, multiple sexual partners, and increased risk for sexual revictimization (Browning and Laumann, 1997; see also Finkelhor and Browne, 1985; McClellan et al., 1996). Browning and Laumann (1997: 544) concluded that such precocious sexual trajectories, in turn, “create adverse long-term consequences” for sexual and relational functioning, which suggests that the long-term effects of sexual abuse on girls’ developmental outcomes are indirect, as they are mediated by precocious sexual activity.

Scholars also have identified precocious transitions to adult roles as harmful for adolescent development. Newcomb (1996: 478) explained, “premature engagement in adult activities and responsibilities during adolescence interferes with the acquisition of psychosocial skills necessary for success in these adult roles.” Such “off-time and out-of-order transitions

**Figure 1. Bidirectional Pathway Between Precocious Adoption of Adult Roles and Drug Use**



can be particularly disruptive because the individual is typically not prepared for the added responsibilities and obligations that accompany these transitions” (Krohn, Lizotte, and Perez, 1997: 88). Disruptions in prosocial ties (Sampson and Laub, 2005), exposure to antisocial ties and learning processes (Giordano, 2010), and deviant coping strategies (Agnew, 2003; Hagan and Foster, 2003) can result. These precocious transitions, in turn, contribute to the accumulation of harmful outcomes.

As illustrated in pathway A in figure 1, most research on the impact of premature role transitions—while noting bidirectional effects—begins with the recognition that delinquency and drug use are themselves a form of precocious development and investigates precocious role transitions and their attendant outcomes primarily as developmental *consequences* of early participation in deviance (Blair, 2010; Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007; Newcomb, 1996; Newcomb and Bentler, 1988). Fewer studies have examined the possibility that precocious entry into adult responsibilities and roles may, in some circumstances, function as the mechanism that facilitates the onset of drug use and other deviant activities (pathway B in figure 1). This is the basis for the primary argument we put forward here.

## GENDERED PATHWAYS AND PRECOCIOUS TRANSITIONS TO ADULT ROLES

Although early investigations in life-course criminology often were inattentive to gendered processes, scholars have paid increased attention to how life circumstances and trajectories are shaped by gender (Cernkovich, Lanctôt, and Giordano, 2008; Giordano, Cernkovich, and Rudolph, 2002; Hagan and Foster, 2003; King, Massoglia, and Macmillan, 2007; Lanctôt, Cernkovich, and Rudolph, 2007; Thompson and Petrovic, 2009). This has been paralleled by research in the feminist pathways tradition, which is explicitly attentive to the harmful effects of childhood trauma and

victimization, as well as how gendered expectations and inequalities “can shape a person’s experiences, options, and identity” in ways that contribute to the onset of drug use, delinquency, and crime (Gaarder and Belknap, 2002: 484; see also Brown, 2006; Daly, 1992; Sterk, 1999).

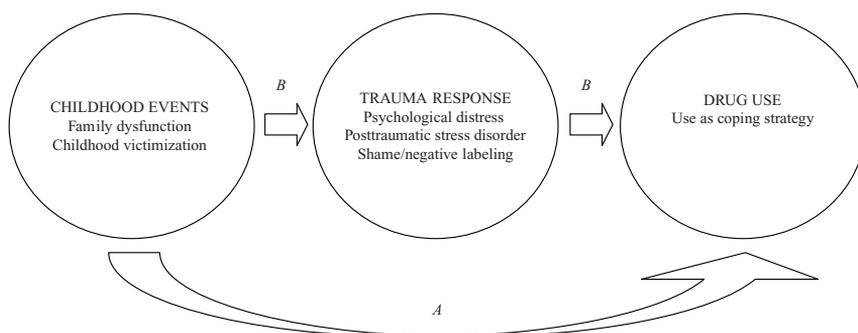
Research on the etiology of adolescent female offending has identified numerous risks with implications for the potential of precocious role entry to heighten the likelihood of drug use and delinquency. These risks include those shared across gender, such as socioeconomic disadvantage; parental deviance and drug use; family conflict, control, and bonding; school failure; and associations with delinquent peers (Giordano, 2010; Heimer and De Coster, 1999; Kruttschnitt, 1996). This work also has identified gendered risk and protective factors for girls associated with peer and romantic relationships, motherhood, victimization, and gendered behavioral expectations and social controls (Bottcher, 2001; Heimer and De Coster, 1999; King, Massoglia, and Macmillan, 2007; Krohn, Lizotte, and Perez, 1997; Salisbury and Van Voorhis, 2009).

Feminist pathways research also has been attentive to the relationship between victimization and offending, finding that “traumas such as physical and sexual abuse and child neglect are not only defining features in the lives of many female offenders, but . . . are often related to one’s likelihood of committing crimes” (Gaarder and Belknap, 2002: 484). Growing evidence is available that early victimization can have both short- and long-term consequences for involvement in antisocial behavior (Cernkovich, Lanctôt, and Giordano, 2008; Ireland, Smith, and Thornberry, 2002), including initiation into drug use. The relationship between early victimization and later substance abuse seems more significant for females than males (Dube et al., 2003; Kumpfer, Smith, and Summerhays, 2008; Miller and Mancuso, 2004; Simpson and Miller, 2002; Widom with Hiller-Sturmhöfel, 2001).

Yet, we know less about how precocious transitions into adult roles and responsibilities might, in some cases, mediate this relationship. Feminist pathways research on the relationship between adverse childhood events and the onset of offending has tended toward one of two approaches. First, some work is limited by a “categorical” approach (see Dube et al., 2003). While identifying “persistent themes” (Gaarder and Belknap, 2002: 509) within young women’s pathways to offending, some scholars do not identify processes through which risks come to generate life-course changes that can result in girls’ trajectories toward drug use or delinquency (Evans, Forsyth, and Gauthier, 2001; Gaarder and Belknap, 2002). As illustrated in pathway A of figure 2, this work is not sufficiently attentive to developmental sequencing or the age-graded nature of pathways to offending (Simpson, Yahner, and Dugan, 2008: 88).

Second, as illustrated by pathway B in figure 2, the most prominent explanatory models about how adverse childhood events can result in

**Figure 2. Pathway from Childhood Trauma to Drug Use, Mediated by Trauma Response**



female offending emphasize young women's psychological response as the mediating mechanism (Cernkovich, Lanctôt, and Giordano, 2008: 25; Miller and Mancuso, 2004; Simpson and Miller, 2002; Widom and Hiller-Sturmhöfel, 2001). Salisbury and Van Voorhis (2009: 543) theorized that "victimization and trauma often lead to depression and other internalized mood disorders, which then frequently lead to self-medicating behavior by abusing drugs." Others focus on posttraumatic stress disorder, psychological distress, and shame (see Miller and Mancuso, 2004) as mediating the relationship between victimization and drug use. Less attention has been paid to mechanisms beyond the realm of individual trauma.

The primary emphasis on psychological responses to victimization may miss how adverse childhood events can shift young women's ties to significant social institutions, which can result in premature adolescent role exits and precocious movements into adult roles and, thus, introduce attendant strains and learning opportunities that facilitate the onset of drug use and other offending. In fact, some girls' offending has been conceptualized as a "survival strategy": for example, when "girls who, because of their victimization in the family, run away from home and subsequently turn to a variety of crimes . . . to survive life on the streets" (Cernkovich, Lanctôt, and Giordano, 2008: 23). Whitbeck et al. (1999: 274) called such transitions "precocious independence" and theorized that this has both "behavioral and psychological effects . . . on adolescent development."

Moreover, we have important reasons to believe that these processes are likely gendered—in both the forms that precocious role transitions most often take and the cumulative disadvantages that result. In particular, three domains are suggestive of gendered processes associated with early role entrée: household and childcare responsibilities within the family, early motherhood, and romantic relationships. Bottcher (2001), for example,

found that girls' spatial and temporal mobility is more limited than boys', they are disproportionately responsible for household chores, and they assume more childcare responsibilities, both as teen mothers and as elder siblings. Likewise, Giordano (2010) reported that it was primarily the daughters of criminal parents in her research who adopted "caretaker" roles within the family. Much of this research points to gendered responsibilities as constraining female delinquency (Bottcher, 2001), functioning as a form of resilience that can offer a prosocial identity template (Giordano, 2010: 170), or a pathway toward desistance (Kreager, Matsueda, and Erosheva, 2010; but see Giordano, Deines, and Cernkovich, 2006; Thompson and Petrovic, 2009).

Yet, it also may be that in certain circumstances, precocious transitions into caretaking responsibilities can produce strains that facilitate some girls' movement into deviant adaptations, particularly when these transitions are triggered by adverse life events. This idea is buttressed by research suggesting that family caretaking roles are not simply rewarding for women, but also create burdening obligations (Arendell, 2004; Ross, 1995). In addition, the impact of early pubertal maturation on delinquency has been principally explained by its social consequences: It increases girls' exposure to delinquent peers and romantic partners who present them with greater opportunities for participation in deviant activities (Haynie, 2003: 356). It makes sense, then, that precocious role transitions may, under some circumstances, trigger similar processes.

Research on the consequences of precocious movement into adult roles and responsibilities suggests that associated harms may be more pronounced for females than for males (Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007; Whitbeck, Hoyt, and Yoder, 1999). Krohn, Lizotte, and Perez (1997: 99), for example, found that "pre-mature movement into adult trajectories" better explained young women's later drug use than young men's:

Becoming pregnant, having a child, and moving out of the parental home are events that may have a greater impact on females than males. The young mother is likely to be the only one who is charged with the responsibility of caring for the child, and especially if they are single mothers, are more likely to experience poverty and other forms of adversity; they may also receive more adverse reactions from family and friends. The strain that falls disproportionately on females may explain why these precocious transitions better account for later drug use among them (Krohn, Lizotte, and Perez, 1997: 100).

Finally, Whitbeck, Hoyt, and Yoder's (1999: 292) research on homeless youth documents cumulative risks associated with precocious

independence. Their findings support a risk amplification model, in which the “already negative developmental trajectory” that led to home exit is exacerbated by risks tied to early emancipation and dangerous street environments. Moreover, they reported that the processes and outcomes associated with precocious independence are gendered, with precocious independence functioning as a mediating mechanism that heightens girls’ risks for victimization and participation in drug use and delinquency.

Our research examines how precocious movement into adult roles and responsibilities can mediate the relationship between adverse childhood events and initiation into methamphetamine use. Analyzing interviews with women MA users, we identified a range of adult roles and responsibilities that women described as facilitating their MA initiation. These “storylines” were prominent (Agnew, 2006b) in women’s accounts of how and why they began using methamphetamine and other drugs. As we describe in the subsequent discussion, pharmacological, demographic, and market features of methamphetamine may increase the likelihood of young women’s precocious role transitions, and the decision to initiate MA use specifically. As such, we cannot speak to the applicability of our findings beyond the context of women MA users. Nonetheless, our work suggests an important line of inquiry for future research on life-course trajectories into substance abuse and offending, and of the role that gendered processes may play within these.

## METHODOLOGY

### DATA

Our examination of the role of precocious role transitions in women’s methamphetamine initiation relies on qualitative in-depth interviews with women in a correctional drug and alcohol treatment program who self-identified as MA users. They were serving sentences at Women’s Eastern Reception Diagnostic and Correctional Center (WERDCC) in Missouri and were court ordered to participate in the prison’s treatment program. The research team<sup>1</sup> first visited the prison to ask for volunteers. Initial screening ensured that those who volunteered had sufficient experience with methamphetamine: Women who said they had used MA more than five times in the 12 months prior to incarceration or had ever sold or cooked MA were eligible to participate. Because of the large number of women who fit the criterion, they were invited to participate in order of the

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1. This team included the first author and three female graduate students. Each student received extensive training on qualitative interviewing and on the ethics of human subjects research prior to data collection.

nearest approaching release dates. Interviews were conducted in private offices within the institution, away from correctional and treatment staff and other inmates. Prior to the interview, the interviewers outlined the research objectives of the study and assured women that they would be guaranteed confidentiality. Respondents were paid \$20 for their participation.

All of the semistructured interviews were audio-recorded and transcribed. They lasted an hour on average, and they covered a range of topics related to women's experiences with methamphetamine. Women were asked to describe their initiation into MA and other drug use, change and continuity in use patterns over time, and periods of desistance. We were interested in women's motivations for MA use and asked numerous questions about their life contexts when they initiated (and continued or desisted) use. We also asked about their use of other substances, in both adolescence and adulthood, and involvement in criminal activity, including participation in MA markets. Finally, we asked about their childhood, including whether there was familial drug use and/or other adverse events while growing up.

All but one woman interviewed was White, and they ranged in age from 20 to 58 years; most, however, were in their late 20s or early 30s. The racial distribution of our sample is unsurprising, as MA use is disproportionately concentrated among suburban and rural Whites (as well as Latinos, who represent a very small portion of the Missouri population), and has not been found to be prevalent in urban areas (Cohen et al., 2007). Half of the women were incarcerated on drug charges or related probation or parole violations; a substantial portion (15 women) was serving a sentence related specifically to methamphetamine.

All women reported polydrug use, including marijuana, heroin, crack, cocaine, and prescription pills. Most of the women had used other substances, particularly marijuana, prior to their initiation with methamphetamine. Six women, however, indicated that MA was the first drug they used. Also, considerable variation was found in the age at which women first began using MA; nearly one third of the 40 women interviewed reported that their first experience with MA came before 16 years of age, and more than half initiated between 16 and 25 years of age. A small number of women, however, had much later onset of use, ranging from 28 to 41 years of age. In the present analyses, these five women represent deviant cases (see Silverman, 2006); we exclude them here given our primary concern with the factors associated with precocious role entry.<sup>2</sup>

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2. Simpson, Yahner, and Dugan (2008) found significant differences in women's pathways to crime based on age of onset. Women whose onset is in adulthood share few of the risk factors associated with childhood or adolescent onset.

## ANALYSIS STRATEGY

All narrative data related to methamphetamine initiation, onset of drug use, and relevant life contexts first were merged into a single data file. We then used inductive analysis techniques to identify initiation contexts, motivations, and life events identified by research participants as relevant to their MA and other drug use initiation. Each author independently coded the data for themes concerning pathways to use, and both identified strong patterns tied to precocious role entry in women's accounts of MA initiation. This approach established inter-rater reliability, and we worked together to refine our analysis of the thematic patterns reported here.

We used inductive analytic techniques to strengthen the internal validity of our analysis. We began with close and repeated readings of the data, during which we coded words and passages, documented preliminary analytic observations, and generated emergent hypotheses that we then tested, refined, or rejected using the project data. Specific analysis strategies ensured the rigor of the inductive process. Most important was the use of constant comparative methods, which involved comparing statements and accounts within and across interviews for evidence of patterns, continuities, and discontinuities. Important to this process was the search for evidence that *disconfirmed* emergent hypotheses; this allowed for the refinement or rejection of initially identified analytic patterns (Charmaz, 2006; Miller, 2011; Silverman, 2006). We also used basic tabulations to identify the strength of the patterns we uncovered. The concepts developed and illustrations provided herein typify the most common patterns in women's accounts. We provide detailed contextual information to accompany women's accounts of precocious role entry and MA initiation, so that commonalities and divergences within and across accounts are transparent, giving readers the basic contours necessary to assess our conclusions.

Our methodological approach and sampling strategy come with strengths and limitations. On the one hand, interviews about life-course events are retrospective, and thus, they come with concerns about validity and reliability associated with memory, distortion, telescoping, and deceit. Yet, such accounts provide a unique means for understanding how "people organize views of themselves, of others, and of their social worlds" (Orbuch, 1997: 455). The utility of this approach is reflected in Agnew's (2006b) assessment of "storylines" as a causal mechanism in crime, as well as life-course scholars' attention to subjective "hooks for change" in desistance processes (Giordano, Cernkovich, and Rudolph, 2002; Maruna, 2001). In addition, the use of rich qualitative interviews is fruitful for investigating "the unfolding . . . of social processes through time": the primary concern of life-course research (Sampson and Laub, 2004: 134).

As with most qualitative research, our purposive sampling strategy means that our findings are not generalizable. Our study is specific to female MA users, and it uses a sample that is racially and geographically homogeneous and is drawn from a population—incarcerated women—with particularly acute, and nonrepresentative, problems. Yet, qualitative work of this kind does not have generalizability, or claims about causality, as its goals. Instead, the goal of inductive theory building is to help inform and refine theoretical models by uncovering social processes and patterns not always readily apparent in research that is deductive in nature. Thus, although we cannot claim that our findings here represent generalizable processes in young women's initiation into drug use or offending, we do suggest that the strength of the patterns we uncover, and the richness of women's narrative accounts in describing the contexts of their MA initiation, provide strong evidence for the utility of attending to precocious role transitions in future investigations of pathways to offending and the life events in which they are situated.

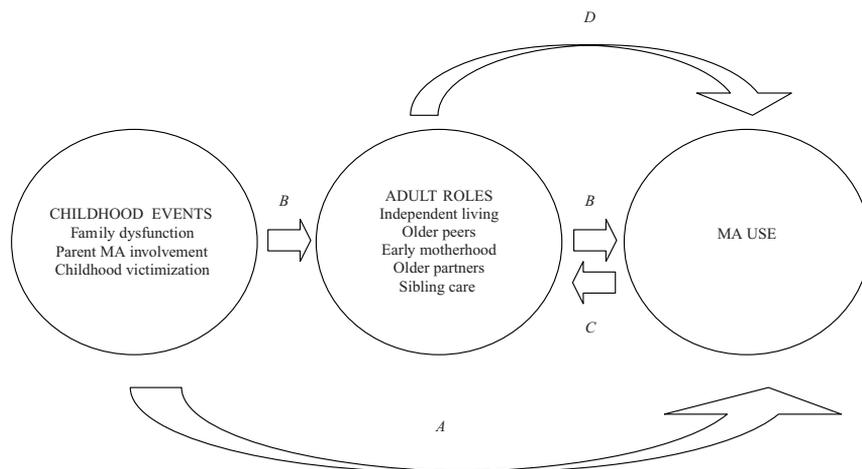
## RESULTS

Childhood sexual trauma, family dysfunction, and parental drug use often are identified as risk factors for adolescent drug involvement. Indeed, these risk factors were common among women in our sample. In all but two cases, however, women did not explicitly link their MA initiation to efforts to cope with these childhood experiences. Rather, the majority described how traumatic events and parental involvement in drugs led them to adopt roles such as parenthood, sibling care, independent living, and involvement with older peers or romantic partners at an early age.

Figure 3 provides a summary of the pathways to methamphetamine use described by the women in our sample. We see evidence of multiple pathways, including—as feminist scholars have highlighted—paths from childhood adverse events to drug use mediated by trauma response (pathway A in figure 3; see figure 2 for detail). In addition, we found evidence that MA and other drug use further propelled women into roles and responsibilities associated with adulthood (pathway C). This latter pathway is consistent with the emphasis of prior research (Blair, 2010; Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007).

Two additional pathways into drug and MA use (pathways B and D) also emerged from the data, and they are a primary focus here. In the first (pathway B), we found considerable evidence that early adverse experiences such as victimization, parental drug use, and other family dysfunction “pushed” young women into early entry into adult roles and responsibilities. In some cases, this involved exposure to older and/or deviant peers and romantic partners who provided opportunities for drug use initiation. In others, women indicated that experiences as teen parents, sibling caregivers, or

**Figure 3. Pathways to Methamphetamine Use: The Interrelationships Among Childhood Events, Adult Roles, and Subsequent MA Use**



with early independent living—often prompted by abuse, parental drug use, or other family problems—were motivating factors in their initiation. We also found a small subset of women who, absent any significant childhood trauma or adversity, became enmeshed in adult roles and situations at an early age, including relationships with older peers and romantic partners, which then provided opportunities for experimenting with MA (pathway D). Both of these pathways emphasize the important role that precocious adoption of adult roles and responsibilities can play in facilitating and motivating women’s use of methamphetamine and other drugs. Although all four pathways illustrated in figure 3 were present in our data, pathways B and D are notable because they suggest heretofore underexamined facets of the relationship between precocious role transitions and initiation into deviance.

Table 1 provides summary information about the patterns of childhood adverse events, precocious role transitions, and primary pathways to MA use articulated by women in our sample.<sup>3</sup> The vast majority (77 percent)

3. An important limitation of our data collection is that we solicited detailed narrative accounts about women’s MA initiation but did not systematically ask about their initiation into other drug use or deviance. As other drug use often preceded MA use, it is certainly possible that our analysis overestimates pathways B and D, missing early involvement in other deviance as a contributor to precocious role entry. We nonetheless believe the patterns we uncover are sufficiently strong to warrant future investigations of our theoretical model.

**Table 1. Childhood Adverse Events, Precocious Role Transitions, and Drug/MA Initiation**

Name	Age of MA Initiation	Parental MA Involvement	Other Family Dysfunction <sup>a</sup>	Childhood Sexual Victimization	Sibling Care	Early Independent Living	Association with Older/Deviant Peers	Romantic Relationships		Pathways Exhibited
								Relationships with Older/Deviant Male	Early Motherhood	
Alicia	22		✓	✓					✓	B
Amy	14	✓	✓	✓			✓			B, C
Anna	16	✓	✓	✓			✓			B
Barbara	12	✓	✓	✓			✓	✓		B
Christina	19		✓	✓	✓			✓	✓	B, C
Erin	19		✓	✓		✓			✓	B, C
Faith	18		✓	✓		✓				A, B
Georgia	15		✓	✓		✓		✓		D
Geri	14 <sup>b</sup>		✓	✓		✓				A, B
Heather	19		✓	✓	✓					B
Jade	21		✓	✓		✓		✓		D
Jayda	16		✓	✓		✓				B
Jessica	18		✓	✓	✓		✓			B, C
Jillian	15	✓	✓	✓		✓				D
Kathy	24		✓	✓	✓			✓		B
Kelly	13		✓	✓		✓				B, C
Kennedy	17		✓	✓		✓				D
Lauren	20		✓	✓		✓		✓	✓	B
Lisa	17		✓	✓		✓		✓	✓	B, C
Mackenzie	14		✓	✓		✓		✓	✓	D
Margaret	13		✓	✓		✓		✓	✓	B
Mariah	21		✓	✓	✓				✓	B

(Continued)

**Table 1. Continued**

Name	Age of MA Initiation	Parental MA Involvement	Other <sup>a</sup> Family Dysfunction <sup>a</sup>	Childhood Sexual Victimization	Sibling Care	Early Independent Living	Association with Older/Deviant Peers	Romantic Relationships		Pathways Exhibited
								with Older/Deviant Male	with Older/Deviant	
Nanci	15		✓				✓	✓		B, C
Paige	13		✓				✓			B
Patti	18	✓					✓	✓	✓	D
Rachel	16		✓				✓	✓		B, C
Rainbow	14				✓		✓	✓		D
Samantha	17		✓				✓	✓		B, C
Shannon	17	✓	✓				✓	✓	✓	B, C
Sheila	17		✓			✓	✓			B
Tammy	23						✓	✓		D
Tiffany	16		✓				✓			B, C
Tracy	22		✓	✓		✓	✓	✓	✓	B, C
Valerie	15		✓				✓			B, C
Wendy	13	✓	✓	✓	✓	✓	✓			B, C
TOTAL		6	26	12	7	13	24	17	11	

NOTE: N = 35.

ABBREVIATION: MA = methamphetamine.

<sup>a</sup>“Other family dysfunction” includes parental drug use (other than methamphetamine), parental mental illness, domestic violence, and maltreatment or victimization (other than sexual assault) within the family of origin.

<sup>b</sup>Gerl’s first MA use, at 11 years of age, was forced. We consider here her first *voluntary* use.

reported experiencing adverse events in childhood, including traumatic sexual experiences (34 percent), other forms of family dysfunction and abuse (74 percent), and parental methamphetamine use (17 percent). All described precocious movement into adult roles and responsibilities that contributed to their initiation into MA use. Most commonly reported were associations with older and deviant peers (69 percent), followed by romantic relationships with older or deviant males (49 percent), early independent living (37 percent), early motherhood (31 percent), and primary caregiving responsibilities for younger siblings (20 percent).

Table 1 also highlights the diversity of women's articulated pathways to MA use. In all, 25 women (77 percent) described some facet of precocious role entry preceding their initiation into MA use (pathway B), with 12 (34 percent) whose accounts suggested this as the primary mediating factor. In other cases, some facet of precocious role entry was described as contributing to MA initiation, with MA use facilitating further involvement in adult activities (37 percent, pathways B and C). Finally, 8 women (23 percent) described precocious role entry that facilitated MA initiation, without reporting precursor adverse childhood events (pathway D). To examine further the complexity of women's pathways into MA use, and the mediating role of precocious role transitions, the analysis that follows is organized thematically around adverse childhood events (or their absence), to illustrate the ways in which early movement into adult roles and responsibilities mediated the relationship of these with women's MA initiation.

### TRAUMATIC SEXUAL EXPERIENCES IN CHILDHOOD

Victimization, particularly sexual abuse, is noted as an important gendered factor in women's criminal pathways; female drug users often have extensive histories of sexual and physical abuse and may use drugs as a way of coping with these violent experiences (Gilfus, 1992; Moe, 2004). However, most of the 12 women in our sample who reported childhood sexual abuse, rather than relating their MA initiation directly to their victimization, described how such experiences pushed them into adult roles and responsibilities such as involvement in romantic relationships or moving out on their own. Ill-equipped to deal with the aftermath of sexual abuse and often free of parental supervision, these women became involved with older peers and romantic partners who provided an opportunity for drug use. Kelly, for example, said her stepfather had sexually abused her in childhood. By 13 years of age, she was living on her own:

My step-dad had done some things. And my mom blamed me for it and moved out and in with him. And, it was just all traumatic for me. I was

13 and living by myself. And it was just all very traumatic, you know. I felt alone and you know, I thought I was grown up, you know. I thought “hey, I can handle this,” you know . . . I just kind of thought, “hey, I can do whatever I want to do” and I did.

After her mother moved out, Kelly was left to deal with the aftermath of the abuse but also with living on her own as a young teenager. Soon, she began to hang around with older peers who introduced her to MA. With no one to stop her, she began using with them.

In Barbara’s case, it was an older boyfriend who introduced her to MA. After being molested by an uncle for many years, she revealed the abuse to her boyfriend. He suggested that MA would help her cope with the “things that were going on,” and she began to use at 12 years of age. Like Kelly, Barbara suggested that her MA use was a way to “numb” herself from the pain caused by the abuse, but it was not until she had access to methamphetamine through her boyfriend that she began to use.

Although moving away from home at a young age meant that women could (temporarily) escape abusive situations, independent living often came at a price, particularly when some became young mothers and assumed responsibility for their young children. Frustration over such responsibilities and a desire for “freedom” sometimes served as motivation for MA use. Mariah left home pregnant at 15 years of age, after having been sexually abused by her stepfather for years. She brought her younger siblings with her. By 21 years of age, she was married with three children and was still caring for her sisters so that they would not have to return home. The pressure became too much. As she described: “One day, after I turned 21, I was like I didn’t want that anymore. You know, I wanted to have a little bit of freedom! So I kicked my husband out, you know. And it was all downhill from there.” Once separated from her husband, Mariah “went crazy.” When her younger sister offered her some MA, although she had never before used drugs, she “figured what the hell,” and tried it. What started as a weekend thing, she recalled, “just got worse from there.”

Other women with histories of childhood abuse who became young parents found that MA helped them function as mothers and take care of their children’s needs. At 11 years of age, Tracy ran away from her physically abusive father. Homeless, she began sleeping on park benches and “suffered through a lot,” including sexual assault. She also began using other drugs. By 22 years of age, with four young children, Tracy was frustrated that her boyfriend left her at home a lot. To hang out with him and his friends, he said she needed to use MA. Her initiation came as she tried to spend time with her boyfriend and get his help with the children. After he

shot her up the first time, Tracy found that MA (initially) helped her fulfill her role as mother: “I could stay up all night. I could deal with my kids, even when I was left. So I just never quit.”

Erin too recalled a “lot of domestic abuse at home” and spent a lot of time at the babysitter’s house where she also experienced physical and sexual abuse. She married and had children young, and she found herself a single mother when her husband left her at 19 years of age. Her first MA use came shortly thereafter, and she initially was not sure that she enjoyed it. However, she quickly turned to *selling* MA in order to support her children. She notes: “The first time I used it . . . I wasn’t sure if I liked it or not. But after that, I started selling. My first husband left me and I had two babies and I started selling it to pay my rent. I would sell it more than I would use it.” As with Tracy, Erin’s meth use—and her subsequent involvement in the MA market as a dealer—allowed her, as a single parent, to manage some of the responsibilities of adulthood. Yet, because of her early transition into these adult responsibilities, she continued to face considerable difficulties and her own drug use increased over time. We see Erin and Tracy’s experiences as a combination of pathways B and C in figure 3, whereas Mariah and Barbara’s experiences are more illustrative of pathway B.

Two women with victimization histories did not begin using MA until they were somewhat older and became enmeshed in social networks that provided opportunity and motivation for initiation. Kathy ran away at 15 years of age to escape her “pervert, physically touchy touchy” stepfather, and she then married at a young age. It was not until she was 24 years old that she was introduced to peers who used MA. After initiating divorce proceedings against her abusive husband—to escape him and to be accepted among new friends—she began using MA. Kathy said her use was tied to her desire “to be a part of the crowd and get back in, mainly, you know when I look back on it, to get back with the guys that I used to date.” The clandestine nature of the MA market meant that her network endorsed strict rules on the extent to which outsiders could be allowed to participate in activities or even to hang around with those who used. Thus, to spend time with these friends, Kathy found that she needed to use methamphetamine as well.

Despite the fact that a third of our sample reported childhood sexual victimization, just two exclusively described their MA initiation as an attempt to cope with the trauma of sexual abuse (pathway A). Geri and Faith both said their MA use was a way to take “all the pain away” from violent sexual assaults that had occurred in adolescence. These cases, although consistent with feminist pathways models that emphasize women’s psychological responses as a mediating mechanism between early trauma and subsequent drug use, are notable precisely because they represent a small proportion of our sample’s narratives regarding MA initiation. Moreover, although they were the only two who *directly* (and solely) attributed their MA use to early experiences with sexual violence, in each of their accounts, evidence also

exists of precocious movement into adult roles prior to their MA use tied to their experiences of victimization.<sup>4</sup>

#### FAMILY DYSFUNCTION

In all, 26 women described home lives that involved parental drug use, mental illness, domestic violence, and/or other forms of maltreatment. Because their parents could not care for them, some women incurred a great deal of responsibility to care for themselves and their siblings. For example, Lauren said her father used drugs and her mother was addicted to pills and frequently away gambling. Because they were not around, she assumed parental responsibilities for her siblings and, soon after, became a teenage parent herself: “I pretty much raised my brothers and sisters, and so, I was 14, well 15, and that’s when I got pregnant and moved out.” At 20 years of age, a mother of two small children, she and her fiancé moved back to live near family. When she began hanging around old friends, she “fell really quick” into using drugs. Despite insisting that she was to blame for her MA initiation, the impact of early childcare responsibilities was clear: “Just a lot of stress, being so young with kids, and I’d dealt with my parents, my parents were addicts as well, so I went through a lot of that as a teenager.”

Limited adult supervision in families also provided women freedom to become involved with older, deviant peer networks. Margaret’s mother left when she was 10 years old. Her father, an alcoholic, was not around much. She recalled, “I had an older brother, older sister and a younger sister . . . my brother was taking care of the girls, and my sister was taking care of my younger sister. And you just take care of yourself, you know. So I kind of just did what I had to do or what I thought I needed to do.” Because of her father’s drinking, she “just didn’t want to be home.” She and her sister began sneaking out to spend time with a group of older friends. She first tried MA in this context: “Sneaking out at night and being in that crowd, I was kind of thrust into it—meth and dope, running away. . . . It just became a way of life really.” Similarly, Sheila became pregnant and moved in with her boyfriend at 17 years of age to escape her alcoholic father and the “verbal abuse” she faced at home. After the birth of her child, she and her boyfriend broke up and she moved in with a friend. Sheila then got to know

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4. Faith’s experience is particularly complex in that she had become pregnant at 17 years of age and had moved out from her mother’s home—she became an “emancipated minor” at that point. Yet after she was raped and subsequently lost the child she was carrying, the emotional consequences of the assault coupled with the responsibility of independent living and furthering her education became overwhelming. In her case, then, although the trauma came after she had already begun to transition into adult-like roles, it seems to have been the primary trigger for her drug use.

a neighbor—an older man she soon referred to as “dad”—who was an MA cook. Soon he offered her some, and she began to use.

In addition to turning to older peers to escape troubled families, women sometimes became romantically involved with men who introduced them to drugs. Christina’s parents “fought like cats and dogs,” and her father had serious mental health problems while she was growing up. By 16 years of age, she had two children and began dating the man she would eventually marry. He introduced her to LSD, which she used a few times. By 19 years of age, she had four children and her husband was dealing MA. She began using, she said, “because it was there” and because:

[I] used to see that he would be running around, cleaning the yard, rake up the leaves, throw them in the trash, washing the car. Everything was getting done. . . . Having so many kids, I had so much with these kids. I seen how he would race [getting] done and I was like, “Man, I need some of that.”

Tiffany too described a chaotic childhood that led to her involvement with friends and, eventually, with a boyfriend who used MA. She was the thirteenth child, and many of her siblings used drugs as well; after she dropped out of school at 16 years of age, she hung out with “pretty much anyone” who would accept her. It was with these friends that she first tried MA and, a few years later, began using regularly to spend time with the father of her two children. Tiffany recalled: “My ex . . . he was a user. He liked it. He was able to make it. And I wanted to have more of a bond with him. So after we happened to split up, I was like “well maybe this can get our family back together” because I didn’t want my kids to grow up without a father.”

Thus, as with women’s accounts of the relationship between childhood sexual abuse and MA initiation, these women described complex ways in which other family dysfunctions pushed them toward older social networks, adult roles and responsibilities, and subsequently, the use of methamphetamine. In some cases, like Tiffany’s, MA use was preceded by extensive alcohol and drug use, which is reflective of pathway C in figure 3. Yet even when this was the case, family dysfunctions created precocious role entries that helped facilitate initiation into MA use.

## PARENTAL INVOLVEMENT IN THE METHAMPHETAMINE MARKET

Six women in our sample described families—particularly parents—who were heavily involved in the MA market, as users, producers, and dealers. From an early age, these women were exposed to methamphetamine use,

had access to it, and were enmeshed within the relatively tight network of MA users and dealers. Methamphetamine use became normative as they saw parents, siblings, and, in one case, even grandparents using. Amy stated: "It was acceptable in my house. My dad's a dope cook. Both my parents, they use. I grew up in that environment." Anna too suggested that MA use was "like a family thing. Like everybody in my family dealt drugs. And at one time, literally there would be five drug dealers at our house." Shannon described being unable to avoid MA: "I've lived with meth all of my life and my family's part of it. And I dealt with it and the people I grew up with. I just couldn't get away from it."

But although parental methamphetamine use provided women with motivation and opportunity for use through precocious exposure to drug markets and activities, most described additional early role transitions that contributed to their MA initiation. Because parents could not care for their children, they often were left to care for themselves and shoulder responsibilities for their younger siblings. When Jessica's parents were incarcerated for MA-related offenses, she became what she described as a "parent" to her siblings, holding the family together as they all went to live with different relatives. This pattern repeated itself throughout her childhood. At 18 years of age, her parents were released from prison and began cooking MA again. She took some out of her father's drawer and used it with a friend. Although she did not blame them for her eventual use, her parents' incarcerations and MA manufacturing, and the stressors and responsibilities that fell on her as a consequence, were significant events in her life course. She recalled:

Well my dad has been in and out of prison for 10 years, pretty much my whole life for cooking dope. . . . Growing up, my parents cooked dope and got high, and so they really weren't there for me and my brother and sister, like period. They both went to prison. . . . I went the next day with one of my aunts, my sister went to stay with another aunt, and my brother went to stay with another one. . . . But then my parents would get out and they would promise to be good, and the same thing would happen again and they would go back to prison. It's like that cycle my whole life. Get out, have them promise everything, and then go back to prison. That's been 10, 11 years now. I pretty much raised my brother and sister 'cause they are both younger than me. So when they yanked me away from them, it was a little difficult. There's no real excuse for my behavior since I decided to go get high, but that was what basically was going on.

While Jessica took on parental responsibilities for her younger siblings and tried to keep the family intact to the best of her abilities, other women

became romantically involved with older men in an attempt to escape their MA-involved families. Yet these relationships also provided an introduction to and opportunity for drug use. Shannon was given up by her biological mother as an infant and lived with several different family members in childhood. At one point she was living with an aunt who was involved in MA sales and forced her to deliver pills and drugs all over town because, she recalled, “no one would suspect a little kid with a backpack on a bicycle.” At 14 years of age, she moved in with her mother who was using drugs—including MA—and prostituting to support her habit. Shannon began to rebel by skipping school and running away, and soon she became involved with an older boyfriend who used methamphetamine. He introduced her to it, and she continued hanging out with his friends because she felt that they accepted her. From that point on, her use increased and eventually she began to use with her mother.

Paige began using methamphetamine to fit in with her mother and older sister who used together. When she was 13 years of age, her mother began to cook MA in their home. Curious, she assisted her mother; her responsibility was to scrape the phosphorus<sup>5</sup> off the matchbooks. Eventually, Paige took some of the drug and tried it herself:

It got to a point where my mom would have 30 [or] 40 8-balls sitting out on the kitchen counter. And she was so spun out of her mind, been up for two, three weeks, it was like nothing for me to go grab one and she didn't notice. The first time I tried it, I was alone. I'd seen it smoked a whole bunch of times so I knew how to do it. And I just got really super high.

Although she first began using MA to spend time with her mother and sister, soon she was surrounded by a network of other users. By 14 years of age, she was hanging around a group of older kids who used and her adult boyfriend cooked methamphetamine. She recalled, “I thought I was cool. I thought I was hot shit. I got a 23-year-old boyfriend, hey.” She and her boyfriend, along with their friends, began cooking and using MA together “all the time.”

Finally, parental involvement in the methamphetamine market also contributed to increased risks for victimization both within the family and outside of it. Wendy witnessed a great deal of domestic violence between her mother and stepfather, and she herself was “abused daily” as an adolescent. Her mother, a prostitute and drug user, was unable to protect her children.

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5. Red phosphorus was one of the ingredients in the “black and red” methamphetamine that many of the women in our sample used.

Consequently, Wendy was forced “pretty much at the age of 13 to try to raise my younger siblings.” Growing up in a family that also was involved in MA production, she and her cousin noticed that drugs seemed to bring happiness to their family members. She recalled, “I just wanted to try it, we seen everyone else doin’ it, so we thought it was okay. And we were like it makes them like all happy so . . . we were kind of curious.” Her cousin took some MA from his parents, and they experimented with it together.

Amy’s parents also were heavily involved in MA manufacturing. Her initiation came at 14 years of age, when her parents were entertaining friends and she asked whether she could have an injection of methamphetamine. When asked why that particular night, she initially said she simply had never asked before. However, later in the interview, she revealed that her initiation came after she was gang raped while delivering a package of drugs for her father. She recalled, “right after that is when I started using.” Amy’s initiation to methamphetamine was facilitated, in part, by ready access to it through her parents. Yet, the fact that she was working for her parents as a teenager in their MA market activity—as package deliverer—put her at great risk for violence, ultimately leading to her sexual assault by a group of customers. Although only six women in our sample described coming from families deeply embedded in MA markets, these caused a myriad of harms that contributed to women’s methamphetamine initiation, including violence, early exposure to drug activities, and other adult roles and responsibilities. Because of their deep immersion in MA markets, these women perhaps best typified the complex relations between pathways B and C in figure 3: Disentangling the effects of their early participation in MA markets and their own initiation was challenging—for them and for us.

### PRECOCIOUS ROLE ENTRY WITHOUT ADVERSE CHILDHOOD EVENTS

To this point, we have focused on events and circumstances that seem to precede and facilitate women’s precocious role entries. Part of a “chain of adversity” (Rutter, 1989), sexual victimization, parental MA involvement, and other family problems reduced the social support many women received from their families, leading them to seek support from others, bear early responsibilities, or otherwise transition early. Precocious movements into adult roles and responsibilities also led to involvement in adult-like behavior, including drug use. Yet, in a minority of women’s accounts of their initiation into MA use (8 women, or 23 percent), no precipitating event or experience seemed to lead to their precocious involvement with older peers or partners or, eventually, their drug use. Despite “good” childhoods, these women seemed to transition into adult roles largely out of rebellion from

strict parents. Their experiences are best characterized by pathway D in figure 3.

For example, Mackenzie said she “came from a loving family, no drugs, no alcohol, although there was a lot of fighting and my parents did split up for awhile, but they got back together not even a year later, and we always took trips, did family stuff, I always felt like I got all the love and affection I needed.” As a teenager, she began to rebel: “I started having my own way of thinking and going around friends I thought I had and telling my mom that I want to go to the park center and hang out when really she’d just drop me off and I’d do the opposite and run around with older guys and do drugs.” She was the youngest in her group of friends, and when one began cooking MA, she thought “what the heck” and tried it. She used until she got pregnant at 15 years of age and then stopped “cold turkey.” A few years later, as a single parent, she turned back to it because “I thought it would help keep me going, keep me busy, taking care of the new baby.”

In Kennedy’s case, rebellion from “overprotective” parents and curiosity led her to use MA for the first time with a new boyfriend. As a teenager, she did well in school, was involved in sports, and was a cheerleader. But she felt that her mother was “just really controlling. She was too overprotective.” Kennedy had her first child by 17 years of age and moved out of her parents’ house, although they still paid her bills. Living on her own, she began to “do everything I never really got to do.” After breaking up with her child’s father, she became involved with a new man who moved in with her. He was an MA user, and soon she began using as well:

I really didn’t know there was any such thing as meth. . . . I told him that I had done it before because you know, I wanted to do it. And I knew if I had told him I hadn’t, he wouldn’t let me. So since I told him that I had already done it, he just put some lines out and I snorted them and it went on from there.

When asked why she used the first time, she stated: “I wanted to know what it was like. What it made you feel like. . . . He was doing it. It was something to do.”

In Mackenzie’s and Kennedy’s cases, early motherhood preceded MA initiation, and both spoke of methamphetamine use as a means of coping with or rebelling against the responsibilities of early motherhood. More commonly, though, MA use was facilitated primarily by involvement with older men and deviant peer groups. For example, Georgia recalled an “excellent childhood” with a “real organized, real functional” family—in fact, her mother was a Sunday school teacher. As a teenager, she became involved with an older boyfriend and attended a lot of parties with his friends. She began using MA in this context: “I kind of just branched out

on my own and with my boyfriend, and decided we'd just go party and see what it was like."

Rainbow too grew up in a loving family but with strict parents. In her case, an early childhood diagnosis of behavioral problems led to interventions from the time she was 6 years old. Then, as a teenager, she began to rebel. She told us:

When I was about 13 or 14, I was just real resentful toward my parents. I remember doing a bunch of running off and stuff and smoking some weed and then some LSD. My parents were going to send me to girls' homes and drug abuse programs. So I went through my first 12-step program when I was 14.

In treatment, Rainbow befriended another girl who also used drugs. When her parents found out she was still using, she left home and moved in with her friend. She began experimenting with many different drugs and eventually was introduced to MA by an older man her friend knew. Her parents' attempts to intervene had failed; she became involved with friends and, in particular, a man who introduced her to methamphetamine. By 14 years of age, her drug use had progressed to the point that she was forging checks and prostituting to support her habit.

## DISCUSSION

Our understandings of trajectories into offending have been greatly enhanced by attention to dynamic life-course processes, including the investigation of transitions and turning points that contribute to the onset of substance abuse and criminal behavior (Farrington, 2005; Sampson and Laub, 1993). Research has highlighted the cumulative impact of early traumatic experiences in childhood and adolescence, with feminist scholars, in particular, drawing attention to the role of victimization—including sexual abuse—as a “uniquely gendered background factor” that helps explain girls' involvement in delinquency (Giordano, Deines, and Cernkovich, 2006: 21). Moreover, recent research documents the role that precocious maturity may play in facilitating young women's drug use and offending, including the impact of early puberty (Haynie, 2003) and early sexual behavior in response to prior abuse (Browning and Laumann, 1997). Not surprisingly, scholars also have noted that early adult transitions contribute to cumulative disadvantage, by facilitating ongoing engagement with deviance and other negative life outcomes (Blair, 2010; Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007; Newcomb, 1996). Much of this work, however, investigates precocious role transitions as developmental consequences of early participation in deviance.

Analyzing in-depth interviews with women methamphetamine users, our research provides evidence to suggest that precocious movements into adult roles and responsibilities also may serve as mediating processes that contribute to the *onset* of deviance and drug use, particularly for young women. Most women in our sample described childhoods beset by adversity: More than one third reported childhood sexual abuse; three quarters described other family dysfunction including domestic violence, substance abuse, neglect, and mental illness; and one in six came from homes deeply embedded in MA markets. All of them described precocious movements into adult roles and responsibilities, whether early independent living, differential association with older, deviant peers and romantic partners, responsibilities for sibling care, early motherhood, or—most often—some combination of these early transitions.

We have drawn from the prominent storylines (Agnew, 2006b) in women's accounts to examine the complex relationships among childhood harms, early movement into adult roles and responsibilities, and the onset of MA use. As we sought to identify the sequencing of adverse childhood experiences, precocious role entries, and initiation into methamphetamine use, we discovered that in most cases, some facets of precocious transitions not only preceded MA initiation, but also they seemed to function as turning points that facilitated women's use of methamphetamine and further embedded them in adult activities and behaviors.

These findings have import for life-course and feminist pathways research. Life-course research has focused on the consequences of transitions and turning points for social control (Sampson and Laub, 1993), strain (Agnew, 2006a), and social learning (Giordano, 2010) processes that can facilitate initiation into deviance. Our analyses provide evidence of how premature movement into adult roles and responsibilities can decrease opportunities for supervision and monitoring via early independence, increase strains associated with the pressures of early childcare responsibilities and childhood trauma, and lead to differential associations with deviant others. As such, they support life-course research on the cumulative disadvantages that result from the complex interplay between off-time role transitions and the onset and continuation of drug use and offending, as well as additional evidence of the often gendered nature of these processes (Bottcher, 2001; Krohn, Lizotte, and Perez, 1997).

Also, as important, our work suggests that scholars should carefully attend to the sequencing of precocious role entry and initiation into deviance. It may be that—as with early pubertal maturation (Caspi and Moffitt, 1991; Haynie, 2003)—premature transitions into adult roles and responsibilities can sometimes function to facilitate initiation into deviance. This finding is a departure from most prior research, which tends to view the onset of delinquency or drug use as the transition that begins the sequence of

cumulative disadvantage associated with precocious role entry (Blair, 2010; Krohn, Lizotte, and Perez, 1997; Lanctôt, Cernkovich, and Giordano, 2007; Newcomb, 1996).

Finally, our work has import for feminist pathways research, suggesting the need to move beyond categorical assessments of young women's risks for offending and to pay careful attention to the developmental sequencing of women's and girls' pathways into deviance (see also Simpson, Yahner, and Dugan, 2008). Moreover, our findings caution against the primary application of psychological interpretations of the link between childhood victimization and later offending. Although many women in our study experienced traumatic events—including more than a third who were sexually abused—only two directly linked their MA initiation to coping responses, and even they described victimization experiences leading to early role transitions (see Cernkovich, Lanctôt, and Giordano, 2008; Whitbeck, Hoyt, and Yoder, 1999).

Our study is not without important limitations, however. To begin with, it is based on retrospective data with a nonrepresentative sample of incarcerated women methamphetamine users, which is racially and geographically homogenous. As such, it may be that our research has uncovered pathways that are unique to MA initiation. Some evidence exists, for example, that pharmacological, demographic, and market features of methamphetamine may create particular risks that increase the likelihood of precocious role transitions among young women, as well as the use of MA as a strategy for coping with the stressors associated with them.

First, a minority of our sample (17 percent) came from homes in which adults were actively involved in methamphetamine production and use. Compared with other drugs, MA more often is self-produced, and the market is dominated by indoor, nonpublic transactions where children are more likely to be present (Pennell et al., 1999; Rodriguez et al., 2005; Swetlow, 2003). Gender parity exists in rates of methamphetamine abuse (Substance Abuse and Mental Health Services Administration, 2009), and women seem more active in the production and distribution of MA than other drugs (Morgan and Joe, 1996). Women in our sample who came from MA households were exposed through their mothers as well as fathers. Research suggests that intergenerational continuity in drug use is most pronounced in mother/daughter dyads (Thornberry, Krohn, and Freeman-Gallant, 2006). In addition, the tendency for children to become family caretakers seems particularly pronounced in MA households (Haight, Carter-Black, and Sheridan, 2009).

Second, the pharmacological properties of methamphetamine may increase the likelihood that young women choose it to cope with precocious role transitions. MA's stimulant properties make it particularly well suited—at least initially—to manage the stresses associated with caretaking

responsibilities.<sup>6</sup> Women often report being “first drawn to methamphetamine as a ‘functional’ drug” (Haight, Carter-Black, and Sheridan, 2009: 72) as it increases their energy for dealing with the demands of motherhood, caretaking, and other social relationships (Brecht et al., 2004). Finally, because our investigation focused extensively on initiation into MA rather than on delinquency or other substance use, our analyses may not have captured prior involvement in these activities that contributed to the premature transitions at the heart of our analysis.

The goal of our analysis is to inform and help refine theoretical models. Thus, despite these limitations, the strengths of the patterns we uncovered provide an important line of inquiry for future research on life-course trajectories into deviance and the role that gendered processes may play within these. Our findings support the need for life-course research that closely considers the import of gendered life transitions, including the particular stresses women face as primary caregivers of family and children and unequal partners in relationships with men. Particularly when these stressors occur “off-time,” and with limited social and economic support, they may facilitate or exacerbate women’s involvement in drug use and criminal offending.

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6. In fact, this may help account for the differences between our findings and those of scholars who have found that motherhood can contribute to crime desistance in other settings (Kreager, Matsueda, and Erosheva, 2010). Methamphetamine markets are most prominent in small towns and rural communities, with limited evidence that MA has penetrated disadvantaged urban communities such as those investigated by these scholars (Drug Enforcement Administration, 2008; Missouri Statistical Analysis Center, 2007).

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