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Social Norms and Beliefs Regarding Sexual Risk and Pregnancy Involvement among Adolescent Males Treated for Dating Violence Perpetration

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ABSTRACT *The present study explored perceived sexual norms and behaviors related to sexual risk and pregnancy involvement among adolescent males (ages 13 to 20) participating in programs for perpetrators of dating violence. The purpose of this study was to generate hypotheses regarding the contexts and mechanisms underlying the intersection of adolescent dating violence, sexual risk and pregnancy. Six focus groups were conducted (N = 34 participants). A number of major themes emerged: 1) male norm of multiple partnering, 2) perceived gain of male social status from claims of sexual activity, 3) perception that rape is uncommon combined with belief that girls claiming to be raped are liars, 4) perception that men rationalize rapes to avoid responsibility, 5) condom non-use in the context of rape and sex involving substance use, 6) beliefs that girls lie and manipulate boys in order to become pregnant and trap them into relationships, and 7) male avoidance of responsibility and negative responses to pregnancy. The combination of peer-supported norms of male multiple partnering and adversarial sexual beliefs appear to support increased male sexual risk, lack of accountability for sexual risk, and rationalization of rape and negative responses to pregnancy. Further research focused on the context of male sexual risk and abusive relationship behaviors is needed to inform intervention with young men to promote sexual health and prevent rape, dating violence, and adolescent pregnancy.*

KEYWORDS *Adolescent pregnancy, HIV/AIDS, Dating violence, Rape, Sexual risk.*

INTRODUCTION

Despite past-decade increases in condom use among adolescents,[1] this age group continues to be disproportionately represented in United States (US) cases of HIV/AIDS,[2] other STDs,[3] and unwanted pregnancy.[4] A growing literature has linked physical and sexual dating violence victimization, a concern affecting an estimated one in five high school girls,[5] with sexual risk behaviors and sexual health concerns among adolescents girls, including multiple partnering,[5,6] condom non-use,[7,8] pregnancy,[5,8] and STD/HIV diagnosis.[8,9] As has been found for adult women,[10–14] this work suggests that dating violence is likely a critical context for sexual risk among teens.[6,9]

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Research efforts to clarify the relationship of both adolescent and adult male violence against female partners and sexual health risk have been primarily informed by reports of female victims of such violence regarding the behaviors of their abusive partners. Findings of this work suggest that males perpetrating partner violence are more likely than non-abusive males to have greater sexual decision-making control over their female partners,[14,15] to engage in higher-risk sexual behaviors,[8,15,16] and to be HIV-positive.[14,15] Although far less research has been conducted with men assessing the interrelations of partner violence perpetration with sexual health risk, the two published studies in this area both found that adult men reporting recent IPV perpetration were significantly more likely to report unprotected sex, multiple sex partnering, and forced unprotected sex.[17,18] Overall, these findings indicate that adolescent and adult male perpetrators of partner violence represent a sexual health risk, including increased risk for HIV, to their female partners.

Unfortunately, much less is known concerning the sexual norms, risk perceptions, and belief systems underlying these behaviors among young men, and no published studies to date have examined these issues among adolescent male perpetrators of dating violence. Qualitative and quantitative sexual risk research with samples of adolescent males not identified as perpetrators of dating violence suggests a complex pattern which includes high awareness of sexual risk,[19–22] high motivation to implement protection strategies such as condoms,[19] and, simultaneously, perceived barriers to use of condoms[19,22] and divergent patterns of sexual risk perceptions and behaviors based on perceived category of relationship (e.g., casual or one-time vs. committed).[21,23–26]

Although this body of work offers important insights into possible mechanisms leading to sexual risk among adolescent males in general, it is not known to what extent these patterns of risk perceptions and behaviors exist among young male perpetrators of dating violence or how dating violence may be associated with differing perceptions and behaviors related to sexual risk. Data to clarify these underlying mechanisms of the confluence of sexual risk behavior and partner violence perpetration among adolescent men is critical to providing guidance for design of prevention and intervention programs that acknowledge and target dating violence as a critical context for both male and female sexual risk and adolescent pregnancy. Given the lack of previous empirical research focused on adolescent male perpetrators of dating violence, the present study was designed to collect exploratory data concerning perceived behavioral and attitudinal norms regarding sexual behavior and sexual HIV risk behavior patterns among adolescent male perpetrators of dating violence that relate to sexual risk and pregnancy, with the goal of generating hypotheses regarding the mechanisms underlying the intersection of these major threats to adolescent health and development.

METHODS

Focus groups were selected for this hypothesis-generating study given its efficacy in clarifying opinions concerning sensitive areas of discussion such as sexuality and sexual relationships.[27] Six focus groups were conducted with adolescent males (N = 34; group sizes ranged from 4 to 8) to explore perceptions of sexual risk and sexual behavior and relationship norms within this population. English-speaking adolescent males participating in one of six school- and community-based intervention programs for dating violence perpetration located in a major urban area in the Northeast U.S. were eligible for focus group participation and recruited with the

assistance of program directors. Adolescents males ages 13–20 were referred to participating programs by teachers, school counselors or social service professionals based on reported instances of physical violence perpetration or emotionally abusive behaviors (i.e., put-downs) against dating partners or other female students, complaints of abuse from fellow female students, or reports from family concerning physical violence perpetration against female family members. Because perpetrators of dating and other partner violence often avoid accepting responsibility for their actions via denial or minimization of abuse,[28] accurate self-report of perpetration behavior is extremely difficult to obtain in a face-to-face or group setting. For this reason, participation in these intervention programs (and, consequently, the focus groups) was not contingent on self-identification of perpetration behavior, i.e., programs accept both admitted perpetrators and those deemed "at risk" for physical dating violence based on the above criteria.

The majority of participants (64.7%) were 15–17 years of age, and all major racial and ethnic groups were represented. Most (85.3%) reported having had sexual intercourse, and the majority of these individuals (68.9%) reported having had sex with two or more partners in the past 3 months. (See Table 1 for further details of demographics and reported risk behaviors.)

Focus groups were 60–90 min in length, audiotaped, and facilitated by two female research associates with experience in focus group facilitation and leading discussion on the content areas; female facilitators were chosen given that many of the intervention programs utilized female group leaders and given evidence that females are effective in facilitation of sensitive discussions with male interviewees.[29,30] Both moderators facilitated and recorded notes on the discussion. Immediately prior to the start of each focus group, moderators informed all participants of the objectives and format of the group, provided assurance of anonymity and obtained

TABLE 1 Demographic characteristics and sexual behaviors of male focus group participants (*N* = 34)

Age	*N*	%
13	5	14.7
14	5	14.7
15	8	23.5
16	8	23.5
17	6	17.7
18	2	5.9
Race/Ethnicity		
Black/African American	4	11.8
Hispanic/Latino	14	41.2
White (non-Hispanic)	9	26.5
Asian/PI	3	8.8
Multiple/Other	4	11.8
Behaviors		
Any sexual activity	29	85.3
Pregnancy involvement	6 of 29	20.9
Pressure for sex without condom	3 of 29	10.3
Two or more sexual partners in the past 3 months	20 of 29	68.9
Inconsistent condom use in the past 3 months	9 of 26*	34.6

*26 participants reported having sexual intercourse in the past 3 months.

verbal consent for participation; parental consent was waived for this study, as participants were recruited from confidential services.

Focus groups were semi-structured; participants were asked to discuss their perceptions concerning perceived social norms among their peers regarding dating, physical and sexual coercion and violence in dating and sexual relationships, sexual decision-making, sexual risk perceptions and behaviors, and concerns and involvement in pregnancies, within both non-violent and violent relationships, e.g., "How do boys/girls feel about getting pregnant?", "What happens to prevent pregnancy when people are [drinking, having sex for the first time, having sex when one person doesn't want to]?", "How does violence affect condom use and/or pregnancy prevention?" Focus groups were conducted to elicit general perceptions of norms and attitudes rather than personal information, and participants were asked not to disclose details about their personal history or that of others in the group. Participants were also asked to complete a brief, anonymous survey assessing demographics, sexual health behaviors and outcomes, and pregnancy involvement following the group discussion; no names or other identifying information was recorded on the survey. After completion of the survey, participants were provided a listing of local referrals for mental health, substance use, and violence-related services. Participants received pizza, snacks, and beverages as compensation for their time. The protocols for this study were reviewed and approved by the Human Subjects Committee at the Harvard School of Public Health.

Data Analysis

Audiotapes from each focus group were transcribed following a protocol to ensure de-identification of transcripts (i.e., all names and any other information that might possibly identify either participants or individuals referred to by participants during the focus group were deleted). Each focus group was transcribed verbatim and reviewed by a facilitator of that focus group to ensure fidelity to the discussion that occurred.

Focus group data were analyzed using a grounded theory approach, which employs an emergent theme technique to generate codes directly from the text to develop a model for understanding issues of interest.[31] ATLAS-ti software,[32] designed specifically to manage theory-building analyses,[33] was used to organize and manage data and to facilitate analyses. Two members of the research team independently coded each transcript and identified key themes. Each two-member coding team met to compare their coding scheme; differences in interpretation and discrepancies in coding were discussed among the larger team. Codes were generated, built upon, and revised via an iterative process involving the coders and other study investigators. Once finalized, the coding scheme was reapplied to all six transcripts. The full study team met to identify themes emerging from the focus groups, including discussing frequently encountered codes; any identified discrepancies in coding were reviewed such that consensus was determined by the Principal Investigator. Code families related to key questions on sexual decision-making, violence, contraceptive use, and pregnancy were generated to facilitate thematic analysis. Where relevant, descriptive analyses of quantitative data from the brief post-focus group survey were included to complement qualitative findings.

RESULTS

A number of major themes emerged across multiple focus groups: 1) male norm of multiple partnering, 2) perceived gain of male social status from claims of sexual activity, 3) perception that rape is uncommon combined with belief that girls

claiming to be raped are liars, 4) perception that men rationalize rapes to avoid responsibility, 5) male condom non-use in the context of rape and sex involving substance use, 6) beliefs that girls lie and manipulate men in order to become pregnant and trap them into relationships, and 7) male avoidance of responsibility and negative responses to pregnancy.

Multiple Partnering

All six focus groups identified multiple partnering as normative male behavior; 77% of sexually active participants reported two or more sex partners within the past 3 months on the brief post-focus group survey. Several groups also described this behavior as modeled by peers and older males as illustrated by the following quotes (separate paragraphs indicate different focus groups; *P* = participant, *F* = facilitator):

P1: 'Cause the boys, they get tired of the same girl.
P2: They get tired of the same girl, or the same boy.
P1: Yeah.
P3: No, it's that... that's how you grow up. You know? You see, you grow up seeing guys get with other girls, and you know, like, oh, this dude got a different girl just about every day. I want to be... just like him. And you're old enough to understand what's goin' on, you're like, "Hey, this dude was havin' fun all this time. I wanna do it too." So, that's... that's how it ends up.
P1: That's like my boys. Two... two of my boys? And my brothers, too, they be doin' that. They like... they can't stay with one girl only. They always have to go out, get another girl. They see a girl end of the corner that look good, they would be gettin' their numbers to store...
F: Do they get tired of having to meet new people, and...?
P2: The more people they got, the better.

F: How often do people have sex?
P1: I try to have sex at least once a week.
F: Do you think that's pretty normal?
P1: To me!
F: And would that be with different people, or...would you ever stay with one person, or...?
P1: Yeah, different people.
P2: Yeah.

F: And if you were supposed to be with one person, would you... would anybody ever start havin' sex with anyone else?
P1: I would.
F: Like, do people... do people sneak around, or cheat or anything?
P2: I do.
F: If they're in one relationship?
P2: Whatever my girl don't know can't hurt.

Social Status from Claims of Sexual Activity

A second theme emerged from discussions of adolescents' claims of casual sex and multiple partnering to gain social status with other young men and that these behaviors demonstrate to others that they are 'a man':

P1: (Boys) like to brag about it—they think to be cool you have to have sex.

F: What do they say that makes you know that?
P1: They'll make fun of you if you're like a virgin....

P1: (Boys) will say they have (had sex) when they haven't to enter the 'cool phase'.... they gonna show off that they (are) a man."
P2: I mean like one of the other big things is when a guy has had like intercourse with a bunch of other girls, he's considered like a player, like a man...
P1: Because there's... pressure from the girls and from the guys just to be cool.
P3: Yeah, ... they just wanna do it. Show off for their friends. They're like, "Yeah, I did it to her."

Perceptions of Rape

A complex pattern of themes emerged involving perceptions of rape (i.e., forced sex) with participants from multiple focus groups describing rape as uncommon and girls claiming to be raped as lying:

F: (There are) *girls who are saying, you know, "I didn't want to have sex, and I got forced into it."*
P1: That's a lie!
F: Well, they're not ALL lying.
P1: I say that's a lie.
P2: That's a lie.
P3: It's gotta be...
P1: ... all they gotta say, is say no. That's all they gotta do.

F: I'm trying to find out if it ever happens, you think, in your school, for example, that there are kids who get a little rough with other kids... when they're trying to have sex?
P1: I don't think teenage kids be on that door. I think, that goes with adults. That's on the adults' world.
P2: Yeah, dude...
P1: That's what I think.
P3: Yeah, I don't think sixteen and seventeen, I'm just, "Man, you don' wanna have it man? Peace." Please, there's plenty of more.
P2: That's how I'm seein' it. I'm pretty sure that's how they think, too.

F: So, have you guys ever heard of cases in [name of town] where someone gets raped?
P1: No rape.
F: Does that happen ever?
P2: Nope. No rape out here.
P3: Nothing whatever.

Rationalization of Rape

In contrast, other participants commented that even though male peers know that it is not right on some level, they rationalize rape and do not consider themselves responsible for rapes:

P1: I mean you know it, when a girl is saying 'no'...I think he knows something is a little bit wrong...I mean, it's rationalization—you know it's wrong, but you're going to do everything that you can do to convince yourself it's right.

F: And how do they do that? What words do they use to talk themselves into it?
P1: (they would think) 'It wasn't my fault; I was caught up in the moment; I didn't know what I was doing; I didn't know that she really didn't want to; I thought she was just saying no to play hard to get; I thought that's how it's supposed to be; I couldn't help myself; It's done with, it happened—I need to move on.
P2: He sees what's not there... you see, you make up stuff. You change your point of view. You change what happened basically.
P3: Even if, like in the beginning you think it is your fault, you'll convince yourself it's not.
P4: ...(when a rape occurs) hormones are raging, a lot of thoughts are going through a guy's head... and being a rapist is almost as traumatic as being someone who is the rape victim.

Male Condom Non-use During Rape and After Substance Use

Participants also discussed how unlikely and impractical it is to use condoms during a rape; further, they described the lack of perceived obligation to use a condom in the context of rape:

P1: In that situation, if she's saying no, she could leave... while you're putting the condom on. So, you know, you don't have time to do it.
F: Okay so it's like... can you say more about that?
P1: Well, if she doesn't want to do it, then she'll leave if you're trying to put a condom on and, you know, she doesn't want to do it so you don't want her to get away.
F: So in order to put on a condom...that would enable her to maybe get up?
P1: You have to open the package and put it on and...
P2: Which means she has a chance to get away.
P3: Putting myself in their shoes, they'd be thinking like "when you're raping somebody, like, it's an impersonal thing. I mean because you're raping them, you're not really going to be responsible for the consequences— I don't have to use a condom because I'm raping somebody."

Similarly, boys acknowledged normal non-use of condoms in the case of sex following substance use, another context in which consent from female partners is potentially absent:

P1: If you get drunk, you don't use a condom.
P2: You think I'd remember? "Oh, let me get my condom out of my pocket." (Laughs)
Group: (Mixed comments; chuckles)
P2: I don't think so!

*P1: Sometimes they don't have a condom... they just like, drunk, high, and then just said, "f*** it." (Laughs)*
P2: Yeah! (Laughs)
*P3: When you're high you don't give a sh**.*
*P2: Let me break it down like this. You get high, you don't have a condom, there's a girl ... you're gonna f*** her!*

Belief that Girls Lie to and Manipulate Men in Order to Get Pregnant

Regarding pregnancy (20.9% of sexually active participants reported involvement in at least one pregnancy on the brief post-focus group survey), participants described girls as being responsible for birth control failures and being deceitful by intentionally becoming pregnant in an effort to keep boys in a relationship:

F: If the guys don't want to get pregnant, how would they get pregnant?
P1: The girl might be halfing (i.e., not consistently using) *the birth control pill and then you get pregnant...*

P1: A girl might want you to be their baby's daddy. So.
F: Why would they want...
P2: They like use birth control pills and stuff (chuckles). She's like, "Yeah, I'm usin' 'em," and she don't use 'em, and you get pregnant.
F: So, a girl might want to get pregnant. And so she might lie and say she's on the pill?
P2: Yeah.

P1: Most of the time's it's the girls, 'cause most of the time, boys don't even want to get girls pregnant.
P2: No, they just do it, and you know, they get pregnant, they like, "Oh, that kid don't look like me, so he can't be mine."
P3: "That kid ain't mine!"

F: Are guys trying to get... have girls get pregnant?
P1: Not really.
P2: Some girls... some girls are gonna get pregnant on purpose 'cause they want to stay with that same guy.
F: Is that true from what you know of in your school?
P2: I know a couple of people that have done that.
P1: Yeah.
P3: She said the condom broke, but it wasn't that the condom broke...she broke a little hole in it...She had a kid with him just so she could keep him...

Male Avoidance of Responsibility for Pregnancy and Hostility Towards Pregnant Partners

Finally, participants described their male peers as avoiding responsibility for pregnancies and having feelings of distrust and hostility towards young women who claim these adolescents are involved in their pregnancy:

F: How do the guys usually feel about it? How do they react to her?
*P1: They be like... "You're a whore." They start talkin' nasty, like, "You're a whore. You... f***in' other guys."*
P2: And like, "That kid ain't mine. That kid's just someone else's." Just so they won't have to pull 'em together.

P1: She had a kid with him so so she could keep 'im
F: How did he feel about that?
P1:Well, he just wanted to kill her...
P2: Strangle her.
P1:But still, he don't care. He got other girls going to his house just about every day.

DISCUSSION

In this exploratory study, adolescent males identified as abusive or at high risk for being abusive towards female partners described multiple intersecting social norms and belief systems that may further inform our understanding of the context of male sexual risk behavior and adolescent pregnancy involvement. Specifically, social norms of multiple-partnering and high levels of sexual activity based on their own expectations and those of male peers were accompanied by adversarial sexual beliefs regarding the dishonesty and manipulative actions of girls concerning rape and pregnancy, likely supporting increased sexual risk, encouraging lack of accountability for sexual risk, and rationalizing abuse in the form of rape and negative responses to pregnancy.

Consistent with previous research with adult abusive men,[17,18] findings from this adolescent sample reveal high rates of multiple sex partnering and pregnancy involvement. Consistent with previous research with adolescent males, both in the U.S. and internationally,[20,21,26,34,35] findings also indicate norms of male hypersexuality, including attitudes that men "need" sex and multiple sex partners, and attachment of social status male peers to these behaviors. Importantly, these norms appear to be modeled by older men in their families and communities and supported by peers; thus, there appear to be multiple sources of proximal social reinforcement for high-risk sexual behavior.

Findings also demonstrate participants' and their peers' lack of condom use following alcohol or drug use. These results echo other findings elucidating adolescents' reasons for condom non-use[36] but are notably contrary to those from previous quantitative studies of adolescents, which indicate no association between condom use and substance use at last sex.[37,38] Lack of consistency between present findings and this previous work may be indicative of major differences in sampling and data collection methods, or it may a consequence of previous studies assessing solely risk at last sex. More research is needed to better elucidate the associations between substance use and sexual risk among adolescent male perpetrators of dating violence.

Building on recent research demonstrating that adult abusive men are more likely to report forced unprotected sex,[18] as well as prior work among adolescent males describing norms of coercive sex and rape,[22] the adolescents in our focus groups described both condom non-use in the context of rape and myriad ways in which rape is rationalized by those who perpetrate it. Regarding not using condoms during rape, multiple participants stated that they and their male peers would not attempt to use protection in a situation of rape for fear the girl would leave; this is consistent with previous qualitative research with adolescent males documenting that initiating discussion of condom use may provide an opportunity for girls' reconsideration of sexual activity.[24] Acknowledgement of such conscious decision-making regarding sexual protection in these circumstances suggests that rape by adolescent males identified as abusive or at risk for abuse may be, at times, highly calculated in nature, a portrayal of sexual assault consistent with the literature describing young male perpetrators of rape.[39] Regarding rationalizations for rape, participants described lack of male control over their sexual behavior, not perceiving a victim's resistance, and misinterpreting a victim's resistance as a sign of sexual interest. Again, these rationalizations are consistent with previous work describing excuses provided by known perpetrators of sexual assault for their actions.[36]

However, multiple participants described rape as uncommon and indicated that girls claiming to be raped are typically lying about the incident. So, although it is unclear whether forced sex is considered normal or common among these young men and their peers, the rationalizations provided for rape and lack of condom use in this context indicate a strong lack of accountability for such actions and for consequences to themselves or the girls they might victimize. In fact, in confronting girls' distress in the context of being raped, participants commented that they felt girls should simply 'get over it' and 'move on,' displaying little empathy or understanding of the traumatic consequences of their actions (e.g., "being a rapist is almost as traumatic as being someone who is the rape victim...").

This observed lack of empathy or concern for the well-being of sex partners may be supported, in part, by the adversarial belief system described by these same individuals concerning women's tendencies to lie or otherwise manipulate men about rape, birth control, and pregnancy. Several participants across multiple focus groups described girls as purposefully misleading boys, telling them that they were using birth control pills when they were not and poking holes in condoms so that they would become pregnant. The participants ascribed the motivations of these young women to keeping a man in a relationship against his will.

In the present study, adversarial sexual beliefs were accompanied by social norms of multiple-partnering and high levels of sexual activity, based on their own expectations and those of male peers, and the belief that men cannot control their sexual behavior. This combination of normative risk and adversarial beliefs appears to provide support for not only increased male sexual risk, but additionally for males' lack of sexual risk accountability, rationalization of rape, and negative responses to pregnancy described. Thus, young men we spoke with felt it was not their responsibility to consider the concerns of young women with whom they have sex, including cases involving coercion or force to obtain sex, and that they do not bear responsibility when a pregnancy occurs. Avoidance of responsibility has been described in other studies of adolescent men;[35,40] however, our results suggest that when pregnancy does occur, it may be seen as validation of these adversarial beliefs (i.e., 'this girl *is* out to get me'), leading young men to further abuse young women who become pregnant; several focus group participants described male peers' abusive responses to female partners' disclosure of pregnancy. Further study is needed to assess whether such abusive responses relate to findings documenting high homicide rates among pregnant adolescent girls.[41]

In sum, adolescent males identified as perpetrating or at risk for perpetrating dating violence described social norms supporting sexual risk and rationalization of rape, unprotected sex in the context of rape and substance use, and adversarial sexual beliefs supporting male lack of responsibility for sexual risk and pregnancy, and negative responses to pregnancy.

Limitations and Implications

The major limitations of the current study relate to sampling and include the relatively small sample size and the difficulty in identifying known adolescent perpetrators of dating violence. Few programs exist that intervene with adolescent perpetrators, and the inclusion criteria for these groups varies such that the definition of 'at risk for perpetration of dating violence' is not consistent across programs. Thus, young men included in focus groups conducted may not have all been perpetrators of physical dating violence or conformed to a reasonably

conservative definition of 'at risk' for dating violence, making it difficult to ascribe the presently observed findings to this target group. Further, there is likely a broad range of severity represented among those participants who have perpetrated violence against dating partners; lack of knowledge of the forms and severity of participants' violence also poses a challenge to interpretation of the present findings. Until programs utilize a uniform screening tool or criteria or receive consistent referrals from courts of young men found through criminal proceedings to have perpetrated violence against their partners, these sampling limitations are likely to continue to hamper research involving such programs. Also, young men participating in focus groups may have been affected by their concurrent participation in dating violence prevention programs, such that their reports of sexual and other social norms would differ from those of other similarly violent adolescents; this potential limitation is somewhat mitigated by the lack of focus on sexual norms or behaviors within the curricula of the programs from which participants were drawn. Finally, while group interactions obtained via focus group methodology are often considered optimal for research on social norms, as participants may clarify or challenge perspectives raised by other group members,[42] group dynamics may have caused some participants to feel social pressure to subscribe to perceived norms of male dominance, particularly concerning gender roles and sexual relationships;[43] present results and generated hypotheses should, therefore, be clarified and confirmed through other research methods (e.g., in-depth interviews, survey research).

Despite these limitations, there are practical implications of the findings of this exploratory study of norms and beliefs regarding sexual risk among adolescent males identified as abusive or at risk for abuse. Addressing safer sex practices to this population necessitates understanding what males perceive as the realities of and norms for sexual relationships. Normative adversarial sexual beliefs and beliefs supportive of multiple partnering as definitional of manhood must be targeted within health promotion programs, both those focused on abusive relationship behavior and those working to promote safer sex. Further research is needed to better understand the beliefs and behavioral norms reported in the present study, both through additional qualitative investigation among perpetrators of dating violence (e.g., in-depth interviews allowing exploration of individual behavior) and quantitative assessments of broader and more generalizable samples of male adolescents (e.g., those drawn from clinic- and school-based settings). Such investigations are necessary to either clarify and confirm or indicate needed revision of the themes currently identified. Few programs currently exist that target adolescent male perpetrators of dating violence or those whose behaviors put both themselves and their partners at high risk for STDs and HIV; advancing the state of knowledge concerning these male behaviors, and the sources and supports for these behaviors, is critical to development of these much-needed programs.

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