

Cohabitation and its Effect on Families

CPT Jeffry Thomas Negard

Uniformed Services University of the Health Sciences

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Where marriage was once the hallmark for two people living together, the stigma of sharing a residence without being married has begun to dissolve. Cohabitation is now more acceptable than it was just 30-40 years ago and that rate grew by 13 percent in 2010 alone (Wilcox, 2011). Partners live together without the bonds of marriage for many reasons, including financial, legal, and even convenience. But, cohabitation has just as many negative impacts as it does positive. This paper will look at the reasons for cohabitation in today's society, the impact it has on the family, the specific issues it causes for members of the armed forces, and in what contexts the Family Nurse Practitioner may encounter these families.

Impact on the Family

According to the U.S. Bureau of the Census, the number of Americans living together outside of marriage has increased 400% since 1970 and that number increased by 88% between 1900 and 2007 to over 12 million people (Hisley & Clements, 2009). Cohabitation is becoming a normative stage in the life course and a majority of marriages today are preceded by cohabitation (Brown, 2004). But, the growing popularity of cohabitation has resulted in the concern that marriage is being challenged as the ultimate method of coupling, creating a redefinition of marriage as simply "one of several lifestyle choices" (Willetts, 2006). Data from the National Survey of Families and Households indicate that there are really two distinct groups of cohabitators: those with plans to marry and those without plans to marry (Brown, 2004).

Murrow & Shi (2010) explored the most common purposes behind cohabitation and the influence on relationship quality. They found that the three primary reasons for cohabitation were precursor to marriage, trial marriage, and coresidential dating. Couples who cohabit as a precursor to marriage usually move into together either after the engagement or once they have

definite plans to marry. It is often done for financial reasons and is a means to save money for the wedding by cutting living expenses when the second residence is given up. These couples were found to be more confident about their relationships than other cohabitating couples (Murrow & Shi, 2010).

Coresidential dating is viewed more a normal stage of dating and these couples have no definite plans to marry and do not view marriage as important. These individuals were found to be uncertain about the future of their relationships and view moving in together as a logical step of a “serious relationship”. For the younger daters (ages 18-32), cohabitation often serves as a convenient living arrangement and the couples cited financial and practicality as reasons for their choice to live together (Murrow & Shi, 2010).

Finally, trial marriage cohabitators also were unsure about their relationships (like the coresidential daters) but acknowledged they valued marriage as important and desired to be married to a life-long partner (Murrow & Shi, 2010). Cohabitation gives these couples a way to try out married life but offers a way out if the relationship does not suit them. This is common among many young people, as they prefer to give a relationship a “test-run” to help them decide if the partner they have chosen is truly compatible before they make a long-term legal and financial commitment.

Because cohabitation outside marriage is normally short-term with only one third of couples cohabitating for longer than two years, Willetts (2006) looked at long-term cohabitation without the intent to marry (relationships lasting longer than 5 years) as a fourth type of cohabitation, and compared the quality of those relationships with those of long-term legally married couples. He discovered that for most aspects of the relationship that neither group varied greatly (Willetts, 2006). This may have been because the long-term cohabitators usually were both

previously married and often had children, making blended families the largest subtype of this group.

Long-term cohabitating couples were found to function no differently than married families with children, and only refrained from marriage for either financial or legal reasons. Having been through expensive and difficult divorces previously, these couples found peace of mind keeping certain aspects of their lives separate in case the relationship ended. However, Willetts (2010) discovered that relationship satisfaction of cohabitators dropped significantly when compared to married couples as the number of children in the relationship increased, but no reason was proposed as why this may have been. Additionally, cohabitating couples that lost a pregnancy to miscarriage or stillbirth were more likely to end the relationship than stay together or move into marriage (Gold, Sen, & Hayward, 2010).

Cohabitation also has other implications, both positive and negative. Unless an employer allows health benefits for domestic partners, both the individuals will need to have insurance through their respective workplaces or pay for individual care out of pocket. With the Affordable Care Act, some couples find they qualify for subsidies based on their individual incomes but may not qualify were they to marry and have a combined household income that is greater than the maximum allowed (Healthcare.gov, 2014). Additionally, tax liabilities are minimized by not marrying to avoid the “marriage penalty” tax.

Whereas emotional stress among adults has been well documented among those who cohabitate long term without marrying, it is the impact cohabitation has on blended families and childbearing families that needs further investigation. Outside of marriage, the adults in the relationship are not considered guardians of any non-biologic children unless there is a legal agreement in place and may therefore encounter problems at the child’s school or when making

healthcare decisions. There may also be discipline and parenting issues, as the children may not view the non-biologic adult as a parent even if the cohabitating relationship has been long-term. Because this adult may have no biologic ties to the family, he or she is more likely to leave the relationship, and as a result, these children see a “rotating crop” of parent-like figures transition in and out of their lives (Bindley, 2011).

In 2011, a report by Wilcox (2011) was released from the Center for Marriage and Families at the Institute for American Values that rejected the idea that cohabitation was a viable alternative to marriage. Eighteen researchers from universities across the United States collaborated and published “Why Marriage Matters: 30 Conclusions from the Social Sciences”. The report received considerable media attention as the researchers concluded that cohabitation was not only detrimental to families, but that it had significant impact on the lives of the children in those relationships. The report indicates that 24% of children born to married parents will see their parents divorce or separate by age 12, while 42% of children will experience a parental cohabitation by the same age (Wilcox, 2011). These relationships are considerably less stable, and the parental break-up rate is 170% higher for children born to cohabitating parents than parents who are married (Wilcox, 2011).

Because cohabitation is less stable, it is also more dangerous for children. Federal data indicate that children are three times more likely to be physically, sexually, or emotionally abused in cohabitating households and are twice as likely to use drugs (Wilcox, 2011). Even when controlling for factors such as income, education, race and ethnicity, these children are significantly more likely to drop out of high school and suffer from both depression and delinquency (Wilcox, 2011). Finally, Bulanda and Manning (2008) found that children born to

cohabitating parents initiate sex at an earlier age and are more likely to have a teenage birth than children born to married parents.

Impact on the Military Family

Cohabitation while on active duty presents a unique set of challenges, whether or not there are children involved. Marriage combined with military service provides benefits that are not offered to a non-dependent. Such benefits include free medical care through Tricare and access to both the Commissary and the Exchange for the military dependents. If the significant other in the cohabitating relationship is not employed, any healthcare coverage will be out-of-pocket and thus add increased financial strain to the relationship.

Additionally, a service member with dependents is allowed to live in on-post single-family dwellings (if available) or is provided a Basic Allowance for Housing for off-post housing that is higher than that for those who are single without dependents. At some duty stations, a service member without dependents is required to live on post in the barracks or the Bachelor's Officer quarters and is therefore unable to bring a significant other. This may cause financial hardship if the significant other has followed the service member during a permanent change of station (PCS), especially if he or she is unable to become gainfully employed.

In regard to a PCS, the service member is allotted a higher poundage for household goods to be moved without charge and is provided more money to cover expenses related to travel when changing duty stations with dependents. Expenses are not reimbursed for a non-dependent, and should the duty station be overseas, the cost of travel and moving any extra household goods may cause great financial stress. Because being single may also allow more flexibility in the eyes of the military, the service member may even be sent to an overseas dependent-restricted assignment and the significant other would not be allowed to follow. Non-dependent children

can make the relationship even more difficult as they, too, are not covered by any benefits and this becomes an issue with blended families.

Another factor in the equation that may cause increased strain is if both members of the cohabitating relationship are active duty service members. Non-married partners are not afforded spousal co-location and thus both may be moved to different duty locations. If one of the members has children from another relationship, the unit may not allow the Family Care Plan to designate the significant other as the caretaker while the biological parent is deployed. The children may be required to be sent to a blood relative and can therefore be uprooted from their schools, friends, and the caretaker they have become used to.

It is because of hardships such as these that many cohabitating service members marry even if they had no original plans to do so (Teachman, 2009). This may cause distress in the marriage and eventually lead to divorce, which will only cause more stress and financial difficulties than had the couple remained unmarried.

Family Theory

The Resiliency Model of Family Stress, Adjustment, and Adaption (derived from the ABC-X model and the Double ABC-X Model of Family Stress; refer to figure 1 in the appendix) is an appropriate model to use in the management of stress for the cohabitating military family. The major assumption of the model is that families manage stressful situations over time and this emphasizes the family's ability to recover from stressful events and crises by drawing on patterns of functioning, strengths, capabilities, appraisal processes, coping, resources, and problem solving to facilitate adaptation (Bomar, Denny, & Smith, 2004).

There are two phases: the adjustment phase and the adaptation phase. The adjustment phase is short-term and only requires that the family make minor, short-term adjustments. If the

stressor results in major changes in the family, the family experiences a crisis (maladjustment) and progresses to the second stage of adaptation (Bomar et al., 2004).

The adaptation phase encompasses the family's long-term actions to recover from a crisis situation (Bomar et al., 2004). In this post-crisis phase, the final outcome is determined over time as coping mechanisms interact with new and existing resources, pile-up (the new stressor combined with existing strains), and the family's perception of the event. The result of this phase is the achievement of positive outcomes (bonadaptation) or inadequate adaptation (maladaptation) (Bomar et al., 2004). Maladaptation leads to further crisis and the process will repeat.

This model can be applied to the cohabitating military family during a PCS move. A PCS is already a stressful time for any family, and the cohabitating family may encounter more stressors than a married family and have fewer resources to deal with them. For example, stressors common to both types of families during the PCS are that the significant other in the relationship may need to resign from his or her job (if working) and any children will need to be removed from school. For the cohabitating couple, there are the added financial strains that occur if the non-military spouse cannot locate work and loses health care insurance since he or she cannot be covered under Tricare. This becomes especially difficult if this person has children that will no longer be covered with medical benefits, as any costs will come out-of-pocket.

During a move, both the adults and the children experience the added stress that accompanies loss of friendships, fear of starting a new school, searching for a new job and childcare if needed, and finding a home that will meet their needs in a community they feel safe in. If there are children that belong to the non-military family member, a child custody agreement may be in place that does not allow the child to be taken across state lines. Therefore,

the parent may need to stay behind to renegotiate the agreement and would have to secure housing. This will create further financial obligations that only add to the already heavy stress load.

All of these stressors may lead to crisis if the family cannot adjust, and any breakdown in coping will lead to pile-up. A circular pattern ensues and the family must use existing resources (which may be lacking due to the move), and locate resources in their new community to assist with coping. Previous life experiences will affect how the family members perceive the crisis and all of these forces combined will determine how the family adapts.

Advanced Practice Role in Management of a Cohabiting Family

A Family Nurse Practitioner (FNP) is likely to encounter cohabitating adults quite often in his or her practice. What the provider may discover is that the stress these families encounter and its impact on the patient's health may be increased due to problems identified earlier for both civilians and military members, so the FNP will need to be able to help identify stressors and find appropriate avenues to resolve them.

When seeing children in the clinic, the FNP may find the child is accompanied by a non-guardian adult and may run into problems obtaining consent for medical procedures, especially in an emergency situation. Certain aspects of the child's healthcare cannot be legally discussed with a non-guardian and so the biological parent will need to be present. This becomes a significant issue when the biologic parent is deployed or out of town. Finally, the FNP must be reminded to remain vigilant for indicators of abuse when the child is left alone with the non-biologic caretaker and to monitor for drug use, sexual intercourse, and depression as the child reaches early adolescence (Wilcox, 2011).

It is therefore critical for the FNP to help the cohabitating patients locate resources, appropriate counseling, and referrals as needed that can benefit the whole family. In the earlier example of applying the Resiliency Model of Family Stress, Adjustment, and Adaption to a PCS, if the FNP is aware of the upcoming move early enough, he or she can assist the family in coping with the stressors and locating proper resources prior to a crisis occurring. For military members this may include Military One Source, Army Community Service, Finance, and the Judge Advocate General's Corps. The provider may even need to contact the patient's unit as an advocate should the service member have difficulty explaining any problems they may be facing as a result of military obligations and the impacts those issues are causing on the family.

Conclusion

Based on the research, cohabitation has been and will continue to be a growing trend. While acknowledging the benefits of cohabitation for couples, this paper has also presented the problems associated with this living arrangement and identified the negative aspects for the children in these households. Given the added stress of family and home on patients' physical and mental health, Family Nurse Practitioners should remain aware of the issues these families may encounter and the resources available to assist them.

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Appendix

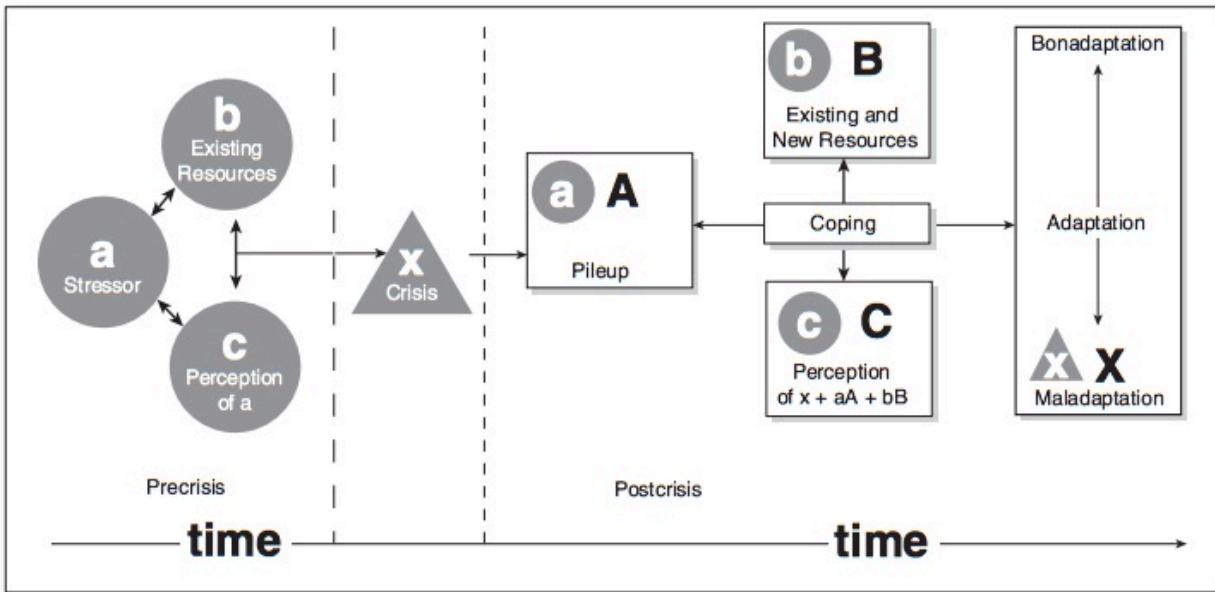


Figure 1: The Double ABC-X Model. Adapted from “The ABCX Formula and the Double ABCX Model,” by J.G. Weber, (2011), *Individual and Family Stress and Crises*, p. 86.