

## ORIGINAL ARTICLE

# Personal and Social Contextual Correlates of Adolescent Dating Violence

DONNA HOWARD, Dr.P.H., YUE QIU, B.S., AND BRADLEY BOEKELOO, Ph.D., M.S.

**Purpose:** To examine the association of dating violence with personal and social contextual factors among a sample of 12- to 17-year-olds enrolled in managed care health plans

**Methods:** A sample of 444 youth (45% male; 80% African-American; 38% aged 12–13 years) agreed to participate in an alcohol risk-prevention randomized controlled trial, and completed a survey. Cross-tabulations and calculation of odds ratios were performed to assess associations between dating violence and sociodemographics, religious service attendance, personal alcohol use, peer-drinking exposures and parental monitoring. Logistic regression modeling was used to identify the significant predictors of dating violence.

**Results:** Seven percent of youth reported recent dating violence. In a logistic regression model, peer-drinking exposures was associated with dating victimization (OR = 3.24; CI = 1.04–10.15). Religious service attendance (OR = 0.40; CI = 0.17–0.91) and parental monitoring (OR = 0.41; CI = 0.17–0.99) were protective against dating violence.

**Conclusions:** Religious service attendance and frequent parental monitoring were associated with a lower prevalence of recent dating violence. Conversely, being in places where one's friends are drinking alcohol was associated with an increased risk of victimization. It may be that dating violence is, in part, mediated by adolescents' important social contacts. © *Society for Adolescent Medicine*, 2003

## KEY WORDS:

Adolescence  
Alcohol use  
Dating violence  
Parent monitoring  
Peer influences  
Religion  
Religious service attendance

Within the broader context of youth violence, the prevalence and correlates of adolescent dating violence has begun to receive increased attention [1–3]. Descriptive epidemiologic data have provided a broad picture of the extent of the problem and the profile of adolescents who report dating violence experiences. While there are strong indications that violence in adolescent dating relationships involves the reciprocal use of violence by both partners [1–4], some studies have focused exclusively on adolescent girls. In justification of this, researchers and clinicians have argued that girls are more likely than boys to suffer injury from partner violence [5–6].

The most recent and comprehensive survey of U.S. high school youth, the 1999 Youth Risk Behavior Survey, indicated that almost 10% of 9th through 12th grade girls reported being a victim of dating violence (i.e., having been hit, slapped, purposely hurt) within the past year [7]. This is consistent with earlier data from the National Longitudinal Study of Adolescent Health, which reported that 12% of girls reported physical victimization experiences with 10% and 3%, respectively, reporting having been shoved or having something thrown at them [8]. Elsewhere, Silverman et al [9] reported lifetime prevalence rates of physical and/or sexual dating violence among Massachusetts high school girls, who participated in that state's 1997 and 1999 Youth Risk

From the University of Maryland, Department of Public and Community Health, College Park, Maryland.

Address correspondence and reprint requests to: Donna E. Howard, Dr.P.H., University of Maryland, Department of Public and Community Health, College Park MD 20742. E-mail: dh192@umail.umd.edu.

Funded by the National Institute on Alcohol Abuse and Alcoholism (Grant#: 1R01AA12257) to Bradley Boekeloo, Principal Investigator.

Manuscript accepted January 23, 2003.

The full text of this article is available via JAH Online at [www.elsevier.com/locate/jahonline](http://www.elsevier.com/locate/jahonline)

Behavior Survey (YRBS), of 20.2% and 18.0%, respectively.

In an attempt to establish a theoretical framework for understanding and preventing dating violence outcomes, research has included examination of personal correlates and contextual factors [10]. Sociodemographic characteristics, including ethnicity, gender and family structure, and personal behaviors such as substance use and risky sexual practices have all been associated with dating violence [2,8,11]. It has been posited that adolescent dating violence may be one facet of a more generalized pattern of antisocial behavior with individual and familial referents [8]. This clustering of risk behaviors is consistent with the work of Jessor [12–13], Dryfoos [14], and others who have articulated a problem prone behavioral pattern among certain adolescents.

There is some evidence to suggest that religious involvement, a sociodemographic factor that has been associated with less adolescent engagement in a host of risk behaviors [14–15], may mediate the risk of dating violence by discouraging, not only premarital sex, but the use of alcohol by youth [16]. Halpern et al [8] found a significant association between greater importance of religion and lower likelihood of psychological victimization among female adolescents. That is, girls who reported that religion was very important in their lives were less likely to be victims of psychological dating violence. The mechanisms by which religion operates to protect individuals from risk behavior have not been fully elucidated, partially because of inconsistencies in how the construct has been operationalized [17]. In many studies, religiousness is often defined as denominational affiliation and worship practices, such as use of prayer or religious service attendance [18]. Thus, while religious service attendance reflects some degree of institutional affiliation and social contact, it is not clear the degree to which it is the religious principles or the socialization experiences which confer this protection. Certain social contexts, such as attendance at religious services, may reduce adolescent opportunities for risk engagement, while other peer exposures may induce risky behavior.

Adolescent alcohol use has also been associated with problematic adolescent behavior and adverse psychosocial outcomes [14,19–21]. While the relationship between adolescent dating victimization and personal alcohol use has not been thoroughly examined, there is evidence to suggest an important association [22]. Among adolescent girls who participated in the national, as well as the Massachusetts, 1999 YRBS, those who reported binge-drinking were

at significantly greater odds of being a victim of physical dating violence [7,9]. The severity of courtship violence has been found elsewhere to increase with consumption of alcohol by either the victim or perpetrator [23–24]. Less is empirically known about the social contexts of drinking as a risk factor for dating violence but this exposure may increase the odds of victimization.

Social contextual factors become increasingly important during adolescence as this developmental period is marked by a transition from dependence toward independence and increased affiliation with peers and involvement in dating relationships. With their fledgling attempts at autonomy, youth strive to find an identity and acceptance within a peer culture [25,26]. Additionally, during this period, parental monitoring practices may become more relaxed, setting the occasion for youth experimentation with risk behaviors. The extent to which peer norms and behaviors hold more sway than those of their parents in driving youth behavior has been a subject of great interest [27,28]. A high degree of parental monitoring has been found to play a significant role in protecting against a host of adolescent risk behaviors, including interpersonal fighting [29], risky sexual practices [30,31], and alcohol use [32–34]. In these studies, youth who perceived that their parents actively monitored their after school whereabouts and activities were less likely to engage in risky behaviors. Frequent parental monitoring may also reduce the likelihood that an adolescent will be a victim of dating violence; however its protective effects in this regard have yet to be demonstrated, particularly in the context of competing peer influences.

In this study, we have sought to clarify which are the major predictors of adolescent dating violence when key sociodemographic, personal, and social contextual factors are examined together. Such investigation could offer insight into those factors that might be important in preventing violence in adolescent dating relationships. Accordingly, the objective of this study was to investigate the influence of religious service attendance, personal alcohol use, peer-drinking exposures and parental monitoring practices on adolescent's risk of dating violence.

## *Methods*

### **Study Design and Sample Selection**

This investigation was part of a larger, randomized controlled trial (RCT) designed to determine the effects of brief medical office-based interventions on

reducing adolescent alcohol-related HIV risk behaviors. It was conducted at five managed care medical practices with 28 health care providers in the Washington DC, metropolitan area. Eligible adolescents were youth aged 12 through 17 years who had a general health examination appointment with one of the cooperating physicians or nurse practitioners. The participants were those who agreed to participate, and whose parents' consented for them to participate in the alcohol risk-prevention RCT, and completed an interviewer-assisted confidential survey questionnaire (N = 444; 45% male; 80% African-American; 38% aged 12–13 years). The overall participation rate for the RCT was approximately 50%, which reflected a combination of parental refusal, adolescent refusal, and logistical problems. Non-participation among the total eligible sample was mainly attributed to: (a) parental factors, such as verbal refusal and failure to provide written documentation for consent (24.2%); (b) adolescent verbal refusal (10.4%); and (c) logistical difficulties, including problems reaching families by phone, clinical interferences with administration of the survey and rescheduling issues (15.3%).

### Survey Procedures

A two-part survey, including a battery of psychosocial and behavioral measures, was administered to youth by project staff, at the managed care office on the date of the appointment. Survey administration took place in a private room. A female interviewer asked questions and adolescents answered by circling responses on an answer sheet that was out of view of the interviewer. The answer sheet had the response items but not the questions on it. When the survey was completed, the adolescent placed it in an envelope prior to giving it to the interviewer.

Primarily for feasibility reasons, the first part was administered prior to the visit with the health care provider, while the second half was completed as part of the exit survey, before the youth left the medical office. Among the measures were questions on risk behavior engagement, such as alcohol use and violence experiences, along with questions on peer-drinking exposures. Drinking behaviors and peer alcohol use were measured before the study intervention; hence, these measures were not affected by the intervention. The RCT study protocol was approved by participating university and health plan Institutional Review Boards.

### Measures

Sociodemographic data included gender, age, ethnicity, and religious service attendance. For the question about ethnicity, youth were asked "How do you describe yourself." They were provided with six specific response options as well as the opportunity to write in a response.

Religious involvement was measured by the following question on attendance at religious services: "How often do you attend religious services." Response options ranged from "never" to "more than one time a week."

Recent alcohol consumption was measured by two questions, taken from the Youth Risk Behavior Survey, an instrument administered nationally in high schools throughout the United States [35]. The first asked the frequency with which youth had consumed at least one drink within the past 30 days. The second asked about consumption of at least 5 drinks in a row, within a couple of hours, in the past 3 months. Youth were provided with a written definition of what constituted a drink and reminded to include weekends and weekdays in their responses. Response options for the former included seven choices and ranged from "0 days" to "all 30 days." For binge-drinking the 7 response options ranged from "never" to "every day."

Exposure to peer alcohol use was also examined. Three questions, all examining behavior within a 30 day time period were asked: "On how many days did you go somewhere where you saw other teens drinking," "On how many days did you go somewhere where you knew or suspected other teens were drinking," and "On how many days did you hang around with friends while they were drinking." Again, youth were provided with 7 response options, ranging from "0 days" to "all 30 days." These questions were derived from The Social Facilitation subscale of the Social Context of Drinking Instrument [33].

Parental monitoring was measured using an adaptation of the six item Parental Monitoring Scale [36]. The scale assesses adolescent perceptions of parental awareness and expectations regarding their whereabouts and activities when not in school. Examples of items include: "My parent/guardian knows where I am after school" and "If I am going to be home late, I am expected to call my parent/guardian." Response options for each item of the scale were modified to offer four choices which ranged from "never" to "all of the time." The psychometric properties of the adapted scale, as admin-

istered to our sample, were good (Cronbach alpha = 0.79).

The dating violence question asked youth if they had been hit, punched, or physically hurt on purpose by a boyfriend or girlfriend within the past 3 months. Response options were "0," "1," "2 or more" times or "this does not apply to me."

### Data Analysis

For analytic purposes, age was collapsed into two groups: 12–13-year-olds and 14–17-year-olds and this binary classification was used as a proxy measure for middle school and high school context, respectively. Accordingly, 14 years is typically the age adolescents are in their first year of high school while 12- and 13-year-olds are typically still enrolled in middle school. Owing to the inherent differences in both risk and monitoring between middle and high school students this 12–13 years/14–17 years split was deemed justifiable. Examination of univariate frequency distributions revealed a higher prevalence of dating victimization as well as peer-drinking exposures among the 14–17-year-olds, and thus provided further justification for the age categorization.

Ethnicity was dichotomized into African-American and non-African-American owing to the high proportion of African-American youth among the sample participants. The non-African-American category included Asian, Hispanic, Native American, Caucasian, and other race/ethnic groups.

Since interest was in whether religious service attendance, vs. non-attendance, was inversely correlated with dating violence, we collapsed it into a "never" vs. "ever" binary variable. Based on its frequency distribution, a substantial proportion of youth, roughly 40%, never attended religious services, providing further justification for the dichotomization.

For both of the questions on personal alcohol consumption, 30-day drinking and 3-month binge-drinking, there was little response variability. That is, roughly 83% and 92% of adolescents responded "never" to these questions, respectively. Thus, both variables were dichotomized into a "never" vs. "ever" categorization.

The three questions examining the social contexts of adolescent drinking ("hanging out" with friends who drank alcohol, or going places where youth saw, or suspected other teens were drinking), were initially examined independent of one another. Subsequently, they were combined to create a summed

score. This new variable, peer-drinking exposures, was dichotomized such that youth who reported "never" to all three questions were compared with youth who reported "ever" to one or more exposures. By dichotomizing this summed variable, we were able to see whether adolescents who had peer-drinking exposures were significantly more likely to also report dating violence experiences. Examination of the internal reliability for peer-drinking exposures was acceptable, with a Cronbach alpha of 0.73.

An algorithm was created to distinguish the most frequently monitored adolescents from those less frequently monitored. Adolescents who reported that their parent/guardian engaged in each of the six monitoring behaviors "most" or "all of the time" were considered the frequently monitored group ( $n = 267$ ). Adolescents who reported that their parent/guardian "never" or "sometimes" engaged in any one of the six monitoring behaviors were considered the less frequently monitored group ( $n = 176$ ).

The dating violence variable was collapsed to an "ever" vs. "never" binary variable. Youth who responded "this does not apply to me," were included in the never category.

Simple frequency distributions were examined to determine the prevalence of dating violence. Crosstabulations and calculation of odds ratios were performed to assess the extent to which being a victim of dating violence was associated with personal, peer, and parental factors. Finally, using logistic regression modeling, all variables were entered simultaneously so as to examine the influence of personal, peer, and parental factors on the experience of dating violence victimization.

Analyses were performed with the statistical package SPSS [37].

### Results

Because this investigation was part of a larger RCT, the effect of the randomization arm was examined, although no differences were anticipated. No trends or significant differences between study arms were observed. Also, analyses comparing survey participants to study-eligible nonparticipants indicated no significant age or gender differences. Demographics of study participants are presented in Table 1. Approximately 7% (29/444) of youth reported a recent dating violence experience. Male and female adolescents were equally likely to report dating violence. Older youth (14–17-year-olds) and African-American youth were significantly more likely to report

**Table 1.** Sample Characteristics

	Participants % (n)	Parental Monitoring (All/Most of the time) % (n)	Dating Violence (Past 3 months) % (n)	Religious Attendance (Ever) % (n)
Total	100.0 (444)	60.1 (267)	6.5 (29)	59.5 (264)
Age (years)				
12–13	38.1 (169)	71.6 (121)***	2.4 (4)**	59.2 (100)
14–17	62.0 (275)	53.1 (146)	9.1 (25)	59.9 (164)
Gender				
Female	55.2 (245)	66.1 (162)**	5.3 (13)	64.1 (157)*
Male	44.8 (199)	52.8 (105)	8.0 (16)	54.0 (107)
Ethnicity				
African-American	80.0 (353)	59.8 (211)	8.0 (28)*	61.6 (217)
Non-African-American <sup>a</sup>	20.8 (91)	61.5 (56)	1.1 (1)	51.1 (46)

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

<sup>a</sup> Non-African-American includes Asian, Hispanic, Native American, Caucasian and other.

victimization experiences than younger (12–13-year-olds) or non-African-American youth. Females were more likely than males to report high parental monitoring and religious service attendance. Younger adolescents were more likely to report high parental monitoring.

Results from the cross-tabulations and calculation of odds ratios are presented in Table 2. Youth who reported religious service attendance or perceived their parent/guardian monitored their behavior most or all of the time were significantly less likely to be victims of dating violence. Dating violence co-occurred with alcohol consumption, and peer-drinking exposures.

Table 3 summarizes the bivariate relationships between personal alcohol consumption or peer-drinking exposures, reported frequency of parental monitoring and religious service attendance. Results indicate that binge-drinking and peer-drinking exposure were associated with less frequent parental monitoring practices. No association was found between attendance at religious services and either personal alcohol use or peer-drinking exposures.

Chi-square analysis of the relationship between religious service attendance and parental monitoring also yielded nonsignificant findings.

In a logistic regression model, religious service attendance, peer-drinking exposures and parental monitoring were the only significant variables (Table 4). Frequent parent monitoring and attendance at religious services reduced the odds of being a victim of dating violence while being in places where other youth were drinking increased the odds of dating victimization.

### Discussion

Among this sample of adolescents enrolled in managed care health plans, 7% reported being victims of dating violence over the previous 3-month period. It is not surprising that this prevalence is lower than the prevalence reported by youth participating in school-based national or state-wide surveys, which documented events that occurred over a longer, i.e. one-year period of time [8,9].

**Table 2.** Bivariate Analysis Measuring the Association Between Adolescent Personal, Peer, and Parental Factors and Dating Violence

Variable	Unadjusted Odds Ratio	95% CI
Religious service attendance	0.41	0.19–0.90**
Recent drinking (30 days)	2.30	1.10–8.10*
Binge-drinking ( $\geq 5$ in a row)	3.00	0.98–7.80
Peer-drinking exposures:		
Hanging out with friends who drank	2.40	1.10–5.40*
Going places where saw youth drinking	4.40	1.80–10.60***
Going places where suspected youth drinking	3.01	1.30–6.80**
Parental monitoring (all/most of the time)	0.27	0.12–0.61**

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

**Table 3.** Percentage of Youth Reporting Personal and Peer Drinking Exposures in Relation to Parental Monitoring and Religious Attendance

	Parental Monitoring				Religious Attendance			
	All/Most of the time		Less Frequent		Ever		Never	
	%	n	%	n	%	n	%	n
Personal alcohol use								
Recent drinking	15.0	(40)	19.4	(34)	17.1	(45)	16.2	(29)
Binge-drinking	4.5	(12)	12.5	(22)**	6.4	(17)	9.5	(17)
Overall peer-drinking exposures	48.7	(130)	70.3	(123)***	57.0	(150)	57.0	(102)
Hung out with friends who drank	12.7	(34)	28.4	(50)***	18.6	(49)	19.0	(34)
Went places saw youth drinking	34.5	(92)	58.3	(102)***	43.3	(114)	44.1	(79)
Went places suspected youth drinking	39.0	(104)	52.0	(91)**	45.2	(119)	41.9	(75)

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

Attending religious services and having parents who youth perceived as monitoring their behavior very frequently were factors which appeared to provide protection against recent dating violence. Parental monitoring and religious service attendance were measured after the intervention but there is no reason to believe that the intervention would influence these measures. Analyses for differences in these measures among study arms confirmed that there were no significant differences. Being in social contexts, on the other hand, where risk behavior (i.e., drinking) was more likely to be occurring, increased the odds that an adolescent would be a recent victim of dating violence. As religious service attendance is a known protective factor against engagement in a host of risk behaviors [14], it may represent a particular social context in which adolescents are not only discouraged from engaging in risky behaviors but afforded fewer opportunities to engage in such behavior. Evidence to support this claim that attendance decreases opportunities for risk was examined in relation to alcohol use and found to be lacking. Religious service attendance was not associated with personal-drinking or peer-drinking behaviors among this sample. Neither was it associated with parental

monitoring practices. While attending religious services, however, youth may be exposed to messages from clergy, other congregants and peers, which encourage or reinforce personal beliefs and attitudes that affect their behavior in such a way that their risk for dating violence is reduced.

With regard to the role of the family, there is growing evidence that parental monitoring is a potent influence which may decrease adolescent risk for numerous health-compromising outcomes [38–40]. One pathway by which parental monitoring may protect against dating victimization may be through its influence over the degree of social freedom the youth is given. That is, youth who are highly monitored may be less likely to be victims of dating violence, partly because they are forbidden or discouraged from being in social situations which are unsupervised and where alcohol or other drug use occurs. This explanation is consistent with the findings from this study in that parental monitoring was significantly, and inversely, associated with peer-drinking exposures, whether it was hanging out with friends who drank, or going places where youth were seen or suspected of drinking.

**Table 4.** Multiple Logistic Regression Analysis Measuring the Association Between Adolescent Personal, Peer, and Parental Factors and Dating Violence

Risk Factor	Adjusted OR	95% CI
Age	1.31	0.99–1.75
Gender	1.37	0.58–3.22
Ethnicity	0.13	0.02–1.00
Religious service attendance	0.40	0.17–0.91*
Recent drinking (30 days)	1.01	0.35–2.89
Binge drinking ( $\geq 5$ in a row)	1.54	0.44–5.38
Overall Peer drinking exposures	3.24	1.04–10.15*
Parental monitoring	0.41	0.17–0.99*

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

Model Chi-square = 34.80,  $p = .000$ .

Adolescent dating violence was not independently associated with personal alcohol use behaviors. Hence, it did not appear that arousal caused by alcohol consumption was a major pathway to violence among these youth. It may well be that personal alcohol consumption is associated with dating violence perpetration, rather than victimization [41]. Being in social situations where alcohol is present may increase the likelihood that among those peers who are consuming alcohol is one's dating partner. This may be the exposure which increases the risk of dating victimization. If so, it may help explain the mixed findings regarding any link between violence and the arousal effects of alcohol consumption [42].

The present findings suggest that dating violence may be, in part, mediated by adolescents' important social contacts. Those contacts include some degree of religious institution affiliation, parent interaction around monitoring practices, and the social milieu surrounding peer alcohol consumption. Some social contacts appear to be associated with reduced risk for dating violence while others seem to increase its likelihood.

While the importance of adolescent subjective norms or perceptions of peer pressure were not investigated, these findings suggest that certain kinds of social situations may place youth in harm's way. As youth mature, they seek independence from parents and identification with a peer group. During this formative developmental period, one would expect peer behavior and peer pressure to become increasingly important social influences on adolescent behavior [43–44]. The potential interplay between personal characteristics and attitudes and social contexts, as it influences adolescent behavior, needs further examination. In order to fully explicate the nature of these influences and their temporal relationships, longitudinal investigations which commence at an earlier developmental stage than adolescence are needed.

### Limitations

This sample represented a highly select set of adolescents who were scheduled for well-child check-ups in their managed care health plans and whose parents consented to their participation in an intervention to reduce adolescent alcohol-related HIV risk behaviors. Half of the adolescents eligible to participate in the RCT did so, owing to parental, rather than teen, refusal and often as a result of logistical difficulties. The limited information on nonparticipants precluded any estimate of potential

bias regarding dating status and alcohol exposure. Participating youth were also a relatively frequently monitored group of adolescents. More than one-half of the sample reported that their parent/guardian monitored their after-school behavior all or most of the time. Therefore, this may have been a sample of youth whose parents were more involved in their welfare. As such, the extent to which these findings can be applied to a larger, more representative population of adolescents is unknown. Indeed, study findings may actually underestimate the actual extent of dating violence among a general population of adolescents.

Socioeconomic status (SES) was not measured in this study. Given that racial/ethnic differences were found, our ability to interpret these findings is limited. SES would be a critical variable to include in future studies, particularly if these racial/ethnic differences are found to be robust.

This study also relied on self-report measures of risk behaviors as well as the adolescent's perceptions of parental monitoring. The extent to which youth may have misreported these factors is unknown. Other investigators have reported considerable discordance between teen and parent reports concerning parental influence [30,33,45].

The logistic regression model included youth who had responded to the dating violence question by selecting the response option which read: "this does not apply to me." These youth were included in the "never" category. It is possible that there are multiple explanations for an adolescent responding "this does not apply to me" to the question on dating violence. If indeed, this category includes youth who never had a dating relationship it may be that particular personal, peer, and parental factors examined in this study also functioned to delay their dating behavior. To simply eliminate that pool of respondents would potentially discount the protective influence of such factors and delimit unnecessarily the sample included in the analyses. Furthermore, we have not suggested that our data reflect lifetime prevalence but rather reflect dating violence within a much more narrow time frame, that is, the past 3 months.

Finally issues of multicollinearity could make it difficult to examine the independent relationship of peer and parental factors and risk of dating violence victimization. Multiple regression analysis aims, however, to examine the unique effects of risk and protective factors after adjusting for all other influences. In general, the bivariate analyses supported the multivariate findings in this study.

## Conclusion

Religious service attendance and frequent parental monitoring were associated with a lower prevalence of recent dating violence. Conversely, being in places where one's friends are drinking alcohol was associated with an increased risk of victimization. It may be that dating violence is, in part, mediated by adolescents' important social contacts.

## References

- Gray HM, Foshee V. Adolescent dating violence. Differences between one-sided and mutually violent profiles. *J Interper Viol* 1997;12:126-42.
- Foshee VA. Gender differences in adolescent dating abuse prevalence, types and injuries. *Health Educ Res* 1996;11:275-86.
- Gaertner L, Foshee V. Commitment and the perpetration of relationship violence. *Personal Relationships* 1999;6:227-39.
- O'Keefe NK, Brockopp K, Chew E. Teen dating violence. *Soc Work* 1986;31(November-December):465-68.
- Gelles R. The myth of the battered husband. In: Walsh R, Pocs O (eds). *Marriage and Family*. Duskin, Guilford, 1981:81-82.
- Lane K, Gwartney-Gibbs P. Violence in the context of dating and sex. *J Family Iss* 1985;6:45-59.
- Howard DE, Wang MQ. Risk profiles of U.S. adolescent girls who were victims of dating violence. *Adolescence* 2003 (In press).
- Halpern CT, Oslak SG, Young ML, et al. Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *Am J Public Health* 2001;91:1679-85.
- Silverman JG, Raj A, Mucci LA, et al. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA* 2001;286:372-79.
- Molidor C, Tollman RM. Gender and contextual factors in adolescent dating violence. *Viol Against Wom* 1998;4:180-94.
- Coker AL, McKeown RE, Sanderson M, et al. Severe dating violence and quality of life among South Carolina high school students. *Am J Prev Med* 2000;19:220-27.
- Jessor R. Risk behaviors in adolescence: A psychological framework for understanding and action. *J Adolesc Health* 1991;12:597-605.
- Jessor R. Problem behavior and developmental transition in adolescent. *J Sch Health* 1982;52:295-300.
- Dryfoos JG. *Adolescents at Risk: Prevalence and Prevention*. New York: Oxford University Press, 1990.
- Lammers C, Ireland M, Resnick M, et al. Influences on adolescents' decision to postpone onset of sexual intercourse: a survival analysis of virginity among youths aged 13 to 18 years. *J Adolesc Health* 2000;26:42-48.
- Mason WA, Windle M. Family, religious, school and peer influences on adolescent alcohol use: a longitudinal study. *J Stud Alcohol* 2001;62:44-53.
- Matthews DA, Clard C. *The Faith Factor: Proof of the Health Power of Prayer*. New York: Penguin Putnam, Inc, 1998.
- Levin JS, Larson DB, Puchalski CM. Religion and spirituality in medicine: Research and education. *JAMA* 1997;278:792-93.
- Wingood GM, DiClemente RJ. The influence of psychosocial factors, alcohol, drug use on African-American women's high-risk sexual behavior. *Am J Prev Med* 1998;15:54-59.
- Maney DW, Higham-Gardill DA, Mahoney BS. The alcohol-related psychosocial and behavioral risks of a nationally representative sample of adolescents. *J Sch Health* 2002;72:157-63.
- Johnson PB, Richter L. The relationship between smoking, drinking, and adolescents' self-perceived health and frequency of hospitalization: Analyses from the 1997 National Household Survey on Drug Abuse. *J Adolesc Health* 2002;3:175-83.
- Sculli JG. *Dating Violence: Youth at Risk*. Plainview, NY: Bureau For At-Risk Youth, 1992.
- Muehlenhard CL, Linton MA. Date rape and sexual aggression in dating situations: incidence and risk factors. *J Counseling Psychol* 1987;34:186-96.
- Makepeace JM. The severity of courtship violence and the effectiveness of individual precautions. In: Hotaling GT, Finkelhor D, Kirkpatrick MA, et al (eds). *Family Abuse and Its Consequences: New Directions in Research*. Thousand Oaks, CA: Sage, 1988:297-311.
- Wekerle C, Wolfe DA. Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clin Psychol Rev* 1999;19:435-56.
- Sanderson CA, Cantor N. Social dating goals in late adolescence: Implications for safer sexual activity. *J of Personality and Social Psychology* 1995;68:1121-34.
- Steinberg L. *Adolescence*. New Baskerville, NJ: Ruttle, Shaw & Wetherill, Inc, 1990.
- Fishbein M. AIDS and behavior change: An analysis based on the Theory of Reasoned Action. *Am J Psychol* 1990;24:37-56.
- Li X, Stanton BF, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. *J Adolesc Health* 2000;27:49-56.
- Stanton BF, Li X, Galbraith J, et al. Parental underestimates of adolescent risk behavior: A randomized, controlled trial of a parental monitoring intervention. *J Adolesc Health* 2000;26:18-26.
- DiClemente RJ, Wingood GM, Crosby R, et al. Parental monitoring: Association with adolescents' risk behaviors. *Pediatrics* 2001;107:1363-68.
- Beck KH, Treiman KA. The relationship of social context of drinking, perceived social norms, and parental influence to various drinking patterns of adolescents. *Addictive Behaviors* 1996;21:633-44.
- Beck KH, Shattuck T, Haynie D, et al. Associations between parent awareness, monitoring, enforcement and adolescent involvement with alcohol. *Health Educ Res* 1999;14:765-75.
- Griffin KD, Botvin GJ, Scheier LM, et al. Parenting practices as predictors of substance use, delinquency, and aggression among urban minority youth: Moderating effects of family structure and gender. *Psychol Addict Behav* 2000;14:174-84.
- Kann L. The Youth Risk Behavior Surveillance System: Measuring health-risk behaviors. *Am J Health Behav* 2001;25:272-77.
- Silverberg SB, Small SA. Parental monitoring, family structure and adolescent substance use. Paper presented at the meeting of the Society of Research in Child Development, Seattle, WA 1991.
- SPSS reference guide. Chicago, IL: SPSS, Inc., 1990.
- Li X, Feigelman S, Stanton B. Perceived parental monitoring and health risk behaviors among urban low-income African-

- American children and adolescents. *J Adolesc Health* 1999;27:43–48.
39. Beck KH, Ko M, Scaffa ME. Parental monitoring, acceptance and perceptions of teen alcohol misuse. *Am J Health Behav* 1997;21:26–32.
  40. Howard DE, Kaljee L, Cross S, et al. Challenges and choices for coping with violence: assessments by African American parents residing in public housing. *Am J Health Behav* (In press).
  41. Henton J, Cate R, Koval J, et al. Romance and violence in dating relationships. *Fam Iss* 1983;4:467–82.
  42. Fagan J, Wilkinson DL. Social contexts and functions of adolescent violence. In: Elliott DS, Hamburg BA, Williams KR (eds). *Violence in American Schools*. New York: Cambridge University Press, 1998:55–93.
  43. Romer D, Black M, Ricardo I, et al. Social influences on the sexual behavior of youth at risk for HIV exposure. *Am J Public Health* 1994;84:977–85.
  44. Montano DE, Kasprzyk D, Taplin SH. The Theory of Reasoned Action and the Theory of Planned Behavior. In: Glanz K, Lewis FM, Rimer BK (eds). *Health Behavior and Health Education. Theory, Research and Practice*. San Francisco: Jossey-Bass Publishers, 1996:85–112.
  45. Howard DE, Cross S, Li X, et al. Parent-youth concordance regarding violence exposure: Relationship to youth psychosocial functioning. *J Adolesc Health* 1999;25:396–406.