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“Do You Want Somebody Treating Your Sister Like That?”: Qualitative Exploration of How African American Families Discuss and Promote Healthy Teen Dating Relationships

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Abstract

The article discusses a study conducted between December 2007 and March 2008 that involved 19 gender-stratified focus groups with African American parents and adolescents from Allegheny County, Pennsylvania, to explore the process and content of parent–adolescent communication about sex. Discussions about intimate partner violence (IPV) and healthy relationships emerge inductively as critical topics in these conversations. The authors use a grounded theory approach to content analysis to identify and organize themes related to discussions on these topics. A total of 125 participants from 52 families are recruited for the study. Family history of child sexual abuse often motivates discussions. Mothers are described as the primary parent discussing sexual issues with children. Fathers primarily role model ideal male partnership behavior for sons and daughters. Parents seek to prevent daughters from experiencing sexual abuse or emotional manipulation by partners and focus on instilling a sense of responsibility to and respect for romantic partners in sons. Parents prioritize and express the need for tools to influence their adolescent’s socialization as romantic partners. Mothers and fathers approach this process differently. Family-focused interventions to prevent unhealthy relationships can build on parent’s efforts.

Keywords

adolescents; gender-based violence; qualitative research methods; sex education; United States

Intimate partner violence (IPV) is a significant public health problem. The Centers for Disease Control defines IPV as actual or threatened violence that is physical, sexual, or emotional in nature and is perpetrated by a current or former spouse or nonmarital dating partner of the same or opposite sex (Basile & Saltzman, 2002). Approximately 1.5 million women and 834,700 men in the United States experience IPV annually (Tjaden & Thoennes, 1998). Comparatively less research has explored the epidemiology of teen dating violence (TDV) (Teten, Ball, Valle, Noonan, & Rosenbluth, 2009).

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Estimates of the epidemiology of TDV vary depending on the source. For example, according to the Youth Risk Behavior Surveillance Survey, approximately 10% of adolescent males and females report being hit, slapped, or physically hurt by a boy/girlfriend within the past 12 months (Eaton et al., 2008). However, between 10% and 30% of high school students report experiencing physical, sexual, or emotional victimization from a dating partner in other sources (Teten et al., 2009). Adolescent and young adult women are most affected. The National Crime Victimization Survey revealed that for 2001-2005 self-reported rates of IPV among women aged 16 to 24 years of age were among the highest for all age and gender groups (Catalano, 2007). Female victims are also more likely to be seriously injured and are at increased risk for substance use, sexual risk behaviors, STI, pregnancy, and suicidal attempts (Banyard & Cross, 2008).

Families are an important influence on adolescent dating violence prevention. Families can influence partner selection, dating values, and norms regarding relationship behaviors (Arriaga & Foshee, 2004; Miller, Gorman-Smith, Sullivan, Orpinas, & Simon, 2009; Pflieger & Vazsonyi, 2006; Teitelman, Ratcliffe, & Cederbaum, 2008). Although a substantial body of literature has examined how families communicate about sexual health issues (Aspy et al., 2007; DeVore & Ginsburg, 2005; Martino, Elliott, Corona, Kanouse, & Schuster, 2008; Ogle, Glasier, & Riley, 2008; Rupp & Rosenthal, 2007), few examine how families discuss IPV or prepare children to for healthy romantic relationships.

In this article, we explore how urban African American families discuss IPV and healthy relationships. These data were obtained as part of a larger study that examined the process and content of parent-adolescent communication about sex in urban African American families. Our goal was to use this information to develop an intervention to improve family communication about sex and to improve dating and sexual health outcomes among adolescents in the target community. We focused on African American families because African American adolescents initiate sex at an early age (Eaton, et al., 2008), have one of the lowest rates of adolescent contraceptive use (Eaton et al., 2008), are disproportionately affected by adolescent pregnancy (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2008), and have a high prevalence of dating violence (Eaton et al., 2008). Discussions about IPV and healthy relationship emerged as a critical topic of conversation for families. This analysis explores the nature of those discussions.

Method

Study Design

Between December 2007 and March 2008, we conducted focus groups with African American families from Allegheny County in western Pennsylvania. Families were invited to attend one study session where they participated in a focus group and completed a questionnaire. Each parent and adolescent received US\$50 and US\$25 for participating, respectively. To encourage participation by fathers, a group traditionally hard to recruit of family sexual health research, families received an additional US\$25 if both parents participated (Lehr, Demi, Dilorio, & Facticeau, 2005). Thus, for families with two parent participants, parents received a combined total of US\$100 plus the family unit received an additional US\$25. The study was approved by the University of Pittsburgh's Institutional Review Board (IRB).

Eligibility, Recruitment, and Consent

Eligible families self-identified as African American, and at least one adolescent aged 15 to 17 and one biological parent or legal guardians agreed to participate. Our IRB required that parent participants be biological parents or legal guardian. The adolescent age range was

chosen because, according to national estimates, most adolescents have talked with a parent about sexual health issues by this age (Lindberg, Ku, & Sonenstein, 2000).

To reach eligible African American families across the entire county, we used several strategies. We posted flyers in public libraries, community centers, social service organizations, and community- and university-based clinics. We advertised in city newspapers, church newsletters, and on Craigslist. We also recruited through a research registry operated by a local women's hospital and used snow ball sampling. Flyers and mailings stated we were conducting a study about how parents and adolescents talk about sex. Upon calling the study office, potential participants were told our goal was "to develop a program to help African American parents talk with their children about sex and help their children make healthy relationship decisions." Eligible families were mailed a consent packet. Parents provided written informed consent for themselves and provided consent their participating children. Adolescents provided written informed assent for themselves.

Questionnaire

The self-administered, anonymous, pen-and-paper questionnaire assessed sociodemographics, STI knowledge, family communication, parental monitoring, and adolescents' self-reported sexual history. Participants were aware of the survey content, although parents were not aware teens would be asked their sexual history. Participants completed surveys in a large conference room seated at a distance from one another to ensure confidentiality.

Focus Group Methods

Study sessions were held at a local women's hospital. Each group had an average of 6 participants (range: 3-12) and lasted 1.5 to 2 hr. We pilot tested our protocol in two mixed-gender focus groups, one for parents, and one for adolescents. Thereafter, we conducted 19 focus groups that were separate for parents and adolescents of each gender. Groups were held on five dates with four focus groups held simultaneously (one each for mothers, fathers, adolescent males, and adolescent females) to allow all members of a family to complete participation at once. Five groups were held for mothers, five for fathers, and four each for adolescent males and females. A fifth adolescent group was mixed-gender because only one male attended, and the adolescent females invited him to join their discussion.

Each discussion was facilitated by two moderators; one led the discussion while the other took detailed notes and operated the audio-recorder. All discussion moderators were African American and had prior qualitative interviewing experience. We used nine moderators: two men and two women. Moderators for mothers', daughters', and sons' groups were all women. Three father groups were moderated by men. Due to scheduling conflicts, no individual moderator staffed all focus groups for a single participant type. Note-takers were all female graduate students who took a 1-hr training session in qualitative note-taking tailored to the project.

The discussion guide for the larger study explored three topics: the process and content of family communication about sex, parental monitoring of adolescent social and dating activities, and participant suggestions for a parent-adolescent communication intervention. The data regarding IPV that are presented here emerged spontaneously without direct or specific questioning. Responses emerged from participants as they addressed the first topic. We used a theoretical framework known as the integrative conceptual model (Fishbein et al., 2001) to guide questions about the process and content of family communication about sex. This model identifies 10 factors as primary influences on whether a health behavior, in this case parent-adolescent communication, will occur: skills, intentions, environmental barriers/

facilitators, self-efficacy, perceived social norms, perceived benefits, personal standards, outcome expectations, knowledge, and beliefs. We did not automatically assume that this framework would be endorsed by participants. Thus, we started discussions with broad questions (e.g., When do you think parents should begin talking to their children about sex and why? What have you talked to your children about?) to allow participants' narratives to proceed unencumbered by theory. We designed question probes to explore the salience of concepts from the model. An example of a structured probe designed to explore attitudes, perceived benefits, and outcome expectations is, "What are some of the good/bad things that can happen when parents talk to their children about sex." It is important to note that none of the questions or probes asked about IPV or healthy relationships.

After each study session, moderators and the principal investigator (AYA) debriefed about the interview process, discussed whether discussion guide revisions were needed, and compared emerging themes to determine whether thematic saturation had been achieved. Thematic saturation was achieved after the third study session; however, two additional sessions were conducted to confirm that saturation was achieved and because, due to technical errors, no recording was obtained for one adolescent female group. The additional focus groups allowed us to have more adolescent transcripts available for textual analysis. We also held additional groups to confirm themes from father groups which generally had fewer participants ($n = 3$ to 4)

Analysis

We used descriptive statistics to analyze questionnaire data. Focus groups were digitally audio-recorded, transcribed, and entered into Atlas.Ti, a qualitative data management program (Atlas.Ti.in. 5.2 ed, 2007). Transcripts were reviewed for accuracy by a research assistant who compared each to the original audio recording. Transcripts were then reviewed by the moderator and note-taker who had collected the data.

IPV and healthy relationships emerged inductively as key topics families frequently discuss. Given that we had not asked specific questions about these topics, and because our conceptual model was not selected to explore these issues, we used a grounded theory approach to content analysis. Our intent was not to develop theory. Rather, we used the methodological approach to content analysis described by Strauss and Corbin (1998) to identify and organize the emergent themes. We deemed this approach appropriate as the coding process was strongly linked to the underlying narrative using participants' language as the basis for identifying the emerging themes.

The term "coding" refers to tagging individual words or passages relevant to main topic. Our coding process proceeded in three steps. First, *open coding* was performed whereby the written text was reviewed line-by-line by two independent coders to identify a list of words and phrases related to the content and process of family discussions about dating and relationships. Coders then met to compare coded passages and reach consensus that all relevant passages had been identified. They then performed *axial coding* where the broad list of initial words and phrases is reviewed to identify the major themes present. Themes were then defined and organized into hierarchical categories resulting in a thematic codebook that listed the main themes and subthemes and the definitions for each. Three main themes were identified: motivations for family discussions, content of family discussions, and strategies for socializing adolescents regarding healthy relationships. In the final step, coders independently recoded each transcript using the codebook. Coders met to review the coded transcripts and resolve discrepancies in the final coding process via consensus. We compared emergent themes between parents and adolescents and across

gender. The content of discussions was similar across all 21 transcripts; thus, data from all are reported here.

Results

Sample Characteristics

There were 125 participants, including 51 mothers, 17 fathers, 37 adolescent females, and 20 adolescent males. Of the 52 participating families, 36 had only 1 parent participate (a single father) and 16 had 2 parents participate; 48 had 1 adolescent participate and 4 had two adolescent participants. The mean age for parents and adolescents was 41 ± 8.5 years and 16 ± 0.78 , respectively. Half (51%) of parents were married, 22% had completed high school or had a GED, and 71% had postsecondary education. About 60% of parents worked full- or part-time; few were unemployed (16%) or disabled/retired (9%). When compared to the county averages (Hunte, Bangs, & Thompson, 2002; U.S. Census Bureau, 2000), participating parents were more likely to have received postsecondary education (71% vs. 31%) and to be married (51% vs. 33%). Approximately half (44%) of adolescents reported having ever had sex; adolescent males were more likely to have had sex compared to adolescent females (70% vs. 25%, $p < .05$).

Thematic Overview

Family discussions were described as informal, rather than planned or structured events. Three themes emerged. One reflected the chief motivation for family discussions. The remaining two themes pertain to the process of family discussions about IPV and healthy teen relationships. The main motivator for discussions was parental desire to prevent their children from experiencing victimization from sexual molestation, assault, or dating violence. Parents' concerns frequently stemmed from personal or family experiences with IPV. The two themes regarding the content of family discussions reflected parental strategies for teaching their children how to avoid sexual victimization. First, family discussions were used to convey to children, especially daughters, the importance of self-esteem and self-respect and of demanding respect from romantic partners. Second, parents used various approaches to teach children about healthy and unhealthy relationships. Primarily, they used their own relationships to exemplify healthy relationship characteristics or drew examples of unhealthy relationships from their social environment and the media.

In comparing data between participant types and genders, several distinctions were evident. Adolescents and parents identified a similar range of issues that had been discussed. However, adolescents tended to simply offer that these issues had been discussed without substantial elaboration or reflection. Parental narratives regarding the topics presented were far more expansive. Gender differences emerged in parents' concerns about and in the content of their discussions with their daughters versus sons. Parents expressed concerns primarily about daughter's relationship safety, but they were also keen that sons develop a capacity to show respect toward women. Narratives regarding the parents' discussions with daughters were more prevalent than those about discussions with sons.

Theme 1: Parental concerns about victimization as a discussion motivator—

Parents expressed concern that their children might be affected by dating aggression or frank violence as either victims or perpetrators. Discussions indicated a more acute sense of concern for daughters' safety than sons. Parents, particularly mothers, voiced concerns that daughters could be manipulated by a partner or become a victim of IPV. A mother said, "Lots of times, young women walk into relationships thinking this is Prince Charming and I'm in love. And Prince Charming just wants to hit that." A father offered, "With my daughter, it's more about protecting her from the [animals out there]."

Parental concerns regarding sons primarily reflected fears that a son might display aggressive behaviors within a relationship. A father said, “We always talking . . . to him [about] how to treat a girl. I want him to respect a girl. When you hear that ‘No’ come out, that means ‘No.’ . . . Do not force yourself in any type of way.” A mother echoed this sentiment saying, “The guys have to be taught how to treat a woman.” Several parents voiced concern about aggressive young women. One mother recounted, “I explained that to my son . . . if you didn’t feel comfortable with her hanging around you like that, you should explain to her, ‘This is not acceptable. Get off of me.’ . . . These girls are something else out there.” A father similarly recalled explaining to his son, “They’re a lot more aggressive at this age than you are now.”

Adolescents’ narratives corroborated that these issues, and the aforementioned gender differences, arose during discussions with parents. Adolescent girls consistently mentioned parents expressing concern about “date rape” and trying to protect them from being hurt or manipulated by a partner. Adolescent males also reported family discussions about these issues but felt sexual violence by partners was more important to discuss with girls: “It is important for both [but] it is way more important for a girl’s parents to be careful.” Adolescent males also noted parents cautioning them about aggressive women and “gold diggers,” partners seeking material gain.

A number of parents acknowledged that their concerns stemmed from personal or family experiences with sexual abuse or IPV. A father shared, “My wife and I had discussed [this] so many times because we had instances of molestation on both sides of our family.” Several mothers felt their families had not handled their personal experience with molestation well and sought to do better for their own children. One mother explained:

My first [sexual] experience . . . was initiated by an older person. My mother’s reaction was she just smacked me real hard instead of her sitting down, telling me [about] healthy touch and bad touch. . . . I was five years old . . . I always thought that . . . when I have my kids, to let them know about good touch and bad touch.

Adolescent girls were generally aware their family’s history of sexual abuse was a motivator for discussions. One daughter stated, “My mom has talked to me about it because a lot of people in our family has been raped. My aunt and my mom when they were younger.” This theme did not arise in discussions with sons.

Theme 2: The power of self-respect and self-esteem—Participants discussed self-respect and self-esteem as key influences on adolescents’ ability to make good decisions in dating relationships. Although adolescents volunteered that these topics were discussed or were important, parents’ remarks were richer and are, therefore, highlighted. Distinct gender differences were evident in how parents reported discussing self-esteem and self-respect with sons compared to daughters. Parents felt it was important that daughters have pride in themselves and communicate this sense of “self-esteem” to the outside world. They felt daughters did so through their choice of attire, by the friends and romantic partners they selected, and by the way they allowed others to treat them. One father offered, “You can see it the way they walk, their actions, especially the little girls. They do the dances from the videos and it is like, ‘Wow!’ They are saying stuff [and] they don’t even know what is coming out of their mouths.” In parents’ comments, self-respect reflected possession of a high sense of self-esteem and self-efficacy to demand that others treat one with dignity. Parents remarked that daughters whose actions communicated to others that they valued themselves were less likely to be taken advantage of or influenced by others. One mother explained,

I told her . . . she's precious. . . . She needs to value herself. Don't let nobody come in and talk whatever they talking. I just wanted to put within her more self esteem and self value to herself . . . no matter what everybody else is doing.

Parents believed daughters who possessed a strong sense of self-respect would be less likely to choose "bad" romantic partners or allow themselves to be taken advantage of emotionally, physically, or sexually by romantic partners. As one father stated, "If you have respect for yourself, you will choose the right person . . . you won't pick the hoodlum." Another father said, "I want them to [think about how] . . . I've been treated and I see how my mom's been treated so you're not just going to treat me like anything." Daughter's narratives corroborated that parents' stressed the importance of "carrying yourself well . . . respect yourself." Several mothers hoped cultivating a strong sense of self-respect in their daughters would prevent them from repeating intergenerational patterns of unhealthy relationships. One mother offered:

I'm trying to teach my daughter to value herself and not to value things. Just because that man tells you what he can buy you or what he can give you . . . that doesn't mean anything. . . . That is why I'm 30 right now with a 15-year-old . . . So I'm trying to break that cycle.

When discussing the concept of self-respect with sons, parents focused on teaching sons to take responsibility for their behaviors toward women. They emphasized treating women with dignity and respect as a paramount family value. One mother stated, "I think so many parents overlook their boys. They . . . put all the attention into their girls. I felt that it was important for me . . . [to] teach him not only to respect himself, but to respect girls." A father said, "That's somebody's daughter. That's somebody's sister. Do you want somebody treating your sister like that? No? Well, then, keep that in mind." Another father offered, "Too many guys are just beating up on women now a days and they are starting young now. You got to teach them respect." Another mother offered, "As African American parents, we have to dispel the [myth of] men being the conquerors of [women] and expressing to them these are your equals. You have to treat everyone with respect and dignity." Sons endorsed family discussions of these values, "I think girls should be treated respectfully, but it all comes down to what you get at home."

Theme 3: Teaching children about healthy relationships—Parents talked extensively about the importance of teaching children about healthy relationships. Here again distinct gender differences emerged regarding how parents talked with sons compared to daughters. The main issue discussed with sons was female aggressiveness, as previously mentioned. For daughters, parents described nurturing a strong sense of familial love and support, hoping this would prevent daughters from being manipulated emotionally or sexually by romantic partners. Fathers articulated the belief that their primary role was to instill in daughters the sense that fathers, not men outside the home, would provide for them. As one father said, "Be a role model so they don't listen to the fast talkers out there. Tell them you don't need this guy. Anything you need, mom and dad will get you." Fathers sought to prevent daughters from associating excessive attention and material or financial gifts from males as an expression of love and believed this could protect their daughters. One father explained:

I'm always in my daughter's life. With a female, the attention's gonna be from me. I'm the only one she can count on. She can't count on no other man out there. You need something? You want to talk to someone? Talk to me. I don't care what it is about. You need a dollar? You come to me.

Mothers and fathers described how fathers serve as role models for the type of partner daughters should choose. The main characteristics mothers and fathers emphasized were that

a man show respect for his partner and that he support his family. One father said, “I tell them, ‘You know your mom is my queen.’ And I make sure that they know, ‘You are my Princesses. Make sure someone treats you like I treat your mother.’” Similarly, one mother said, “Look at what your dad does. Look at how he treats you, how he treats me, how he treats his responsibilities. . . . You best get someone like that.”

Parents and adolescents described selecting appropriate partners as a skill parents sought to teach adolescents. Adolescent males and females consistently stated that parents either provided or needed to provide guidance on how to “choose the right person”. Both also talked about how the process of choosing partners “matures” as they get older and more aware of what they want in a relationship. A daughter said, “As you get older you kind of know yourself and know what you want from somebody else. You can be smart on choosing.”

Parents felt that the types of partners their children gravitated toward during adolescence were indicative of the types of partners a child might choose in adulthood. Thus, parents impressed on their children the importance of avoiding romantic partners who disrespected them or tried to use them to meet ulterior motives. A father explained:

Girls come up with the outlook, “Get what you can. Can you pay my bills? You get your hair and nails done? What you gonna do for me to get some of this?” . . . Boys just trying to get some . . . And it’s not really a dating thing or “I’m taking you out to dinner. We gonna do something nice. Here’s some flowers. I appreciate you. I love you.” Stuff like that. No. It’s just, “What can you do for me?”

They pointed out personality characteristics and behaviors that reflected warning signs of potentially abusive partners. They did so through examples of unhealthy relationships within their social environments or the media. One mother reported using the “disrespectful” behavior displayed among some couples in her apartment complex as teachable moments:

With the single women in the building, you get woke up all wee hours in the morning [by] men that they give them keys. And they come in and disrespect. And these women have children . . . your child is watching you and someone else coming in and disrespect you. So you are setting an example for your children. . . . When you get a relationship, you don’t want to settle for just anybody . . . just coming in and treating you any kind of way.

Some parents described feeling obligated to counter media portrayals of dating violence to ensure that their children recognized the difference between acceptable and unacceptable behavior among dating partners. One mother recounted:

The videos, the images are out there, we have to counter [them]. . . . It is always about an argument. They are always in each other’s face. I try to tell my girls that is not what a relationship is about. You will have disagreements, but . . . it shouldn’t be constantly that you all are in turmoil. He is in your face. You are in his. Someone is slamming the door. Every video is like that . . . I taught them you are not to put your hands on him. He should not be putting his hands on you. You treat each other with respect. . . . The guys have to be taught how to treat a woman . . . and the girls have to be taught how to be treated.

Parents expressed concern about teen dating norms they felt set a dangerous tone for teen relationships, particularly exclusivity and possessiveness. Many parents agreed that the term *boy/girlfriend* engenders a sense of possession and the potential for jealousy and controlling behaviors. As one mother declared, “I don’t like the term ‘boyfriend’. I don’t like the term ‘dating’. . . . There’s too much ownership and possession.” Similarly, a father remarked:

My daughters—I discourage them getting too serious about a guy that their world can't exist without him. Definitely discourage my sons. Both of them I would tell them, "You haven't even begun to scratch the surface of the type of mate that you want. This is your first boyfriend/girlfriend thing so it's like, 'Oh I can't live without them.'"

Parents expressed a belief that adolescents needed to first understand the responsibilities of heterosexual friendships before they could recognize what a committed romantic relationship entails. A mother said:

They have to learn how to be responsible for another person. They have to learn to be responsible for themselves. They have to learn to be responsible for these friends that they're taking on. And it's a developmental process, so I don't think they should jump into dating because they don't know what dating is. They shouldn't jump into a relationship because they don't know what a relationship is. So if you have a friend, you're learning to be a friend to someone else. And you're learning how to be a friend and what that friendship [involves].

Integral to parents' discussions about healthy relationships and partner selection was teaching children the importance of setting personal boundaries and enforcing those boundaries with their children. The primary personal boundary taught was how to say "No" to unwanted sexual advances. An important message was that a persons' inability to respect sexual boundaries represented a major sign that a partner was unacceptable. One mother shared what she taught her daughter about maintaining boundaries:

When I was growing up . . . [my mother] explained to me my body is a temple. Only [I] can allow someone enter into my temple. If I say "No," no means no. Not maybe . . . If your partner cannot wait for you until you are mentally able to have sex, then that person is not the right partner for you. Keep that in mind cause men are going to hit on you constantly but if you explain that to them about [the] body being a temple and that "Only a special person will enter into my temple when I am ready," that will play out the rest of your life.

Discussion

A substantial body of literature has examined family communication about sexual health issues. Most focus on family communication about topics such as abstinence, teen pregnancy and STIs (Aspy et al., 2007; DeVore & Ginsburg, 2005; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003). We found that discussions about IPV and healthy relationships were almost universally reported by parents and adolescents. The salience of this topic for families is not reflected in published literature on parental communication about sexual health issues. Few prior studies have examined how families discuss IPV or prepare their children to participate in healthy romantic relationships (Empower Program, sponsored by Liz Claiborne Inc. and conducted by Knowledge Networks, Social Control, Verbal Abuse, and Violence Among Teenagers, 2000; Teitelman et al., 2008). This study adds to the literature by providing insights about the importance of these issues for families and highlights differences in parents' concerns and the content of discussions with sons compared to daughters.

In our sample of urban, African American families, we found that parents struggle with how to teach their children about healthy relationships and prevent them from experiencing IPV. The themes articulated by parents were echoed by their children and demonstrate the clarity with which parents transmit their values and expectations. However, the content of parental messages deserves scrutiny. Messages primarily presented girls as victims and boys as perpetrators, omitted mention of abuse in same-sex relationships, and, in some cases,

conveyed a victim-blaming approach (e.g., choice of attire as an invitation for sexual aggression). These findings indicate that interventions should raise parental awareness about the values and assumptions inherent in the messages they convey regarding these topics, messages that appear to reflect stereotypes about gender roles in sexual violence and heterosexuality as the dominant sexual orientation.

A major finding of our research was parents' belief that nurturing their children's self-esteem, particularly daughters', was a key to protecting them from manipulation by romantic partners. A number of studies confirm that self-esteem may serve as a buffer against dating victimization (Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Jezl, Molidor, & Wright, 1996; Salazar, Wingood, DiClemente, Lang, & Harrington, 2004) and that the role of self-esteem in predicting dating victimization differs for boys and girls (Ackard & Neumark-Sztainer, 2002; Foshee et al., 2004; Jezl et al., 1996). The current findings also extend previous research that demonstrates that parenting behaviors, such as parental warmth and support, lower adolescents' risk for dating violence victimization (Pflieger & Vazsonyi, 2006). These findings support nurturing self-esteem as an important goal for dating violence prevention programs, particularly those targeting families.

Many of the participants in our study expressed concern that dating behaviors adopted during adolescence would persist into adulthood. This concern is supported by research demonstrating that patterns of conflict, aggression, and violence that begin in adolescent dating experiences persist into adulthood (Forke, Myers, Catalozzi, & Schwarz, 2008; Foshee, 1996; Lehrer, Buka, Gortmaker, & Shrier, 2006; Smith et al., 2003). Smith et al. and Forke et al. noted that college women who reported physical dating violence during adolescence were more likely to experience physical IPV in their college years. Feld and Strauss showed that the severity of IPV is increased if the pattern was established during adolescence (Feld & Straus, 1989). Given these sobering facts, arming parents with the skills necessary to address issues of unhealthy relationships may represent a critical step toward reducing the high prevalence of teen dating violence. Families represent an important avenue for interventions to prevent teen dating violence. Funding agencies are increasingly acknowledging and supporting efforts to address family communication about teen dating violence (National Institutes of Health, 2009; Robert Wood Johnson Foundation, n.d.).

Limitations

There are several important considerations when interpreting the findings of this study. First, this was a self-selected sample of participants who volunteered to discuss the content of their family conversations about sexual health. Participants may, therefore, have been more likely to have discussed a wider range of topics at home than people who chose not to participate. We sought to obtain a deeper understanding of the topics, issues, approaches, experiences, beliefs, and concerns African American parents and adolescents had regarding family sexual health discussions. By purposively sampling those who were interested in sharing their thoughts about these discussions, we were able to obtain greater relevance, richness, and detail in our data. This is the strength rather than the limitation of purposive sampling techniques (Patton, 2002). Second, in previous studies using self-selected populations, participants do not appear to have volunteered IPV as a prominent topic of discussion. This could mean a number of things, including that we identified a select population for whom this topic was important, that dating violence is a prevalent issue among African Americans in the county we recruited from, or perhaps that participants in previous studies did not disclose these discussions. Third, we explored family communication in African American families within a single urban setting in southwestern Pennsylvania. Moreover, although our sample reflected a range of family structures (e.g., single- and two-parent households) and socioeconomic levels, our parents were

predominantly married and well educated. Our findings may, therefore, not generalize to other geographic or sociodemographic populations. Fourth, the moderation process may have affected the study results. Some focus groups with fathers and all those with sons were moderated by women; this gender discrepancy may have affected male participants' comfort with disclosure. In addition, all focus groups for each participant type were not moderated by the same individual which may have affected the data obtained. Fifth, the sample for some of our focus groups was small which may have adversely affected discussion dynamics. However, we conducted two additional study sessions to confirm thematic saturation had been achieved. Sixth, we included data from mixed-gender focus groups. It is possible that the presence of both genders during those session could have truncated discussion of some of the issues examined. Despite these various methodological considerations, we are reassured about the reliability of the data obtained because of the consistency of the themes that emerged both within and across focus groups with each participant types. Seventh, it would be incorrect to assume that the values articulated by our study sample regarding ideal dating partners or features of healthy relationships are universal. Some adolescents may be growing up in families in which the norm may be to accept an unhealthy relationship in exchange for meeting some other basic (food, shelter) or perceived essential (emotional stimulation) needs. Finally, there may be limitations to the parental strategies suggested. For example, encouraging youth to set boundaries, select appropriate partners, and build self-esteem may be problematic if a teen lacks the self-efficacy to do so, has legitimate fears about the consequences of doing so, or feels unable to reach out to a parent or other advocate for support and guidance.

Conclusion

In this self-selected sample of African American families, important gender differences emerged regarding family discussions with daughters versus sons. Parents expressed fears about daughter's relationship safety and sons' capacity to display respect for partners. Family-focused interventions to prevent unhealthy teen dating relationships should build on parent's efforts by providing mothers and fathers with communication skills tailored to meet the role each plays in shaping their adolescents' emerging self-concept and dating behaviors.

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