

ADOLESCENT SEXUALITY RESEARCH: ROMANTIC, INTIMATE, OR SEXUAL RELATIONSHIPS

Mark J. Benson

Virginia Polytechnic Institute and State University

Jennifer S. Parker

University of South Carolina at Spartansburg

Christopher M. Habben

Friends University, Kansas City

Angela J. Huebner

Virginia Polytechnic Institute and State University

AUTHOR'S NOTE: The authors appreciate the contributions of numerous professionals and parents whose comments on the earlier expositions of the framework improved the focus and presentation of this paper.

ABSTRACT: This review of the literature on adolescent sexuality is organized around professional practices. The review covers a wide range of behaviors related to adolescent sexuality including peer relations, abstinence, sexuality, intercourse, contraception, and pregnancy. The paper advances three levels of adolescent sexual involvement: (a) romantic, (b) intimate, and (c) sexual. Within these three levels, practices are presented that relate to the adolescent's level of sexual development. The practices relate to the promotion of healthy intimacy and sexuality and to the prevention behaviors such as abstinence and contraception.

Key words: abstinence, contraception, sexuality, pregnancy, child and youth care work

Healthy sexual development is a crucial dimension of human life with profound implications for individuals, families, and society. Human sexuality involves potential risks such as unwanted pregnancy, premature parenthood, and sexually transmitted diseases (STDs). For adolescents these risks magnify due to more limited resources in economic, interpersonal, and emotional domains. Adolescent sexuality can result in severe emotional pain, distrust of intimate relationships, or future fertility problems. Professionals working with adolescents can play critical roles in reducing these potential hazards and promoting healthy sexual development.

As youth care professionals seek guidance from the research literature, however, they confront an overwhelming array of disciplinary outlets and fragmented topics. The voluminous literatures across many outlets make it difficult for professionals who must respond to a broad range

of adolescents at varying levels of sexual involvement. The current article addresses this need by adopting a comprehensive lens on adolescent sexuality.

Besides comprehensiveness, this review aims to be more directly useful to professionals working with youth by focusing on practices. Traditional reviews of adolescent sexuality lack a direct and explicit connection to practice (e.g., Christopher, 1995; Meschke, Bartholemeue, & Zentall., 2000). Instead, most literature reviews focus on highlighting conceptual conundrums and identifying methodological problems. To remedy this, the current article presents a literature review organized around practices. Researchers have previously referred to empirically based standards as "best practices." In the current article, however, we avoid the connotation of a single, superior standard. Instead, we aimed to convey flexibility and the potential for change by referring to these as "promising practices."

APPROACH USED IN DEVELOPING PROMISING PRACTICES

Our approach to developing practices consisted of three phases. In the first phase, we conducted a literature review on adolescent sexuality (Benson, Parker, Habbern, & Galway, 1999). The review led to developing a framework for examining adolescent sexuality. This framework provided a blueprint for the subsequent literature reviews conducted for this article.

In the second phase, we conducted in-depth literature reviews for six topics: peer relations, abstinence, coital abstinence, intercourse, contraception, and pregnancy prevention. For each of these general areas, we identified multiple key words. Using these key words, we then selected contemporary empirical studies using the PsycInfo database. We supplemented this electronic search with a manual search process in selected journals. Throughout the selection process, a fundamental criterion was the potential for practice implication.

The final phase involved clustering findings to generate practice inferences. We first grouped findings together in related sets. Then, we read the findings and generated a practice that was supported by findings. In some instances, parallel findings from multiple studies supported a single practice. In other instances, the juxtaposition of several findings across different studies implied a practice. We switched lead roles during this process to foster neutrality and enhance confirmability (Lincoln & Guba, 1985). Finally, we added another research team member who carefully examined each practice and supporting findings, refined logical connections, and insured consistent presentation.

PROMISING PRACTICES AT DIFFERENT LEVELS OF ADOLESCENT SEXUALITY

The approach described in the previous section led to research-based inferences with implications for practice. An initial set of six categories was reduced to simply the presentation into three broad areas of adoles-

cent sexual involvement: (a) romantic relations, (b) intimate relations, and (c) sexually active. Romantic relations are defined as pre-intimate relationships involving emotional attraction and affection. Intimate relations include having personal and private exchange of affection or close contact. Sexually active is defined as having a physically intimate relationship that includes sexual stimulation or intercourse. Although these definitions overlap, there are marked differences in meaning and intervention across the levels. In addition, the interventions that prevent or slow progress to succeeding levels differ. In the sections that follow, we present practices that relate to each of the three levels of sexual involvement.

Romantic Relationships

Adolescents describe their intimate relationships as involving issues of loyalty, fidelity, trust, self-disclosure, and acceptance (Benson, Arditti, Reguero de Atilas, & Smith, 1992). This contrasts somewhat with a common implication from some research that characterizes adolescent sexuality as deviant individual behavior (e.g., Chewning & Van-Koningsveld, 1998; Donnelly, GoldFovb, Ferraro, Eadie, & Duncan, 2001). Viewing adolescent sexuality as deviant, however, ignores the extent and value of healthy sexual development. Examining adolescent sexuality as primarily dyadic relationships implies promising practices based on prior research.

Foster Cohesive Parent-Adolescent Relationships

Family cohesion plays an important role in adolescent peer relationships. In prior research, girls with emotionally distant parents were more likely to have permissive sexual attitudes (Whitbeck, Yoder, Hoyt & Conge, 1999). In contrast, adolescents from families with collaborative communication evidenced better sexual self-regulation (Yowell, 1997). Communication also relates to higher levels of value transmission. For example, families characterized by openness, understanding, and positive mother-child interactions showed more parent-adolescent similarity in sexual attitudes (Taris & Semin, 1997). Parental nurturance has also been shown to have long term positive effects on adolescent romantic relationships and supportive friendships (Conger, Cui, Bryant, & Glder, 2000; RosimanRoisman, Madsen, Hennighausen, Sroufe & Sroufe & Collins, 2001). In summary, cohesive parent-adolescent relations have multiple benefits with respect to adolescent sexual values, behavior, and development.

Encourage Parental Monitoring Of Teen's Activities With Peers

In addition to cohesion, parents also have positive impacts on their adolescent's peer relations by monitoring their teen. Several findings indicate that the early dating activity of peers relates to adolescent sexual activities (Biglan et al., 1997; Billy & Udry, 1985; Thornton, 1990). Because teens are more autonomous than younger children, effective parental

monitoring requires communication that encourages disclosure by the adolescent (Stattin & Kerr, 2000). Such monitoring can make a difference. According to several study findings, parental monitoring of peer relations links with less risky sexual behaviors (Biglan, Metzler, Wrt & Ary, 1997) and later onset of first intercourse (Capaldi Crosby & Stoolmiller, 1996). Professionals can support parents in early monitoring of peer relations.

Encourage Positive Peer Friendship Skills

Often parents and professionals may overlook the importance of fostering positive non-romantic, dyadic relationships. Friendships play an important role in early identity experimentation and development of intimacy (Lempers & Clark-Lempers, 1993). Early friendships provide a basis for developing interpersonal competence skills, which later predict the ability to establish close, caring relationships (Buhrmester, 1990). In addition, specific aspects of same-sex friendships have been found to relate to subsequent relationships with romantic partners (Connolly, Furman, & Konorski, 2000; Shulman & Scharf, 2000).

Ask Parents To Articulate Their Goals And Priorities

Besides encouraging positive peer friendships, parents can promote positive peer friendships by articulating their overall life goals and values to their adolescents. Parents may underestimate their contributions to their children's values, but overall there tends to be similarities within families across generations (Garnier & Stein, 1998). Specifically, parental goals relate to positive peer relations (Garnier & Stein, 1998). Research findings indicate that youth holding conventional goals and valuing parental opinions are more reluctant to associate with peers engaging in risky behavior (DiBlasio & Benda, 1994). Among girls, focusing time on school activities is linked to delaying sexual activity (Whitbeck et al., 1999). Professionals, then, can foster healthy adolescent peer relationships by involving parents in openly articulating life goals and priorities to their adolescents.

Advocate For Ongoing Abstinence Programs In Early Adolescence

Many interest groups, professionals, and parents advocate for abstinence-based programs. The pattern of findings indicates that abstinence based curricula can be effective during early adolescence. For example, abstinence based programming for middle school children have produced positive changes in knowledge about pregnancy prevention (Arnold, Smith, Harrison & Spring, 1999). After an abstinence program, upper elementary students showed more positive attitudes toward the abstinence curricula and greater intent to abstain, but the effects did not hold for high school or sexually active students read (Denny, Young & Spear, 1999; Olsen, Jensen & Greaves, 1991; Olsen, Weed, Neilsen & Jensen, 1992). In addition, single shot abstinence programs have short-lived utility. Although 6th and 7th grade students initially showed lower

likelihood of being sexually active after an abstinence based program, they were no different from controls at 6 and 9- month follow-ups (Jemmott, Jemmott & Fong, 1998). For professionals working with youth or consulting with parents, the finding suggests the need for ongoing dialogue rather than a single, birds-and-bees discussion.

Encourage Parent-Adolescent Communication About Abstinence

Despite the emphasis on abstinence-based programs in schools, there has been surprisingly little attention to parental encouragement for adolescent abstinence. Some findings indirectly support parental encouragement for abstinence. Specifically, parent-adolescent communication about sexual issues is associated with increased likelihood of abstinence values (Miller, Norton, Fan & Christophersen, 1988) and decreased likelihood of sexual activity (Moore, Peterson & Furstenberg, 1986). Together with the school-based program findings, these parent-child communication findings suggest that parental encouragement for abstinence prior to a teen becoming sexually active can be beneficial in delaying sexual activity.

Intimate Relationships

Although an abstinence orientation implies a clear message, the meaning of abstinence carries inherent ambiguity. The overt abstinence message is to avoid intercourse, but the implicit message is to abstain from all forms of erotic contact with peers. Prior research documents a sequence of physical relations in which french-kissing precedes genital stimulation, which precedes intercourse (Jakobsen, 1997). Across this sequence, parents may view handholding as acceptable at one age, but not at an earlier age. Explicit communication is particularly salient as the threshold for the "appropriate age" may depend on the parents, the particular adolescent, and the adolescent's relationship.

Encourage Specific Parent-Adolescent Communication About Physical Intimacy

In contrast to the broad communication concerning general abstinence, specific communication about adolescent physical intimacy is valuable when adolescents enter into intimate relations. Parents report discomfort, however, in discussing sex education. Even parents of preschoolers admit to discomfort in discussing basic sexual biology (Geasler, Dannison & Edlund, 1995). It is not surprising, then, that less than 10% of late adolescents reported having a meaningful discussion about sexuality with their parents (King, Parisi, & O'Dwyer, 1993). Yet, open sexuality communication in the family is associated with delaying first intercourse (Murry, 1994). Such discussion can have important benefits in greater knowledge, positive attitudes, and increased level of comfort between parents and teens. In addition, this level of frank communication opens the channels for future communication.

Avoid Relying Solely On Sex Education In The Schools

One impediment to parent-child communication about sexuality is the assumption that schools sufficiently address sexuality issues. Although most students receive some sexuality education in school, the quality varies widely. In addition, the timing of sex education in the U.S. is later than other industrialized countries (Goldman & Goldman, 1982). This delayed timing is particularly problematic, as sex education often occurs after many adolescents are already sexually active. Due to varying quality and late presentation, families cannot rely solely on sex education in the schools as the basis for addressing adolescent sexuality.

Encourage Discussion Of Dynamics Of Intimate Relationships With Teens

Besides education about sexual behavior and health risks, healthy development requires understanding the adolescent's relationships with partners. Interviews with male and female adolescents emphasize the importance of close, intimate friendships as a prelude to physical intimacy (Stanton, Black, Kaljee & Ricardo, 1993). Intimate relationship processes are complex. Adolescents entering intimate relationships need skills in evaluating alternatives, anticipating consequences, envisioning hypothetical scenarios, and taking the other's perspective. Professionals and parents can explore dynamics of intimate relationships by discussing issues such as honesty, fidelity, and assertiveness in romantic relationships. Adults can help adolescents to understand psychosocial problems in relationships such as control, dominance, physical violence, emotional abuse, and peer pressure. Adults can help adolescents to understand issues of relationship initiation and termination, the effects of hormones on emotions, and evaluating the partner's level of relationship commitment.

Educate Parents And Adolescents About Coital Abstinence

For the adolescent who is engaging in erogenous activities with a partner, maintaining coital abstinence can forestall the physical and emotional risks associated with sexual intercourse. Referred to as outercourse, these non-coital sexual interactions have been suggested as means to delay the onset of intercourse, reduce STD's, and prevent teen pregnancies (Genius & Genius, 1996). Indeed, teens frequently report fear of pregnancy and disease as reasons for avoiding sex (Blinn-Pike, 1999). Although parents may feel powerless about their adolescent's sexual choices, parental encouragement to abstain has been found to have a positive influence on female adolescent decision-making (Jensen, De Gaston & Weed, 1994).

Encourage Physicians To Discuss Abstinence With Teens

Besides parents, physicians hold an important role in encouraging coital abstinence. Many physicians who treat adolescents omit discussing coital risk. In one study, 75% of pediatricians and family physicians reported discussing contraception with their adolescent patients, but only

50% discussed abstinence (Patton, Kolasa, West & Irons, 1995). Although physicians occupy a prime position for conveying to adolescents the risks of coitus, they may feel ineffectual about their impact. Only half of the physicians sampled felt their abstinence encouragement was effective (Patton et al., 1995). Nevertheless, the medical viewpoint provides an important dimension, as intercourse increases substantially the risk for STD's and pregnancy.

SEXUALLY ACTIVE ADOLESCENTS

Encourage Postponing Sexual Intercourse

The early onset of adolescent sexual intercourse is associated with less effective contraceptive use, greater likelihood of STD's, and unwanted pregnancy (Cooksey, Rinduss & Guilkey, 1996). Consequently, there is an emerging consensus that delaying the onset of sexual intercourse has public health and individual development advantages.

Strongly Advise Limiting The Number Of Sexual Partners

Reducing the number of partners also has public health and personal benefits. A higher number of sexual partners has been associated with higher STD rates (Boyer, Shafer, Wibbelsman, Seeberg, Teitle & Lovell, 2000), greater risk for sexual victimization in females (Krahe, 1998), and higher likelihood of pregnancy involvement in males (Pierre, Shrier, Emans, & Durant, 1998). Intervening with risk groups holds potential for preventing these problems. Risk factors for multiple partners include conduct disorder among girls (Bardone, Moffitt, Caspi, Dickon, Stanton & Silta 1998) and substance abuse (Valois, Oeltmann, Waller & Hussey, 1999) in both girls and boys. Studies with intervention and control groups have demonstrated that through intervention, the multiple sex partner rate can be reduced (Metzler, Biglan, Noell, Ary & Ochs, 2000; Rotherham-Borus, Qwadz, Fernandez & Srinivasan, 1998).

Educate Youth About A Return To Celibacy

Celibacy remains a realistic choice for adolescents who have previously engaged in sexual intercourse. A review of three national surveys of teen sexual behavior indicates that teen sexual activity is neither permanent nor continuous (Olsen et al., 1991). The finding implies that teens engaged in sexual intercourse can nevertheless be encouraged to return to celibacy. Celibacy prevents pregnancy, reduces health risks, and sharpens a focus on the adolescent's personal goals.

Advocate For Altering Social Norms Regarding Adolescent Intercourse

Sexual behavior, or adolescent intercourse, occurs within a context of social norms. Altering social norms is realistic and possible goal. Examples of changes in social norms include the reduction of cigarette smoking (Pechmann, Dixon & Layne, 1998) and changes in parenting

have the potential for reducing the prevalence of adolescent intercourse. In one study, perceived peer sexual behavior was a better predictor of sexual intercourse than parent characteristics (Christopher, Johnson & Roosa, 1993). Other studies have shown similar findings about the influence of peer referent groups (Lock & Vincent, 1995). According to one study, adolescents perceive that sexual intercourse is more expected, and less disapproved, than alcohol or drug use (Levy, Lampman, Handler & Flay, 1993).

Promote Open Communication In Parent-Child Relationships

One family factor that consistently relates to contraceptive use is openness in parent-adolescent communication (Pick & Palos, 1995). Although communication influences values and development, openness emerges as a particular dimension relevant to contraceptive use. Both a general openness and attentiveness to specific sexual topics have been found to be related to more responsible contraceptive use (Fisher, 1993; Hutchinson & Cooney, 1998;).

Encourage Future Orientation And Positive Attitudes Toward Contraception

In addition to an open communication process, professionals can influence the attitudes of adolescents in ways that promote contraceptive use. In a meta-analysis, two factors were related to higher rates of contraception. These factors were positive attitudes about contraception and a future orientation (Whitley & Schofield, 1986). In addition, by encouraging a future orientation, professionals can facilitate the cognitive processes that promote responsible approaches to sexuality.

Discussion

A primary theme from this inquiry is the importance of tailoring interventions to the individual adolescent. Age is a poor indicator of sexual involvement. Among 16-year old adolescents, for example, some have never engaged in handholding and others may have several years of sexual activity. Lectures about STD prevention to a totally abstinent 19-year old can be fruitless or counterproductive. Pointed information about STD prevention with a sexually permissive 15-year old can be an important, timely intervention.

The focus on tailoring interventions to the level of adolescent sexual involvement is particularly important due to the extended adolescent sexual period. The remarkable health benefits and nutrition shifts in industrialized nations have reduced the lower bounds of puberty (Tanner, 1973). In addition, educational attainment has extended the upper bounds of adolescence into the 20's. Consequently, an adolescent in contemporary industrialized culture spends about 10 years from the time of sexual maturity until marriage. The practices in this article argue against treating this entire 10-year period as a uniform phase. Instead, the practices emphasize the value of understanding the individual adolescent's level of sexual involvement.

The emphasis on individual attention to an adolescent's level of involvement undermines the debate over "abstinence only" vs. "abstinence plus contraception." According to the abstinence-only position, sex education that mentions contraception tacitly implies approval for sex. Abstinence-plus-contraception proponents claim that failing to teach contraception is unrealistic and places teens at risk for STD's and pregnancy. By matching the intervention to the adolescent's experiences, adolescents can learn practices associated with abstinence, contraception, or return to celibacy without untoward consequences. The youth professional or parent are ideal candidates for tailoring communication and intervention to the adolescent's sexual location. The one-size-fits-all approach used in large group settings inadequately addresses the wide variation of sexual involvement in any adolescent sample.

Across levels of adolescent sexual involvement, family communication emerges as a theme. Rather than a global recommendation to "communicate more," the practices in this article emphasize different nuances of communication depending on the adolescent's sexual location. For a professional or parent to provide communication that coincides with the adolescent's level of sexual involvement, the adult needs an accurate assessment based on the adolescent's willingness to disclose. Other adolescent behaviors are directly observable by professionals or parents such as studying, personal attire, or abiding by curfew. In contrast, sexual behaviors, such as fondling, contraception, and intercourse, occur in private without adult supervision. Consequently, an atmosphere of disclosure is necessary to infer the adolescent's sexual location and provide timely information, advice, and intervention.

The practices and levels of sexual involvement emphasize the increasing risks and costs to adolescents at successive levels. Relative to adults, the costs for adolescent sexual involvement are higher due to factors such as stress from partner immaturity and transience in intimate relations. These relatively greater risks or costs occur against the backdrop of an adolescent's tendency for a sense of invulnerability. Even when an adolescent understands the risks to others with certain behaviors, a sense of individual difference may limit appreciation for the personal dangers.

As the term "promising" practices implies, the transferability of these practices depends on individuals and contexts. The professional's work setting, professional judgment, and role with the adolescent guide the application and modification of practices. In addition, the personality of the adolescent, the partner, the parents, and environmental contexts all contribute to the judicious use of a particular practice. Besides these contextual factors, the professional's own values and experiences may influence the application of practices on conscious and unconscious levels. For adult professionals, the teen sexuality topic can stir private feelings, recall individual experiences, and evoke strong personal responses. The lived experience of the professional can bias and influence views on adolescent

sexuality. Professionals working with youth play key roles in understanding value systems and promoting the development and health of adolescents.

References

- American Psychological Association. (1994). *Publication manual of the APA* (4th ed.). Washington, DC: APA.
- Arnold, E. M., Smith, T. E., Harrison, D. F., & Springer, D. W. (1999). The effects of an abstinence-based sex education program on middle school students' knowledge and beliefs. *Research on Social Work Practice, 9*, 10-24.
- Bardone, A. M., Moffitt, T. E., Caspi, A., Dickson, N., Stanton, W. R., & Silva, P. A. (1998). Adult physical health outcomes of adolescent girls with conduct disorder, depression, and anxiety. *Journal of the American Academy of Child & Adolescent Psychiatry, 37*, 594-601.
- Benson, M. J., Arditti, J., Reguero de Atilas, J., & Smith, S. (1992). Intergenerational transmission: Attributions in relationships with parents and intimate others. *Journal of Family Issues, 13*, 450-464.
- Benson, M. J., Parker, J., Habben, C. M., & Galway, A. (1999). *Best practices for guiding parents on their teen's sexuality, pregnancy, and parenthood*. Paper presented at the Annual Conference of National Council on Family Relations, Irvine CA.
- Biglan, A., Metzler, C., Wirt, R., & Ary, D. (1997). Social and behavioral factors associated with high-risk sexual behavior among adolescents. *Journal of Behavioral Medicine, 13*, 245-261.
- Billy, J., & Udry, J. (1985). The influence of male and female best friends on adolescent sexual behavior. *Adolescence, 20*, 21-32.
- Blinn-Pike, L. (1999). Why abstinent adolescents report they have not had sex: Understanding sexually resilient youth. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 48*, 295-301.
- Boyer, C. B., Shafer, M., Wibbelsman, C. J., Seeberg, D. Teitle, E., & Lovell, N. (2000). Associations of sociodemographic, psychosocial, and behavioral factors with sexual risk and sexually transmitted diseases in teen clinic patients. *Journal of Adolescent Health, 27*, 102-111.

- Buhrmester, D. (1990). Intimacy of friendship, interpersonal competence, and adjustment during preadolescence and adolescence. *Child Development, 61*, 1101-1111.
- Capaldi, D. M., Crosby, L., & Stoolmiller, M. (1996). Predicting the timing of first sexual intercourse for at-risk adolescent males. *Child Development, 67*, 344-359.
- Chewning, B., & Van-Koningsveld, R. (1998). Predicting adolescents' initiation of intercourse and contraceptive use. *Journal of Applied Social Psychology, 28*, 1245-1285.
- Christopher, F. S. (1995). Adolescent pregnancy prevention. *Family Relations: Journal of Applied Family and Child Studies, 44*, 384-391.
- Christopher, F. S., Johnson, D. C., & Roosa, M.W. (1993). Family, individual, and social correlates of early Hispanic adolescent sexual expression. *Journal of Sex Research, 30*, 54-61.
- Conger, R. D., Cui, M., Bryant, C. M. & Elder, G. H. (2000). Competence in early adult romantic relationships: A developmental perspective on family influences. *Journal of Personality and Social Psychology, 79*, 224-237.
- Connolly, J., Furman, W., & Konarski, R. (2000). The role of peers in the emergence of heterosexual romantic relationships in adolescence. *Child Development, 71*, 1395-1408.
- Cooksey, E., Rindfuss, R., & Guilkey, D. (1996). The initiation of adolescent sexual and contraceptive behavior during changing times. *Journal of Health & Social Behavior, 37*, 59-74.
- Denny, G., Young, M., & Spear, C. (1999). An evaluation of the *Sex Can Wait* abstinence education curriculum series. *American Journal of Health Behavior, 23*, 134-143.
- DiBlasio, F., & Benda, B. (1994). A conceptual model of sexually active peer association. *Youth and Society, 25*, 351-367.
- Donnelly, J. Goldfarb, E. S., Ferraro, H., Eadie, C., & Duncan, D. F. (2001). Assessing sexuality attitudes and behaviors and correlates of alcohol and drugs. *Psychological Reports, 88*, 849-853.
- Fisher, T. D. (1993). A comparison of various measures of family sexual communication: Psychometric properties, validity, and behavioral correlates. *Journal of Sex Research, 30*, 229-238.

- Garnier, H., & Stein, J. (1998). Values and the family: Risk and protective factors for adolescent problem behaviors. *Youth and Society, 30*, 89-120.
- Geasler, M., Dannison, L., & Edlund, C. (1995). Sexuality education of young children: Parental concerns. *Family Relations: Journal of Applied Family and Child Studies, 44*, 184-188.
- Genius, S.J., & Genius, S.K. (1996). Orgasm without organisms: Science or propaganda? *Clinical Pediatrics, 35*, 10-17.
- Goldman, R. J., & Goldman, J. D. (1982). How children perceive the origin of babies and the roles of mothers and fathers in procreation: A cross-national study. *Child Development, 53*, 491-504.
- Hutchinson, M. K., & Cooney, T. M. (1998). Patterns of parent-teen sexual risk communication: Implications for intervention. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 47*, 185-194.
- Jakobsen, R. (1997). Stages of progression in noncoital sexual interactions among young adolescents: An application of the Mokken scale analysis. *International Journal of Behavioral Development, 21*, 537-553.
- Jemmott, J. B., Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents. *JAMA: Journal of the American Medical Association, 279*, 1529-1536.
- Jensen, L., De-Gaston, J., & Weed, S. (1994). Societal and parental influences on adolescent sexual behavior. *Psychological Reports, 75*, 928-930.
- King, B., Parisi, L., & O'Dwyer, K. (1993). College sexuality education promotes future discussions about sexuality between former students and their children. *Journal of Sex Education and Therapy, 19*, 285-293.
- Krahe, B. (1998). Sexual aggression among adolescents: Prevalence and predictors in a German sample. *Psychology of Women Quarterly, 22*, 537-554.
- Kuhn, T. S. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago, IL: University of Chicago.

- Lempers, J.D., & Clark-Lempers, D.S. (1993). A functional comparison of same-sex and opposite sex friendships during adolescence. *Journal of Adolescent Research, 8*, 89-108.
- Levy, S. R., Lampman, C., Handler, A., & Flay, B. R. (1993). Young adolescent attitudes toward sex and substance use: Implications for AIDS prevention. *AIDS Education and Prevention, 5*, 340-351.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lock, S.E., & Vincent, M.L. (1995). Sexual decision-making among rural adolescent females. *Health Values, 19*, 47-58.
- Meschke, L. L., Bartholomae, S., & Zentall, S. R. (2000). Adolescent sexuality and parent-adolescent processes: Promoting healthy teen choices. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 49*, 143-154.
- Metzler, C. W., Biglan, A., Noell, J., Ary, D. V., & Ochs, L. (2000). A randomized controlled trial of a behavioral intervention to reduce high-risk sexual behavior among adolescents in STD clinics. *Behavior Therapy, 31*, 27-54.
- Miller, B., Norton, M., Fan, X., & Christopherson, C. (1988). Pubertal development, parental communication, and sexual values in relation to adolescent sexual behaviors. *Journal of Early Adolescence, 18*, 27-52.
- Moore, K. A., Peterson, J. L., & Furstenberg, F. F. (1986). Parental attitudes and the occurrence of early sexual activity. *Journal of Marriage and the Family, 48*, 777-782.
- Murry, V. M. (1994). Black adolescent females: A comparison of early versus coital initiators. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 43*, 342-348.
- Olsen, J., Jensen, L., & Greaves, P. (1991) Adolescent sexuality and public policy. *Adolescence, 26*, 419-430.
- Olsen, J., Weed, S., Nielsen, A., & Jensen, L. (1992). Student evaluation of sex education programs advocating abstinence. *Adolescence, 27*, 369-380.
- Patton, D., Kolasa, K., West, S., & Irons, T. (1995). Sexual abstinence counseling of adolescents by physicians. *Adolescence, 30*, 963-969.

- Pechmann, C., Dixon, P., & Layne, N. (1998). An assessment of US and Canadian smoking reduction objectives for the Year 2000. *American Journal of Public Health, 88*, 1362-1367.
- Pick, S., & Palos, P. A. (1995). Impact of the Family on the Sex Lives of Adolescents. *Adolescence, 30*, 667-675.
- Pierre, N., Shrier, L., A., Emans, S. J., & DuRant, R. H. (1998). Adolescent males involved in pregnancy: Associations of forced sexual contact and risk behaviors. *Journal of Adolescent Health, 23*, 364-369.
- Roisman, G. I., Madsen, S. D., Hennighausen, K. H., Sroufe, L. A., & Collins, W. A. (2001). The coherence of dyadic behavior across parent-child and romantic relationships as mediated by the internalized representation of experience. *Attachment and Human Development, 3*, 156-172.
- Rotherham-Borus, M. J., Gwadz, M., Fernandez, M. I., & Srinivasan, S. (1998). Timing of HIV interventions on reductions in sexual risk among adolescents. *American Journal of Community Psychology, 26*, 73-96.
- Shulman, S., & Scharf, M. (2000). Adolescent romantic behaviors and perceptions: Age-and gender-related differences, and links with family and peer relationships. *Journal of Research on Adolescence, 10*, 99-118.
- Simanski, J. W. (1998). The birds and the bees: An analysis of advice given to parents through the popular press. *Adolescence, 33*, 33-45.
- Stanton, B. F., Black, M., Kaljee, L., & Ricardo, I. (1993). Perceptions of sexual behavior among urban early adolescents: Translating theory through focus groups. *Journal of Early Adolescence, 13*, 44-66.
- Stattin, H., & Kerr, M. (2000). Parental Monitoring: A reinterpretation. *Child Development, 26*, 18-26.
- Tanner, J. M. (1973). Growing up. *Scientific American, 229*, 34-43.
- Taris, T. W., & Semin, G. R. (1997). Quality of mother-child interaction, differences in sexual attitudes, and inter-generational disagreement on sexuality. *International Journal of Adolescence & Youth, 7*, 35-53.
- Thornton, A. (1990). The courtship process and adolescent sexuality. *Journal of Family Issues, 11*, 239-273.

- Valois, R. F., Oeltmann, J. E., Waller, J., & Hussey, J. R. (1999). Relationship between number of sexual intercourse partners and selected health risk behaviors among public high school adolescents. *Journal of Adolescent Health, 25*, 328-335.
- Whitbeck, L., Conger, R., & Kao, M. (1993). The influence of parental support, depressed affect, and peers on the sexual behaviors of adolescent girls. *Journal of Family Issues, 14*, 261-278.
- Whitbeck, L. B., Yoder, K. A., Hoyt, D. R., & Conger, R. D. (1999). Early adolescent sexual activity: A developmental study. *Journal of Marriage and the Family, 61*, 934-946
- Whitley, B. E., & Schofield, J. W. (1986). A meta-analysis of research on adolescent contraceptive use. *Population & Environment: Behavioral & Social Issues, 8*, 173-203.
- Yowell, C. M. (1997). Risks of communication: Early adolescent girls' conversations with mothers & friends about sexuality. *Journal of Early Adolescence, 17*, 172-196.