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Urban Adolescent Girls' Perspectives on Romantic Relationships: Initiation, Involvement, Negotiation, and Conflict

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The purpose of this paper was to describe romantic relationships from the perspective of urban, adolescent girls, to address gaps in our understanding of their relationship dimensions. Minority adolescent girls ($n = 17$) participated in private semi-structured interviews aimed to elicit the understanding of the adolescents' perspectives on their own relationship experiences and dynamics. The research team conducted conventional content analysis of the interview transcripts. Four major themes emerged about romantic relationships: (1) influence of male pursuit and social norms on relationship initiation factors; (2) a romantic partner is a confidant, friend, and companion; (3) negotiating intimacy respectfully; and (4) relationship conflict through control and abuse. Adolescents described sub-themes of social norms of male pursuit and relationship pressures that dictated relationship initiation. Relationships were depicted by emotional support, caring, and companionship. Adolescents described positive negotiation skills. However, relationship conflict, including controlling behaviors and violence, was illustrated in these same relationships. This study provides a rich description of romantic relationships from the perspectives of urban, adolescent girls. Most salient findings included social pressures and a combination of both positive and negative attributes. Implications include the need for intervention development at the community level to address social pressures, recognition of positive adolescent relationship attributes, and facilitation of skills to identify and address low-quality relationship characteristics.

INTRODUCTION

Romantic relationship initiation is common in adolescence with an extensive variation in timing, length, and qualities. A

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romantic relationship is an ongoing, reciprocal, and emotionally and sexually charged connection with another person (Karney, Beckett, Collins, & Shaw, 2007). In a national study, 25% of the adolescents aged 15 years reported being in a romantic relationship within the past 18 months; the percentage increased to 70% by age 18 years (Carver, Joyner, & Udry, 2003). Adolescent romantic relationships, commonly portrayed as insignificant and transitory, are now recognized as having a substantial impact on adolescent development, as well as sexual, physical and mental health (Furman & Shaffer, 2003; Reis, Collins, & Berscheid, 2000). Specifically, it is viewed by current experts as a critical task in autonomy and interpersonal development (Collins & Steinberg, 2006). These interpersonal experiences can have an impact on relationship patterns over time that persists into adulthood (Karney et al., 2007).

Despite romantic relationships' central role in development, they are also the context of significant adolescent health issues, including sexually transmitted infections (STIs) and teen-dating violence (TDV). Young people (ages 15–24) have the highest rates of chlamydia and gonorrhea as compared to adults, but young women face the most serious long-term consequences (Centers for Disease Control and Prevention, 2012a). Notably, minority adolescent girls are disproportionately affected by STIs (Centers for Disease Control and Prevention, 2012a). Hispanic adolescent girls (ages 15–19) have double the rate of STIs (e.g. chlamydia, gonorrhea and syphilis) when compared with their White peers, and Black adolescent girls (ages 15–19) have seven times the rates of their White peers (Centers for Disease Control and Prevention, 2012a).

Furthermore, violence is often present in adolescent dating relationships. Teen-dating violence (TDV) is defined as physical, sexual, psychological, or emotional violence (including

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stalking) that occurs in person, or electronically, within current or former dating relationships (Centers for Disease Control and Prevention, 2012b). Almost 10% of adolescents report being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the past 12 months (Centers for Disease Control and Prevention, 2012c). In another national sample of adolescent girls, 2.7% had experienced a serious form of teen-dating violence (TDV) in their lifetime (Wolitzky-Taylor et al., 2008). Furthermore, TDV has been associated with sexual and other behavioral health risks and adverse physical and psychological health outcomes (Exner-Cortens, Eckenrode, & Rothman, 2013; Sutherland, 2011; Teitelman, Ratcliffe, Dichter, & Sullivan, 2008; Volpe, Hardie, Cerulli, Sommers, & Morrison-Beedy, 2013). Violence in adolescent dating relationships is most frequently bidirectional (Palmetto, Davidson, Breitbart, & Rickert, 2013). Reciprocally violent relationships among adolescents is most often associated with injury (Whitaker, Haileyesus, Swahn, & Saltzman, 2007). The impact is far-reaching, as adolescent females who experience TDV are more at risk for violent relationships in adulthood (Halpern, Spriggs, Martin, & Kupper, 2009; Teitelman, Ratcliffe, Dichter et al., 2008). Among women who have experienced rape, physical violence, or stalking by an intimate partner, 22% first experienced some form of TDV between the ages of 11 and 17 (Black et al., 2011). Among adult women, partner violence occurs more frequently and is more severe in urban neighborhoods, characterized by economic disadvantage across racial and ethnic lines (Benson & Fox, 2004). Adolescents exposed to community violence were also at greater risk of experiencing TDV (Malik, Sorenson, & Aneshensel, 1997).

Despite the high incidence of TDV and STIs among this population, few studies have examined young women's perceptions or insights on their romantic relationships. Given that heterosexual relationships frequently provide the context for TDV and STIs in adolescence, disproportionately affecting young women, it is crucial that we develop a deeper understanding of how young women perceive their opposite sex romantic relationships. This understanding can help inform the development of effective programming that promotes the wellness of adolescent girls, particularly in high-risk populations. Therefore, the purpose of this paper was to describe adolescent, opposite-sex romantic relationships from the perspective of community-engaged urban adolescent girls; gain a more nuanced understanding of relationship dynamics; and address gaps in our understanding of relationship dimensions that may impact sexual, physical, and mental health.

BACKGROUND

The 'Theory of Gender and Power' (Connell, 1987) is a structural theory that depicts social influences on gender inequity in relationships, which negatively impacts on health outcomes. Power is enforced by social norms that dictate gender patterns and reinforced through processes, such as relationship violence.

Intimate relationships encompass emotional components of relationship power that influence sexual decision-making and behavior. This theory links social gender expectations and performances with behaviors that place adolescents at high-risk for STIs and TDV.

In adolescence, a romantic relationship is a salient context because it marks a new role and is particularly susceptible to influence from social norms (Meier, 2007). Moreover, romantic relationships influence behaviors, including those that promote or compromise health (Kaestle & Halpern, 2007; Reis et al., 2000). For example, sexual intercourse in adolescents occurs most frequently and earlier within the context of a romantic relationship (Collins, 2003; Karney et al., 2007; Manlove, Ryan, & Franzetta, 2003). Empirical evidence suggests that condom use decreases for adolescents within a few weeks of relationship initiation, partly explaining the high rates of STIs and unintended pregnancies in this age group (Finer & Zolna, 2011; Fortenberry, Tu, Harezlak, Katz, & Orr, 2002; Williams & Fortenberry, 2011). Furthermore, adolescent perceptions of having a high-level of commitment and love have been associated with inconsistent condom use, increased coital frequency, and STI acquisition (Bauman & Berman, 2005; Kaestle & Halpern, 2007; Ott, Katschke, Tu, & Fortenberry, 2011; Sayegh, Fortenberry, Shew, & Orr, 2006). Adolescents in self-defined casual relationships are more likely to use contraception and condoms than their peers in relationships that include love and commitment (Houston, Fang, Husman, & Peralta, 2007; Manlove et al., 2003). Therefore, it is important to increase our current knowledge of how adolescents understand their romantic relationships, in order to strengthen STI prevention efforts.

Adolescent romantic relationships also provide the context for TDV (Howard, Wang, & Yan, 2007; Kaestle & Halpern, 2005). Most of the TDV literature focuses upon prevalence, antecedents, consequences, and associated risk factors. However, still missing is a comprehensive understanding of the relationship dynamics and factors surrounding interpersonal interactions and TDV (Mulford & Giordano, 2008). Findings suggest that since intimate relationships are new ways of interacting, adolescents often lack the skills to communicate feelings and constructively deal with frustration, which often leads to aggressive behavior (Fredland et al., 2005). One study suggests that aggression most often stems from issues of jealousy, verbal conflict, and infidelity (Giordano, Soto, Manning, & Longmore, 2010). Yet, relationships involving violence may have similar levels of love, perceived partner caring, and intimate self-disclosure (Giordano et al., 2010). Relationships that were of longer duration, had more contact, included sexual intimacy, and were more mutually supportive, were more likely to include violence (Giordano et al., 2010). Notably, the interactional patterns learned in adolescent romantic relationships are often carried into adult relationships (Collins, Koutsky, Morsheimer, & MacLean, 2001).

Because of the high rates of STIs and TDV in adolescent relationships, most literature focuses only on the epidemiological

statistics of those high-risk behaviors, particularly in ethnic minority adolescents, without an in-depth exploration of relationship meanings or the context for adolescents (Dichter, Cederbaum, & Teitelman, 2010). Notably absent are minority adolescent girls' perspectives about their relationship experiences. Such perspectives are critical to inform interventions tailored to improve adolescent girls' health and development, particularly those most at risk for poor relationship outcomes, including STIs and TDV. For example, sexual intercourse is only one activity adolescents may engage in; therefore it is imperative to shed light upon the other partner activities as important indicators of development, health promotion, risk behaviors, and future relationship patterns and outcomes (Reis et al., 2000).

In light of adolescent relationships' impact on adult relationship trajectories and the limited knowledge about what contributes to distinct relationship outcomes, it is important to explore these features in a group of urban, minority adolescents. Minority adolescents are over-represented in STI/HIV incidences (CDC, 2013; Centers for Disease Control and Prevention, 2010), but under-represented in research that examines protective factors and positive developmental outcomes (Smetana, Campione-Barr, & Metzger, 2006). Furthermore, there is a paucity of information illuminating the context of risk factors. This study aims to elucidate trends and individual differences among girls on their romantic relationships meanings and interpersonal processes.

METHODS

Study Design

This study was framed within a constructivist orientation to best understand how these adolescent girls construct their reality of romantic relationships within their social context. This qualitative, inductive approach was designed to capture the adolescent girls' experiences of their romantic relationships. The semi-structured interview guide focused on eliciting the subjective experiential meanings and personal understandings of the participants.

A Community Advisory Board (CAB) was developed to provide a forum for a community–academic partnership and to formalize community members' representation in research activities (Newman et al., 2011). The CAB was made up of community adolescents (ages 14–19) and professionals, clergypersons, educators, and service providers who worked with populations of ethnic minority adolescents. The CAB met every month for 2 hours and provided consultation to the study design and analysis.

All ethical standards were carefully adhered to throughout sampling, data collection, and analysis. The project was reviewed and approved by the Michigan State University and Michigan Department of Community Health Institutional Review Board.

Sample and Setting

In a medium-sized US city, participants were purposefully sampled from community education and recreation programs and a health clinic. These centers and clinics all serve low-income adolescents, primarily comprised of youth who were identified as African-American, Hispanic, or multiracial. As such, these adolescents were either involved in afterschool activities or actively seeking health care, and thus we considered them engaged with their community. Eligible young women were: (a) 15–19 years of age; (b) self-identified as African-American, Hispanic, or multiracial (sampling strategy aimed to conduct interviews with multiple participants of these different racial/ethnic groups); (c) had not previously given birth; (d) were fluent in English; and (e) had been in a self-defined dating relationship.

Study Procedures

Participants were recruited face-to-face by the research team, through strategically-placed flyers and participant referral. Potential participants were screened for eligibility criteria by trained project staff at interview venues and also over the telephone. Participants were initially screened for the larger study that consisted of a quantitative survey for one study visit, and then were invited to participate in the qualitative interview, which occurred in a second study visit (Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008). Participants were included in the qualitative interview study session if they were interested and available to schedule the second study session. Participant consent for youth $\geq$18 years and parental consent/participant assent, was obtained for all youth <18 years of age. All participants who participated in the qualitative interview session had first completed the first study visit involving a paper and pencil survey eliciting demographic and health information, most recent relationship description, and sexual history.

A total of 22 qualitative interviews took place in a private location, using a semi-structured question guide. Interviewers had participated in a 2-day interviewing training workshop, conducted by the principal investigator (PI) and the project manager. The workshop included training in implementing a safety protocol for adolescents reporting dangerous involvement in violence or indicating suicidality. The safety protocol included referrals to community resources. The safety protocol was initiated immediately if the interviewer perceived an immediate threat (e.g. suicidal ideation), or at the conclusion of the interview for a non-acute threat.

The first five interviews were pilots, used to refine the interview guide, clarify wording, and add questions and probes. The remaining 17 interviews were analyzed for this study's purposes. The PI and project manager regularly met with interviewers for debriefing and feedback sessions, during the data collection period.

The aim of the interview was to understand the adolescents' perspectives on their own relationship contexts, experiences,

feelings, and dynamics. Examples of interview questions included: 'Tell me what you and your boyfriend like to do together?' and 'Tell me about a time when you and your boyfriend made a big decision' (see Appendix for Interview Framework). Interviews were audio-taped and lasted 1–2 hours. At the end of that time, the interviewer provided a summary for the participant to confirm or clarify meanings. The summary consisted of a review of the main points (approximately 5–10) from the interview, as understood by the interviewer. The interviewer amended any discrepancies identified by the participant. Participants received US$25.00 to compensate them for their time to complete the qualitative interview session.

Data Analysis

Interviews were transcribed verbatim, replacing proper names with pseudonyms, and the research team checked the transcripts for accuracy. Study team members read all interviews, conducted generalized descriptive open-coding, and generated analytic memos (Hsieh & Shannon, 2005). Through this process, the team identified common content areas that clustered topically. To provide descriptive depth to the analytic process, case summaries were created, informed by conventional content analysis. In conventional content analysis, coding categories are direct derivatives of the interview text (Hsieh & Shannon, 2005). The case summaries were created to synthesize overall impressions of relationships and also key topics: relationship initiation, transition, and definitions; sexual communication and decision-making; sexual control; and violence. Content was then placed into a conceptually-clustered matrix (Miles & Huberman, 1994). Patterns and themes became evident as data was compared and contrasted across interviews and continued until concurrence about themes and supporting data were obtained within the research team. The data analysis began after the first individual interview was conducted. When the research team determined point of data saturation, we concluded data collection. Survey items responses from the larger quantitative survey were entered into SPSS for this second study's sample. Descriptive statistics were conducted to provide a relevant sample description (e.g. items included age, ethnicity, education, and sexual behavior) (Teitelman, Ratcliffe, Morales-Aleman et al., 2008).

Criteria for Scientific Rigor

Throughout the data collection and analysis process, Lincoln and Guba's (1985) and Guba and Lincoln's (1994) frameworks for establishing trustworthiness of qualitative inquiry were used. The five criteria used were: credibility, dependability, confirmability, transferability, and authenticity. *Credibility* was addressed by conducting the interviews in private areas by trained interviewers, regular supervision by the research team experts in qualitative interviews, and research team reviews of case summaries. Furthermore, research team meetings included debriefing sessions among interviewers and supervisors. The analysis portion was conducted by a research team member (not in-

volved in the interviews), the PI, and an investigator involved in conducting interviews to establish concurrence in themes and confidence in interpretation. A detailed audit trail was maintained throughout the analysis process consisting of analytic and communication memos, summaries, and theme matrices. *Dependability* was sought by analyzing the data in light of current literature and by reviewing data with the CAB service providers who work directly with community youth to determine if the findings were reflective of what they typically saw in their practices. *Confirmability* was sought by multiple reviewers of the data and research team diversity in direct involvement in data collection. The CAB commented on preliminary analyses and suggested further areas of inquiry. To further enhance confirmabilty, the CAB's role was to strategize recruitment procedures, determine if initial findings were consistent with their assessment of the issues they encountered when working with community teens, and to provide input about the findings' implications that would be relevant to enhance their community work. Accurate *transferability* of data was sought through providing a detailed description of the setting, the participants, and the context around the quotes. Finally, *authenticity* was supported by providing contrasting viewpoints within the themes and descriptive context surrounding quotes.

FINDINGS

Among the 17 participants, the majority (70%) were 15 or 16 years old, and most were in high school (17%) (see Table 1). Five (29%) participants identified as African-American, 7 (41%) identified as Hispanic, and five (29%) as multiracial. Ten participants (59%) had been sexually active and of those 10 participants, six had used a condom at last vaginal intercourse, and three had two or more sexual partners in the prior 3 months.

Four major themes emerged about romantic relationships as the participants told us their stories about their experiences: (1) influence of male pursuit and social norms on relationship initiation factors; (2) a romantic partner is a confidant, friend, and companion; (3) negotiating intimacy respectfully; and (4) relationship conflict through control and abuse. Within each major theme, sub-themes were identified. Quotes representing themes are presented in Table 1 (numbered for ease of reference).

Influence of Male Pursuit and Social Norms on Relationship Initiation Factors

Relationship initiation factors centered around two important sub-themes: male pursuit and social norms.

Male Pursuit. A sense of male pursuit was a recurring sub-theme in the interviews. The girls commonly described how their relationship began with the boys approaching them, calling frequently, and asking them to be their girlfriend. Participant quotes 1–6 (see Table 1) illustrate this sense of gender norms that included expectations and personal stories of a male-initiated chase or male pursuit. The participants often placed the onus of the relationship on the boy. Natalia explained her perception

TABLE 1
Quotes representing the four themes

Sub-themes	Quote No.	Illustrative Quote
Theme 1: Influence of Male Pursuit and Social Norms on Relationship Initiation Factors		
Male pursuit	1	*'He was the one that was chasing me down.'* (Kendra)
	2	*'I gave him my number, so I just met him, and then in a few days after . . . is when he gave me a call, and I was like, mm, okay . . . and he was just calling me and calling me.'* (Rochelle)
	3	*'If you want to chill, you come hit* [visit or come to] *me; I'm not coming to you.'* (Claudia)
	4	*'Well,* [according to] *my rules I think a guy should call the girl more often* [than the girl calls the guy].' (Natalia)
	5	*'I don't like chasing one guy around.'* (Letitia)
	6	*'They persist, oh my god, like this guy in the school, he went to* [my locker] *every single day and you know, it was just like, I didn't even pass to my locker anymore, because every time he was like there.'* (Angela)
Social norms (related to relationship initiation and partner selection)	7	*'Well, I guess to me I always kind of feel out of place because I don't have a boyfriend. And with my friends . . . they've been dating boyfriends for two years, a year, and that's constantly what they are talking about is their boyfriends and what they are doing. And so I guess sometimes I just feel like I can't hang out with my friends, because they hang out with their boyfriends.'* (Natalia)
	8	*'I didn't really like him. I just went out with him. I don't know why I went out with him. You know, to have a boyfriend, I guess. Because a lot of people at school, like just go out with* [date] *someone just to say they have, with them. But, I don't think they really like them.'* (Angela)
	9	*'It used to be I had bragging rights* [because he was a football player].' (Diana)
	10	*'All my friends had crushes on him. They all thought he was cute along with his little group of friends, and so they're like, 'Yeah, that's cool,' and I was like, 'Yeah, it is.'* (Diana)
		Quotes (11–16) illustrate *resistance* to social pressures and a pride in independence.
	11	*'I'm trying to be solo right now.'* (Ruby)
	12	*'I see the relationships my friends have, and say, 'I'm okay by myself. I don't need no one.' And I know if I go out, I'll meet a guy, so I don't need to have one with me, so I think, 'Whatever,' I don't really mind.'* (Rochelle)
	13	*'It is important* [having a boyfriend] *to a certain point, but I don't feel like I need one.'* (Natalia)
	14	*'To me, it is not important* [having a boyfriend]. *It is not a priority . . . It is not a necessity . . . it is good to have someone to keep you from that loneliness that everybody talks about . . . but in some ways it is bad because it keeps you occupied from other things. Like your work or what you are supposed to be focused on.'* (Jennifer)
	15	*'All I wanted to do was like have a boyfriend, and then after me and Kevin stopped talking* [broke-up], *I actually realized I didn't need a boyfriend to complete me, which was awesome, and then I was like I didn't really need anybody.'* (Kendra)
	16	*'He was sweet. But people think he was ugly but, OK, he was ugly but I saw the part of him that was like, kind of sweet and 'cause I like sweet, so that's why I started going out with him.'* (Laura, describing resistance to social pressures regarding partner selection)

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TABLE 1
Quotes representing the four themes *(Continued)*

Sub-themes	Quote No.	Illustrative Quote
Theme 2: A Romantic Partner is a Confidant, Friend, and Companion		
Emotional support and caring	17	'*He's* [her boyfriend] *somebody I could really talk to.*' (Jasmine)
	18	'*. . . talk to him about anything.*' (Renee, on why she liked her boyfriend)
	19	'*We talked for hours* [when dating]. *We always talk, every night it's different because it's like I talk to him every single night so far since I met him and it's just like now, all of a sudden, I don't have nobody to talk to and I feel so lonely.*' (Letitia, speaking on what she missed when relationship ended)
	20	'*Like I can tell him anything, and talk about anything.*' and '*He* [her boyfriend] *knows all my secrets, and I know his.*' (Kendra)
	21	'*Just like a best friend but your boyfriend.*' (Letitia, explaining what a boyfriend was)
	22	'*Besides having a best friend, you could have somebody else to be able to trust and talk to.*' (Lena)
	23	'*It's like we have a friendship and a relationship at the same time, so it's like he feels that, like I said, he can talk to me whenever he needs to talk to me.*' (Mariana)
	24	' *. . . just be completely myself* [with her boyfriend] *without having to worry about being silly or dumb, just know that if I'm myself he likes it.*' (Natalia)
	25	'*I was happy and that went on for eight months and he was such a big part of my life. That was the only person I really ran to for everything. He was my best, best friend. I loved him so much.*' (Diana)
	26	'*Because just like we really care about each other and it's like, you're intimate . . . it's like, me and him are really into each other.*' (Tiffany)
	27	'*I had like the flu when I was sick, and he like, he got out of work like one thirty in the morning, came over in the middle of the night and bring me medicine.*' (Kendra)
	28	'*I thought it was really fun, we just like always laughed together, we always talked and stuff.*' (Natalia)
Companionship	29	'*We go to his house, watch movies, come to my house, watch movies, go out and just whatever, go to parties together, do a whole bunch of stuff, just be like always together.*' (Renee)
	30	'*He* [her boyfriend] *keeps saying that I have a good sense of humor no matter what, I'm always up and about . . . he's like, 'That's why I enjoy . . . when I'm with you or even hearing your voice . . . I get happy.*' (Rochelle)
	31	'*We go to his house, watch movies, come to my house, watch movies, go out and just whatever, go to parties together, do a whole bunch of stuff, just be like always together.*' (Renee)
	32	'*They* [boyfriends] *come over and spend time with you.*' (Claudia, explaining the benefit of a boyfriend)
	33	'[He would] *be able to take me places, not like with money or but like to go places with me, come around my family and stuff.*' (Teresa, explaining what she would require in a relationship)
Theme 3: Negotiating Intimacy Respectfully		
	34	'*He won't go there to front me off in front of everybody, trying to make me look bad* [boyfriend will not publically confront or embarrass Tiffany to address a rumor] *But like he would talk to me about it and it's like, we have a lot of respect for each other, and I have a lot of respect for him and I wouldn't do anything to hurt him.*' (Tiffany)
	35	'*We usually, if we are screaming and yelling, we figure it out that now we talk, and I be like well you can call me back when you calm down.*' (Diana)
	36	'*We talked about it. He said like he wouldn't rush me.*' (Jennifer, speaking about sex)

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TABLE 1
Quotes representing the four themes *(Continued)*

Sub-themes	Quote No.	Illustrative Quote
	37	'*I felt like he respected me to wait and stuff and so I wasn't in a rush.*' (Teresa)
	38	'*We discussed it* [sex] *before we did it 'cause like, he didn't want me to be uncomfortable when the time came so. I said, yeah, 'cause when I say no, I mean no.*' (Renee)
	39	'*Me and* [boyfriend] *call it making love because it really does, like the first time we did like I cried. That sounds so like a little kid, but we waited like a really long time, and like we almost did it* [had sex] *. . . and I was like, 'No, I want to make sure it's right.' And he was like, 'I don't wanna do it unless it means something to you.*' (Kendra)
	40	'*There's nothing we really disagree about like, I mean, he knows my limits, and I know his limits, and you know, he respects them, and we respect each other for that and stuff like that so there's nothing really that we've ever fought about that included sex.*' (Diana)
	41	'*I did it* [had sex] *with* [current boyfriend], *it's like okay, I trust myself to do this, it's not even if he wants me to do this cause I want to do this, and I feel comfortable with him. I love him so I was like, 'Okay.'* (Rochelle)
	42	'*We may kiss or hug . . . it's been times that it got close to having sex but it's not like I've done it. I'm waiting for my time to come. Not that I don't love him or I care about him, it's just not the time.*' (Tiffany)
Theme 4: Relationships Conflict Through Control and Abuse		
Controlling behaviors	43	'*He was smothering me, and I was getting real mad. He was just calling me five times a day*.' (Lena)
	44	'*It just annoyed me because I wanted my own space and I didn't have it . . . I would come home and be home for like 15 minutes and he was at my house.*' (Claudia)
	45	'*Each guy wants to go out with me, they want to like call every day . . . he* [speaking of her current partner] *is the kind of guy that next day he wants to marry you.*' (Maria)
	46	'*I've been there and like changed everything for a guy, and I don't want to do that anymore. Like, I don't want to be like, 'Oh, you don't like my nose ring, I'll take it out.' Which I was gonna do that with* [past boyfriend]. *Like, I was 'Whatever you want,' and* [current boyfriend] *doesn't like it, but I'm not taking it out . . .*' (Kendra, after learning from a previous relationship)
	47	'*I want to know who he is with, where he at, what he doing, why he call at a certain time, I want to know it all.*' (Jasmine)
	48	'*Yeah, it's like, your old man, it's your property . . . that's my definition of it but you know, it's like he's yours. He's not everybody else's.*' (Tiffany)
	49	'*All the rest of them girls* [girls her boyfriend did not have permission to talk to on the phone], *you'd better tell them you got to go somewhere, hang up the phone or don't pick it up because these girls out here nowadays are grimy and you cannot trust none of them.*' (Renee, describing her rules of who her boyfriend is allowed to talk to on the phone)
	50	'*I told him he's on punishment* [after a particular offense not detailed]. *He can't touch me, can't hug me, can't kiss me. The only thing he could do is shake my hand . . . That's how I was and he wasn't understanding; so I had to let him know, I had to let him feel that I was not playing* [she was serious]. (Renee)
	51	'*I think if you touch another person or another person touches you, that's your property or like say here if you are a girlfriend, well if you have that tag, that's your property. That's someone to trespass on your property, I think.*' (Jennifer)

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TABLE 1
Quotes representing the four themes *(Continued)*

Sub-themes	Quote No.	Illustrative Quote
Physical violence	52	'*I was yelling at him* [her boyfriend], *and he got up and he punched me in the arm, and like I flew into the TV, and knocked some stuff over, and I still wanted to talk to him after that happened. He's like, 'I just hit you. Why aren't you leaving?' . . . and I'm like 'I want to talk about it.' . . . I was stupid looking back on it, but at the moment I was just like that was my whole world, and I just wanted to talk about it and fix things, and it's really stupid looking back.*' (Kendra)
	53	'[her boyfriend] *never hit a girl before and I just pushed the limit so . . .*' (Renee, justifying her boyfriend trying to punch her)
	54	'*So he's* [her boyfriend] *like 'come back over here' or whatever, and he'll just grab my arm, but it's nothing like, he's never pushed me or anything.*' *(Diana)*
	55	'*I would just hit him* [her boyfriend] *because I knew nothing else was going to make him mad and I thought that might make him mad . . . I just wanted him to be mad because he made me mad. I think that was just because like I cared about him.*' (Ruby)
	56	'*We fought and he said something that made me so angry and I shoved him into a glass sliding door . . . because he made me that mad.*' *(Kendra)*
	57	'*I'm gonna come up to you all at the same time and punch you all both in your all lips while you all still kissing.*' (Renee, a hypothetical threat to her boyfriend, if she found her boyfriend with another girl.)
	58	'[hitting him], *that's just how I let him know that I was mad.*' (Claudia)
	59	'*I was abusive but he didn't get mad about it. He didn't react to me, he'd just stand there and let me smack him . . . cause he liked me so much, if he didn't put up with it, then I'd just wave bye.*' (Ruby)
	60	'*I was abusive to him, but in ways he deserved it*'. [After disappearing for a few days and later finding him she said] '*And he sees me, he goes up the stairs real fast 'cause he knew* [participant was mad] *and then I went in there and I smacked him in his face.*' (Ruby)
	61	'*I've beaned* [hit on the head] *him before too though, just because he hit me.*' (Jasmine)
Psychological violence	62	'*He had people calling me and threatening me, and he threatened me and I had a chance to change my cell phone number and . . . he was so mean.*' (Letitia, after the break-up)
	63	'*I was so mean to him. He just took it so much from me.*' (Letitia)
	64	'*We argue, like I don't know, we keep arguing about who's right. I yell at him more.*' (Teresa)
Sexual violence/pressure	65	'*One guy he just, oh my god, he pressured me so much into having sex . . . he was just like, 'I don't feel like using condom' . . . pressured and pressured me on. 'Okay, you know, just don't . . . he didn't use a condom I think I got herpes from him, like he pressured me so hard, 'cause we did it like more than once . . . I wanted to cry and I was just like, oh why am I doing this and it was really too late. I'm like, okay, well it's too late now. So I might as well keep doing it . . .*' (Letitia)
	66	'*If I said no, then I mean he'd question it, but it wasn't like he would try and pressure me, he'd just say, why not and stuff like that.*' (Claudia)

of the norm of the boys calling more often (quote 4). Letitia shared her preferences of the male showing interest, calling, and giving gifts, as opposed to her pursing the male (quote 5). Participants described undertones of prevalent gender norms that ascribe the male responsibility of pursuing and initiating relationships. However, this can cross lines into unwelcome, potentially unsafe, situations. Angela told a story of unwanted pursuit by a young man (quote 6).

Social Norms. Some participants described a variety of social pressures propelling them to seek relationship involvement, such as gaining social status or peer norms (quotes 7–10). In Angela's case, the social pressure of being in a relationship trumped her actual feelings towards the boy (quote 8). She felt this was the social norm. Diana described the social status associated with a popular boyfriend who played football who was also 'cute' (quote 9). However, as illustrated by quotes 11–16, other girls, such as Ruby and Rochelle, revealed a pride in their independence but also recognized the social pressure. Natalia admitted that she would like a boyfriend, however she clarified that it was not essential (quote 13) and a few others echoed this sentiment. They referenced the social pressures as they told of personally not prioritizing having a boyfriend (quotes 14 and 15). For Kendra, this happened after a relationship, initiated in part due to social pressures, dissolved (quote 15). Jennifer shared her ambivalence, explaining that, although there are positive aspects to having a boyfriend (avoid loneliness), she recognized that this could take away from her focus on other endeavors that were important to her (quote 14).

A Romantic Partner is a Confidant, Friend, and Companion

The second major theme depicted a romantic partner as a confidant, friend, and companion. It was two sub-themes: (1) emotional support and caring and (2) companionship. In characterizing their relationships, the majority of the girls described their relationship positively. The relationships had important meanings and value for the adolescents.

Emotional Support and Caring. Most of the participants discussed the value of emotional support in a relationship (quotes 16–20). Having someone with whom to talk was highly regarded by participants. The majority of the participants identified having someone to 'talk to' or 'be there' as a relationship benefit. Lena and Jasmine both wanted to have a boyfriend because it would mean having someone '*to talk to.*' The emotional support was identified as something missing after a break up. Letitia spoke of how she missed the communication when her relationship ended (quote 19). Many participants valued having someone in whom to confide (quotes 17–23). Emotional support was reflected in the descriptions that identified a friendship foundation; present in many of the relationships (quotes 21–23). In addition, a few participants, including Mariana and Kendra, perceived a mutual priority of emotional support. Specifically, Kendra reflected how they had both helped each other through some difficult family times and personal challenges. Often this self-disclosure and trust seemed to develop within short time periods. Dating her boyfriend for 3 months, Kendra stated that she and her boyfriend confided everything to each other (quote 20). Letitia indicated that her boyfriend was the only emotional support she had. Part of this emotional support was the comfort in being able to be themselves. Specifically, Natalia liked that she no longer had to work about being seen as '*silly or dumb*'

around her boyfriend (quote 24). Caring for each other was another aspect of emotional support and identified specifically as such (quotes 26 and 27).

Companionship. Companionship, which included sharing fun times or just being together, emerged as important relationship aspects (quotes 28–33). Commonly, the participants described activities, such as '*hanging out*' and '*chilling.*' Many participants emphasized '*having fun,*' '*laughing,*' or '*being silly.*' Participants also spoke of playing games or sports. Teresa enjoyed attending each other's family functions (quote 33). Kendra described her relationship as 'playful' and 'energetic.' The young women relayed that the appreciation of fun and laughter was perceived to be important to boyfriends as well (quote 30). Participant quotes reflected that companionship often trumped the specific shared activities. These girls valued the time spent with their boyfriends even in routine daily activities. Claudia and Renee both said they and their boyfriend did everything together.

Negotiating Intimacy Respectfully

Negotiating intimacy respectfully within a relationship context emerged as the third major theme. This section focuses on positive negotiation skills (we discuss unhealthy negotiations under the theme of conflict). Many participants discussed respect (quote 34) and effective communication strategies (quote 34 and 35) present even in relationship conflict. The communication within a relationship centered particularly on sexual decision-making since the teens were asked about this process (quotes 36–40). Many participants described that sexual activity was their decision, based on their own readiness (quotes 36–42). In many instances, the girls reflected that their boyfriends were supportive and comfortable with the girl's control of sexual activity timing. Some participants spoke of sex as having a deep personal meaning, described their boyfriends as patient or respectful, and had boyfriends who waited until their girlfriends were ready or it '*felt right*' (quotes 36–40 and 42). Jennifer and Renee described conversations about sex before initiation and indicated that they did not feel pressured (quotes 36 and 38). Kendra described how her boyfriend also wanted to make sure it was the right time (quote 39).

Relationship Conflict through Control and Abuse

The final major theme that emerged was relationship conflict. This theme included sub-themes of controlling behaviors and physical, psychological, and sexual violence, often bidirectional and intertwined.

Controlling Behaviors. Many of the participants described behaviors (theirs and their boyfriends') aimed at exerting relationship control (quotes 43–51). Participants recognized these 'smothering' behaviors aimed at them as problem behaviors (quotes 43–46). For example, several participants objected to too many phone calls, too much time together or rapid relationship progression. Maria stated that the excessive calling was

the rationale for ending her relationship (quote 45). Kendra reflected on learning from demands from her boyfriend that indicated control (quote 46). However, the participants' own behaviors often were not perceived as a problem but rather as relationship norms. Tiffany described a relationship expectation of ownership using the word 'property,' to refer her boyfriend to convey her definition of a relationship (quote 48). Controlling behaviors also manifested themselves as boyfriends' expectations of serious commitment very early in the relationship, even discussing marriage. A few of the participants related that this sort of pressure made them uncomfortable with the speed of relationship intensity.

Controlling behaviors also reflected relationship conventions of possession and jealousy and were sometimes discussed as the participants' own relationship philosophies (quotes 47–51). Tiffany and Jennifer both indicated that a boyfriend/girlfriend was property and this should be acknowledged by the boyfriend/girlfriend and respected by others (quotes 48 and 51). Jasmine and Renee both indicated there were permissible people with whom their boyfriend could speak or be with (quotes 47 and 49). Additionally, participants discussed consequences imposed on their boyfriends for behavior they deemed unacceptable. Tiffany and Renee both described 'punishment' strategies for transgressions (quotes 48 and 50).

Physical, Psychological and Sexual Violence. A number of participants described their experiences of physical, psychological, and sexual relationship violence (quotes 52–66). Some participants, such as Renee and Diana, did not recognize the physical violence as such or even deemed it problematic (53 and 54). Additionally, most of the relationship violence described was bidirectional. Physical violence mostly included hitting, pushing, and grabbing. Participants occasionally rationalized violence in their current relationships, inferring it was justified or warranted by their provocation (quotes 53, 55, 56, and 60). For example, Renee justified her boyfriend's attempt at punching her by explaining that she had instigated the violence, despite the fact that he had never engaged in such behavior (quote 53). Some participants also described violence towards their boyfriend, often to express anger and deal with indiscretions (quotes 55–58). Ruby used physical violence to incite anger in her boyfriend because of her own anger (quote 59). Renee described making a physically violent threat for an indiscretion (quote 57). Claudia expressed that she would hit her boyfriend as a way of communicating anger (quote 58). Jasmine justified reciprocal violence toward her boyfriend (quote 61).

Sub-themes of controlling behaviors and violence also were intertwined. Ruby seemed to consider her partner's reactions and tolerance of her violence as a signal of her own relationship control. She felt he did not get mad out of fear of losing her (quote 59). Renee also described a time when she 'smacked' her boyfriend, but he ended up apologizing to her.

Interestingly, when discussing violence abstractly, participants verbalized a strict non-tolerance policy. Diana discussed how she would have advised her sister on how to recognize danger signs, such as any physical aggression (e.g. push or grab). Furthermore, she indicated the importance of identifying psychological abuse, such as putting her down. She stated, 'make sure he's not like abusive, like the first sign of abuse that you even if it's just like him grabbing you and pushing you against the wall, that's abuse, and even if it's just him putting you down, that's verbal abuse, and I would basically just let her know like what signs to look for even if they are bad.' Renee also described not standing for violence; however, she had also seemed to justify a time when her boyfriend tried to punch her (quote 53).

Bidirectional psychological violence was also discussed frequently but often not recognized as problematic behavior. These stories included yelling and threats (quotes 62–64). Letitia related stories of psychological violence after a break-up (quote 62). Claudia used psychological abuse as a revenge tactic; she made an ex-boyfriend cry by disparaging his genitalia's size to their peers.

Sexual violence was most often discussed as sexual pressure, and high-risk behaviors that they felt little control over (quotes 65 and 66). Letitia described being pressured into having unprotected sex, and later felt like it was too late to request that they use a condom (quote 65). In another case, Claudia explained a situation of her boyfriend's questioning her refusal to have sex that likely constituted sexual coercion but did not label it as such (quote 66).

DISCUSSION

This study provides a rich description of romantic relationships from the perspectives of urban, minority adolescent girls. Four major themes with accompanying sub-themes emerged from the interviews: (1) the influence of male pursuit and social norms on relationship initiation factors; (2) a romantic partner is a confidant, friend, and companion; (3) negotiating intimacy respectfully, and (4) relationship conflict through control and abuse. An in-depth understanding of these relationship factors and gender norms from adolescent girls' perspective is important to further inform theoretically-based interventions that may target minority adolescents. Current sexual health interventions address predominant specific sexual risk behaviors and do not adequately address multiple levels of influence on risk behaviors, which include interpersonal relationship factors (Cardoza, Documet, Fryer, Gold, & Butler, 2012; Chin et al., 2012,).

This study adds to extant literature on peer influences on romantic relationships (Collins, 2003; Kuttler & La Greca, 2004) by describing the participants' perspectives of compelling social pressure to be in a romantic relationship that augmented status or facilitated peer acceptance. In addition to existing social pressure to have a romantic relationship, was a sense of gender norms, illustrated by participants who seemed to have an expectation of male pursuit in the context of the relationship. As purported in the theory of gender and power, acceptance of gender stereotyping within dating relationships has been found

to be associated with TDV in adolescents, particularly in ethnic and racial minority communities (Connell, 1987; Foshee et al., 2008; Sears et al., 2007), therefore, it is important that intervention work extends beyond individual behavior change and addresses the social norms of romantic relationships at multiple levels of influence (Aalsma, Fortenberry, Sayegh, & Orr, 2006). Furthermore, male pursuit in initiation may establish a gendered pattern of expectation that male pursuit is also the norm when advancing from one phase of the relationship to another; however, future research is needed to explore the longitudinal impact of gendered relationship initiation over the course of the relationship, particularly as it impacts on sexual decision-making. Additional research can examine romantic relationship links to sexual health behavior and violence elucidated in the theory of gender and power suggested by this sample.

From the themes that emerged, it was clear that these relationships contained positive attributes highly valued by the adolescents. Participants consistently described relationships with boyfriends as important and meaningful. Participants spoke of mutual caring and intimacy. The majority of girls described their boyfriends as addressing emotional needs and as confidants and companions. Friendship was repeatedly mentioned as a valued relationship attribute. These are important findings, as emotional commitment and support are healthy relationship attributes and protective against depression and decreases in self-esteem associated with first sex in adolescents (Meier, 2007). These positive relationship perceptions further support findings that relationships are central in adolescents' lives, meet emotional needs, and can potentially influence health in an adaptive or positive manner (O'Sullivan, Cheng, Harris, & Brooks-Gunn, 2007; Smetana et al., 2006). Adolescent health researchers and practitioners most often target adolescent risk behavior in order to promote health and wellbeing. Therefore, it is important to also identify perceived positive attributes and adolescent priorities of romantic relationships to increase understanding of the adolescent behavioral context and their influence on health and development outcomes. This is particularly so in low-resourced, urban communities where the focus tends to be predominantly on sexual risk behavior. Although, having positive adolescent relationship qualities can foster later psychosocial development (Smetana et al., 2006), overly optimistic perceptions of high-quality dimensions within an adolescent relationship may also inadvertently contribute to health-compromising behaviors, including sexual risk and TDV (Giordano et al., 2010; Mulford & Giordano, 2008). Therefore, interventions need to promote positive attributes and untangle them from associations with TDV and sexual risk behavior.

Another positive attribute present in many of the relationship depictions was sexual decision-making. Most participants conveyed that they were able to discuss sexual initiation with their partners and perceived that their boyfriends were patient and respectful of their decisions and boundaries. Our findings suggest that some adolescent girls perceive initiation of sexual activity as being within their realm of decision-making. This

can be perhaps attributed to the public health efforts to promote safe sexual behavior among those at highest risk. Interventions can capitalize on these types of cultural norms by including messages and scenarios that portray girls exercising this type of agency within relationships, in an effective manner. This type of modeled behavior is likely to resonate with girls who are experiencing positive relationship dynamics and potentially provide insight and strategies to other adolescents.

Finally, participants also described relationship characteristics that were adverse and potentially destructive within the same relationship. These negative relationship qualities, such as controlling behavior, or relationship stress contribute to mental health outcomes for adolescent girls (La Greca & Harrison, 2005). Of greatest concern was the fact that study participants often did not recognize danger signs related to negative relationship characteristics, such as controlling behaviors and possessive attitudes. Controlling behaviors were often treated lightly and justified as acceptable behavior for each member of the couple. Previous research has suggested that adolescent girls interpret, or outwardly project, signs of power and control from their boyfriends as signs of romantic love, intimacy, and commitment (Chung, 2005; Johnson et al., 2005). Although, research has noted controlling behaviors' link to relationship violence (Catallozzi, Simon, Davidson, Breitbart, & Rickert, 2011; Teitelman, Ratcliffe, Morales-Aleman et al., 2008), this study sheds additional light on the fact that adolescents may perceive these behaviors as normative and not warning signs of TDV. Furthermore, it elucidates some of the challenges interventionists may face in developing curricula designed to teach adolescents how to identify controlling behaviors and develop skills to address such behaviors. Effective intervention strategies must not only help adolescents identify potential warning signs of unhealthy relationship qualities but also help them establish communication skills, healthy conflict management skills, and productive interpersonal social norms.

Physical and psychological relationship violence was also commonly described. Adolescent girls elaborated on incidences of both violence victimization and perpetration. The finding of the frequent physical and emotional TDV is consistent in the literature (Foshee et al., 2008; Teitelman, Ratcliffe, Morales-Aleman et al., 2008; Wolfe & Feiring, 2000); however, this study provides additional context surrounding violent episodes. In particular, it elucidates the fact that some adolescent girls may not deem their use of violence as problematic but rather as a means of expressing anger and communicating disapproval to someone they cared for deeply. This is consistent with Giordano and colleagues' (2010) findings that aggression may be a result of lack of communication skills, particularly around expressing anger. Violence often occurs in the context of a relationship that the adolescent describes as meaningful and important, which can increase her confusion.

These adolescent participants' quotes suggested a normalization of relationship violence. It is also important to note that some teens may be more likely to perceive violence as

normative and experience TDV if they have been exposed to community, peer, and family violence in the settings in which they live, such as in urban, low-resourced settings (Malik et al., 1997; Vagi, Rothman, Latzman, Tharp, Hall, & Breiding, 2013). Some evidence, largely based on Social Learning Theory, suggests that violence can transcend across levels of influence, from communities to families, intimate partner dyads, and individuals (Foshee et al., 2008; Malik et al., 1997; O'Keefe, 1997; Spriggs, Halpern, Herring, & Schoenbach, 2009; Van Wyk, Benson, Fox, & DeMaris, 2003). Therefore, it is important that interventions be designed to work not only at the individual level but also at the levels of families and neighborhoods. These types of preventive efforts will be more likely to shift normative attitudes in relation to violence in affected communities.

Furthermore, although adolescent girls articulated nontolerance for victimization, they frequently did not label their personal experiences with violent behavior as such. In some instances, they also appeared to excuse their boyfriends' actions. This concerning finding highlights the fact that girls do not necessarily identify their partners' abusive behaviors as detrimental or unhealthy. This finding is also in-line with Johnson and colleagues' (2005) work which demonstrated adolescent participants of both genders had a difficult time identifying the difference between playing, harassment, and abuse in their romantic relationships. Both works demonstrate the importance of helping young women accurately identify TDV and controlling behavior, particularly in urban communities with high rates of violence.

Implications for Research

Our research suggests that urban adolescent girls perceive a substantial amount of support from their romantic relationships, providing them with a confidant, friend, and companion. Positive aspects of adolescent relationships are often neglected, particularly in communities with high-risk sexual networks. It is important that counselors and interventionists understand these perceived relationship aspects when providing services and programs to increase their effectiveness (Wolfe & Feiring, 2000). Future research would be improved by using a relationship framework or theory that accounts for the developmental age of adolescents. Uncovering the specific context in which a romantic relationship exists may increase the understanding of the need for such support, the willingness to engage in risk behaviors, and the tolerance of violence.

Longitudinal research is needed to provide a more expansive view of how the relationship factors identified in this study, such as the commonly accepted gender norm of male pursuit, evolve over the course of the relationship as commitments intensify. Additionally, there is a need for additional research that can elucidate the associations between relationship development, relationship conceptions, and sexual decision-making.

Implications for Nursing Practice

Nurses and mental health practitioners are well positioned to provide comprehensive sexual health and violence prevention skills' counseling that incorporate positive, healthy relationship aspects as well as effectively reviewing risk factors. Messaging that resonates with youth who are in relationships; such as 'condom use shows that you care about each other's future' and 'preventing STDs and pregnancy shows that you love your boyfriend or girlfriend' may be the keys to effective prevention. Given the many positive relationship aspects were perceived by adolescents, even in relationships that also contained conflict and TDV, nurses health, practitioners, and researchers may want to avoid language that labels relationships as a whole (e.g. abusive relationships), but rather talk about the healthy or unhealthy qualities of these relationships. Otherwise, teens may feel the positive qualities of their relationships are being overlooked, not identify their own relationships as fitting an unhealthy profile, and not engage fully with interventions designed to mitigate unhealthy relationship qualities. Healthy relationship interventions may recognize that adolescent girls need social spaces, such as afterschool discussion groups, where they can reflect on the benefits and drawbacks of their relationships. Given that many of the romantic relationships described by study participants contained both healthy and unhealthy qualities – girls may become better equipped to identify behavioral 'red flags' if they discuss these topics and have an opportunity to clarify their own views in a supportive environment. For girls involved in romantic relationships, interventions can offer them an opportunity to discuss their current communication patterns, and offer constructive strategies for expressing disapproval, jealousy, and anger.

Limitations

Since data were collected from just one partner, our findings reflect the perspectives of only the adolescent girls. Our understanding of adolescent relationships would be strengthened by acquiring both partners' perspectives. Furthermore, the sample contained racially and ethnically diverse adolescents but the sample size was too small to conduct sub-group analysis, making it impossible to draw any conclusion about ethnic/racial sub-groups. Rather, we provided a sample and community description to provide context for these participants' experiences. In addition, a small sample of community-engaged adolescent girls (involved in community afterschool activities or actively seeking health care) limits potential generalizability; however, this study is an important first step toward a more complete understanding of romantic relationships in this sub-group of adolescent girls from a low-resourced, urban community. Further studies are needed to determine if the findings described for this sample apply to adolescents in other contexts.

CONCLUSIONS

Relatively little research to-date has examined the meaning of romantic interactions and relationships for adolescents. This study adds to the current knowledge of the attributes related with engagement in romantic relationships. Social norms play an important role in adolescent relationship initiation, particularly with exerting pressure for relationship involvement and gender roles. Adolescent girls prioritized companionship and emotional support and recognition of such should be included in interventions. Finally, adolescents' positive skills in negotiation and communication should be recognized. However, much more work is needed in recognition and addressing controlling behavior and violence within the relationships that adolescents value. It is important to identify and recognize the adolescent priorities within their romantic relationships, since adolescents are the stakeholders to whom interventions will be targeted (Wolfe & Feiring, 2000).

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APPENDIX

Urban Adolescent Girls' Perspectives on Romantic Relationships

Interview Framework

Goals of Qualitative Interview

Personal History: Background and information about their past. Any experiences outlined in their paper and pencil drawings.

- Social circles
- Lifelines

Definitions of Relationships: How they define different types of dating relationships. What they think each type of relationship involves.

- Dating relationship
  - Defining terms of relationship
- Terminology

Definitions of Partners: How they define dating partners. What types are there and what they each do.

- Terminology

Definitions of Dating: How they define dating. What does it involve?

Relationship Decisions: Decisions they have made with their partners.

- Decisions as influenced by gender norms
- Decision-making
- Communication
- Power

Handling Conflict: How they have handled a problem or argument in the past.

- Physical aggression
  - Threat
  - Action

Definitions of Sex: How they define sex and the different types that there are.

Sex Decisions: Decisions that they have made with their partners about sex.

- Decisions as influenced by gender norms.
- Decision-making
- Communication
- Power

Parental Communication about Dating Topics: How their communication with their parents is, around sexual topics, what they talk about, and feel could improve.