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Sexual Relationship Power, Intimate Partner Violence, and Condom Use Among Minority Urban Girls

Anne M. Teitelman,
University of Pennsylvania

Sarah J. Ratcliffe,
University of Pennsylvania

Mercedes M. Morales-Aleman, and
Michigan State University

Cris M. Sullivan
Michigan State University

Abstract

This study examined the association between sexual relationship power, intimate partner violence, and condom use among African American and Hispanic urban girls. In this sample of 56 sexually active girls, 50% did not use condoms consistently and therefore were at higher risk for acquiring HIV or sexually transmitted diseases (STDs). Teens who experienced more intimate partner violence had a significantly higher likelihood of inconsistent condom use and therefore a greater risk for HIV/STDs. Girls' sense of sexual control in their relationships was not directly associated with inconsistent condom use but was inversely related to verbal and emotional abuse. Interventions aimed at reducing HIV/STD risk for adolescent girls need to address patterns of dominance and control in adolescent relationships as well as multiple forms of partner violence. This suggests the need for multilevel intervention approaches that promote girls' agency and multiple ways to keep girls safe from perpetrators of partner abuse.

Keywords

adolescents; prevention; condom use; partner abuse; relationship power; intimate partner violence

Adolescent girls are at increasing risk for acquiring HIV through heterosexual transmission, and African American and Hispanic girls are disproportionately affected (Centers for Disease Control and Prevention [CDC], 2006a). Multiple factors make up HIV risk for adolescent girls. One important factor is condom use practices. Between 38% and 50% of Black and Hispanic female high school students who were sexually active reported condom nonuse at last sex; older students reported less condom use ((CDC, 2006b). Although many individual-level predictors of adolescent condom use have been identified, it is also important to consider partner relationship factors that influence condom use negotiations (Wingood & DiClemente, 2000). In particular, there is a growing concern about the effect of gender-based violence and relationship power imbalances on the safer sex negotiations of women and adolescent girls (Amaro & Raj, 2000; Gutierrez, Oh, & Gillmore, 2000; Marin, 2003; Pulerwitz, Gortmaker, & Jong, 2000; Wingood & DiClemente, 2000; Zierler &

Krieger, 1997). For example, older male partners, especially those who have more financial resources, may have greater sexual decision-making power in relationships with adolescent girls. Prior research has found that there is less condom use in relationships in which adolescent girls have older male partners, compared to those relationships with male partners similar to them in age (DiClemente et al., 2002; Manlove, Terry-Humen, & Ikramullah, 2006).

Condom use negotiations are more difficult for women who experience intimate partner violence (IPV; Champion & Shain, 1998; Davila & Brackley, 1999). In particular, such violence often occurs as part of a pattern of coercive control involving power differentials in the relationship (Johnson, 2006). Among sexually active adolescent girls, such power differentials could place them at a disadvantage in the context of condom use negotiations (Gutierrez et al., 2000; Wingood & DiClemente, 2000). Therefore, in addition to assessing for acts of partner violence, we also examined the level of partner control in the relationship.

Intimate Partner Violence

IPV includes actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a current or former dating partner, girlfriend or boyfriend, or spouse (Saltzman, Fanslow, McMahon, & Shelley, 1999; Wolfe et al., 2001). The term *violence* usually refers to specific acts, whereas *partner abuse* usually connotes attempts to dominate or control a partner that result in harm (Wekerle & Wolfe, 1999). Not all violence between partners can be considered partner abuse because such acts may occur in self-defense or may result from mutually aggressive but noncoercive behaviors.

Prevalence estimates of IPV in adolescent relationships vary widely depending on the population sampled and the measures used. Most studies indicate that between 6% and 46% of adolescents have experienced IPV in some form (Ackard, Neumark-Sztainer, & Hannan, 2003; (CDC, 2006b; Coker, Smith, Bethea, King, & McKeown, 2000; Foshee, 1996; Glass et al., 2003; Spencer & Bryant, 2000; Valois, Oeltmann, Waller, & Hussey, 1999; Watson, Cascardi, Avery-Leaf, & O'Leary, 2001). In some studies comparing overall partner violence victimization, rates are similar for adolescent boys and girls, ranging from 31% to 39% (Foshee, 1996; Halpern, Oslak, Young, Martin, & Kupper, 2001), whereas in other studies, girls report perpetrating more physical violence than do boys (Campbell et al., 2006; Foshee, 1996; Malik, Sorenson, & Aneshensel, 1997; Miller & White, 2003). However, girls are more likely to experience severe violence and sexual violence than are boys (O'Keefe, 2005). Among adolescents, motivations for perpetrating partner violence vary by gender. High school-age girls are more likely to report self-defense as a motive, whereas same-age boys commonly report wanting to control their partners as the primary motivation for violence (Felson & Messner, 2000; Miller & White, 2003; O'Keefe, 1997).

IPV in the context of an abusive relationship can overtly or insidiously operate to decrease a young woman's perception that she has control over her safe-sex negotiations or practices and thereby increases the chance she will engage in HIV risk behaviors (Teitelman, Dichter, Cederbaum & Campbell, 2007; Wingood et al., 2006). IPV and abuse can also lead to unwanted sexual intercourse and, if unprotected, can lead to HIV exposure if the partner is HIV positive (Dunkle et al., 2004; Fonck, Els, Kidula, Ndinya-Achola, & Temmerman, 2005). Girls may also decide that unsafe sex presents the lesser of two risks in the face of immediate harm or threat of harm.

There is consistent evidence that physical violence (and some evidence that verbal abuse) by a partner is associated with condom nonuse among adolescent girls (Teitelman et al., 2007). Although measures of violent acts may be an indicator of controlling patterns in

relationships, it is important to also directly measure relationship power dynamics to more fully understand the impact on condom use.

Relationship Power

Relationship power, according to Pulerwitz et al. (2000), is not an individual factor but refers to one partner engaging in behaviors against the other partner's wishes, having greater control over decision making in the relationship, or having greater control over a partner's behavior. Younger women and adolescent girls are at greater risk for gender power asymmetries. During adolescence, patterns of interpersonal authority and control that favor boys are more normative (Tolman, Spencer, Rosen-Reynoso, & Porche, 2003). Teens often enact more rigidly stereotypic gender roles as they go through the process of identity development (Martin, 1996). For adolescent girls, these relationship power asymmetries can become internalized and may lead them to feel inferior and to lose confidence in negotiating for their sexual safety (Amaro & Raj, 2000; Martin, 1996).

Among adolescent girls, a few studies using several different indicators have examined relationship power in the context of sexual negotiations. Rickert, Sanghvi, and Wiemann (2002) assessed sexual assertiveness and found that 17% of young women felt that they never had the right to make their own decisions about birth control and 9% felt that they never had the right to make their own decisions about sexual activity. Wingood, DiClemente, McCree, Harrington, and Davies (2001) found, among Black adolescent girls, high levels of gender power asymmetries favoring boys, and these differentials were greater for those with a history of physical IPV: 8% to 19% feared the consequences of negotiating condom use, 45% to 66% perceived less control over sexuality, and 44% to 63% had unhealthy relationship norms (e.g., Boyfriend gets angry when you don't do what he wants).

However, only a few studies have also examined the association of relationship power to condom use among adolescents. Tschann, Adler, Millstein, Gurey, and Ellen (2002) found, with an ethnically diverse sample, that adolescent partners who had greater relative emotional intimacy power (defined as less emotional commitment) were more likely to have their condom use preferences enacted, but this pattern was not related to gender. Condom use self-efficacy is the belief that one has the power to enact a behavior such as condom use or condom negotiation, and it has also been used as a measure of relationship power. Several studies have found that condom self-efficacy was associated with condom use among Black adolescent girls (Gutierrez et al., 2000; Sionean & Zimmerman, 1999; Wingood et al., 2001).

There is a need to better understand the associations between partner violence, relationship power, and condom nonuse among African American and Hispanic adolescent girls. In particular, forms of violence or abuse other than physical acts need to be examined (e.g., psychological or emotional abuse and threatening behaviors).

Theoretical Framework

This study is informed by a gender perspective that focuses on structural influences on interpersonal relationships between men and women. According to the theory of gender and power (Wingood & DiClemente, 2000), several processes support men having disproportionate power in society and over interpersonal decision making, including those pertaining to sex. One process involves men having greater power in relationships, which may be maintained by the use of controlling or abusive behavior. Under these circumstances, women may be fearful of engaging in safe-sex negotiations. These patterns are influenced by other social processes such as economic inequalities (that limit resources and foster dependency) and social norms (that foster a passive role for women and an active

role for men in sexuality). According to this theory, the greater the power imbalance favoring men, the greater the disadvantage accrued by women and consequently greater HIV risk. Such disadvantage is also influenced by inequalities pertaining to age, class, race and ethnicity, and sexuality, which also contribute to an increase risk for HIV (Gutierrez et al., 2000; Marin, 2003; Zierler & Krieger, 1997).

This study examined the relationship among sexual relationship power, IPV, and condom use for sexually active, African American or Hispanic, adolescent girls. It was hypothesized that girls who reported less sexual power in their relationships would engage in less condom use and would therefore be at a higher risk of contracting HIV. It was also hypothesized that girls experiencing IPV from their partners (physical violence, threats, and verbal or emotional abuse) would be less likely to use condoms and that those girls experiencing both IPV and lower sexual power would be least likely to use condoms and therefore at greatest risk for acquiring HIV.

Method

Sample Description and Design

Teenage girls were recruited from clinics and community sites in medium-size urban areas in Michigan. The sites were primarily, but not exclusively, utilized by low-income teens. Eligible girls were 15 to 19 years of age, self-identified as African American or Hispanic, had not previously given birth, and were fluent in English. Data were collected between October 2004 and July 2005. Informed consent was obtained from the girl and from a parent or guardian if she was 15 to 17 years of age. Institutional review board approval was obtained from both Michigan State University and through the Michigan Department of Community Health. Data were gathered during face-to-face interviews with a member of the research team, and each participant received \$20 as compensation for her time and effort. The original study consisted of 118 African American and Hispanic girls, 15 to 19 years old. This study is based only on the experiences of the 56 adolescent girls in the sample who reported having been sexually active in the prior 3 months.

Measures

The findings presented in this article are part of a larger project examining partner and parent factors associated with adolescent girls' sexual risk behaviors. The survey included questions that assessed demographic characteristics (e.g., age and race or ethnicity), partner factors (e.g., IPV and relationship control), and girls' sexual risk behaviors (e.g., condom use).

Intimate Partner Violence—IPV that girls experienced in the past year by a current or former boyfriend or male dating partner was assessed using a modified version of three subscales from the Conflict in Adolescent Dating Relationships Inventory (CADRI; Wolfe et al., 2001). For this analysis, we used only the questions from the CADRI that pertained to victimization. Reliability estimates for our modified version of the CADRI were as follows for the three subscales: Threatening Behavior (4 items, $\alpha = .76$), Physical Abuse (4 items, $\alpha = .80$), and Verbal or Emotional Abuse (10 items, $\alpha = .84$). Response choices ranged from 1 (*never*) to 4 (*often*). The total abuse score was derived from the mean of all 18 items ($\alpha = .89$).

Sexual Relationship Power—Partner influence over the relationship was assessed using the Relationship Control subscale from the Sexual Relationship Power Scale, modified version (SRPS-M; Pulerwitz et al., 2000). The Relationship Control subscale is composed of 12 items. The internal consistency reliability (alpha) for the English-language version was .

85 based on data from a sample composed primarily of Hispanic and African American women ages 18 to 44. The original response format for the Relationship Control sub-scale is a 4-point Likert-type scale (1 = *strongly agree* to 4 = *strongly disagree*). We modified the original response format into a 5-point Likert-type scale because there was no neutral in the original scale. Total scores on the Relationship Control scale range from 12 to 60. A composite sum and mean score were used in the current analysis.

Following pilot testing of the instrument and discussions about the items with Black and Hispanic adolescent girls, we modified three of the original items to make the wording clear for adolescents to understand. First, for Item 4, we switched the direction of the question that originally read negatively, “My partner won't let me wear certain things,” to positive, “My partner tells me what to wear.” Second, we changed the wording on Item 6 that originally read “My partner has more say than I do about important decisions that affect us” to “My partner has more influence than I do about important decisions that affect us.” Finally, we changed the original Item 13, “My partner gets more out of our relationship than I do” to “My partner benefits more from our relationship than I do.” The alpha for this modified version in our sample was .78.

Condom Use Practices—Consistent condom use was defined as the teen always having used condoms with her partner and with other partners (if applicable) in the past 3 months; otherwise, the teen was classified as having inconsistent condom use. For the purposes of this study, having sex was defined as penile–vaginal intercourse.

Data Analysis

Descriptive statistics were used to summarize the sample characteristics overall and by condom use practices. Transformations were applied to scale total mean scores, as necessary, to ensure normality. Categorical characteristics were collapsed into dichotomous variables as necessary. The relationships between characteristics and condom use practices were first tested using Fisher's exact tests, *t* tests, or Mann-Whitney *U* tests. Logistic regression analysis was then performed to evaluate the relative importance of the various characteristics that were related to condom use practices, after adjusting for important demographic variables. Similarly, correlations and linear regression analyses were used to evaluate the relationship between sexual relationship control and IPV.

Results

The girls in the sample were 15 to 19 years old, with a median age of 17. The majority (60.7%) were African American, and approximately half (55.8%) of the girls had mothers with some college education. In addition, half (50.0%) of the teens or their parental figures received some form of governmental financial assistance (see Table 1). Fifty percent of the teens were found to use condoms inconsistently with their partners. The majority (64.3%) had had one sexual partner in the past 3 months. Forty percent had had sex one to two times and 33% three to nine times in the past 3 months (see Table 1). The teens reported little involvement in other risky behaviors. Only 23% reported drinking alcohol more than 2 days per month in the previous 12 months; 40% reported no alcohol use. Furthermore, only 2 teens reported using drugs (see Table 1).

Sexual relationship control mean scores (see Table 2) ranged from 1.83 to 4.50, with a median score of 3.71 (scale of 1 to 5, with higher scores indicating higher sexual power). These values had a square transformation applied to ensure normality in analyses. Although almost all the teens experienced some form of IPV, the majority of teens experienced acts of violence or abuse infrequently in the relationship of reference, with CADRI mean scores

ranging from 1.07 to 3.42, with a median of 1.67 (see Table 2). However, no teens reported experiencing no abuse, indicated by a CADRI of 1.0. CADRI scores were log transformed to normality.

The three CADRI subscales were dichotomized based on the amount of abuse suffered by the teen. Threatening Behavior and Physical Violence were grouped based on experiencing any amount of abuse (vs. none). For Verbal and Emotional Abuse, only 3 teens reported never experiencing this type of abuse. Thus, this subscale was dichotomized as never/sometimes versus often. Approximately 60% of the teens experienced some threatening behavior and physical abuse, and 38% often experienced verbal and emotional abuse (see Table 2).

Condom Use Practices

Initial bivariate analyses (see Table 1) showed that most characteristics had no significant relationship with condom use practices. Teens with inconsistent condom use were more likely to have had more instances of sexual intercourse ($p = .014$).

The CADRI total score was significantly related to inconsistent condom use, whereas sexual relationship power and the abuse subscale variables were not significantly related to inconsistent condom use (see Table 2). Teens with inconsistent condom use tended to have experienced more abuse overall ($p = .045$). However, all scores and subscales showed that less power or more abuse were evident in teens with inconsistent condom use.

Multiple logistic regression analysis was performed to determine if the relationship between the CADRI total score and condom use practices was still evident after adjusting for confounders. Due to the limited sample size, adjustment was only made for age, race, and receiving any governmental financial assistance (surrogate for income) as known mediators of condom use. CADRI was still statistically significantly related to condom use practices in the adjusted analyses ($p = .034$). For each point increase in the \log_e -transformed CADRI total mean score, the teen was 12 times more likely to practice inconsistent condom usage, odds ratio (OR) = 12.35, 95% confidence interval (CI) = 1.21, 126.16. Figure 1 illustrates the predicted probability of inconsistent condom use for the typical teen in the sample (African American not receiving assistance) by CADRI total mean score and age. Thus, a typical 17-year-old teen suffering from the most abuse had almost a 90% chance of not using condoms, indicating a higher HIV risk, whereas a nonabused 17-year-old teen had only a 25% chance of inconsistent condom use.

Intimate Partner Violence Victimization (CADRI)

Although sexual power in the relationship did not directly affect condom use practices, it was related to experience of IPV. Girls with more sexual control were less likely to suffer IPV ($r = -.43$, $p = .001$). This result was still significant ($b = -0.03$, 95% CI = -0.05 to -0.01 , $p = .004$) when the mediator variables were adjusted for via a linear regression model. Figure 2 shows the relationship between sexual power and experience of IPV in the adjusted analysis for a typical 17-year-old teen.

Sexual relationship power was found to be significantly related to both threatening behavior ($t = 2.37$, $df = 52$, $p = .022$) and verbal and emotional abuse ($t = 2.41$, $df = 31.0$, $p = .022$). Although it was not statistically significantly related to physical violence ($t = 1.25$, $df = 51.3$, $p = .216$), the same trend was evident in all three subscales; the more power the teen had, the less violence or abuse she was likely to suffer. Having adjusted for age, race, and receiving governmental assistance, an increase in sexual relationship power was still significantly associated with a decrease in the likelihood of experiencing emotional and verbal abuse (OR = 0.82, 95% CI = 0.69-0.98, $p = .025$) but did not quite reach statistical

significance for threatening behavior (OR = 0.84, 95% CI = 0.69-1.02, $p = .076$). Figure 3 illustrates the relationship between the predicted probability of experiencing each form of abuse and sexual relationship power in the adjusted models for a typical 17-year-old, African American teen not receiving governmental assistance.

Discussion

Half of the girls in this sample did not use condoms consistently in the prior 3 months. More than half of the girls had also experienced physical abuse, more than half had been threatened, and almost all reported experiencing verbal or emotional abuse from a partner at least once in the past year. These results are consistent with findings by Jezl, Molidor, and Wright (1996), who also used multi-item instruments to assess abuse. In addition, we found that those teens who experienced IPV (either physical or emotional/psychological abuse or threatening behavior) had a significantly greater likelihood of inconsistent condom use and therefore a greater risk for HIV or sexually transmitted diseases (STDs). This finding adds to a growing body of literature that demonstrates a link between physical and psychological abuse with condom nonuse (Howard & Wang, 2003; Kreiter et al., 1999; Roberts, Auinger, & Klein, 2005; Silverman, Raj, & Clements, 2004; Silverman, Raj, Mucci, & Hathaway, 2001; Teitelman et al., 2007; Wingood et al., 2001).

Contrary to our hypotheses, sexual control was not directly related to condom use practices. Among a larger sample of adult Hispanic and African American women (ages 18 to 44), higher sexual relationship power was associated with consistent condom use (Pulerwitz et al., 2000; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002) and inversely related to experiencing physical abuse by a partner. The variation in these findings between our results and those of Pulerwitz et al. (2000, 2002) may be due to our smaller sample size or to our use of an adolescent sample. This deserves further investigation.

Although girls' sense of their sexual control in the relationship was not directly related to condom use practices, it was related to whether girls experienced IPV. Girls' sexual control was inversely related to verbal and emotional abuse as well as to their partners' threatening behavior. It is possible that girls' having greater sexual control in the relationship protects them from IPV, or these results may indicate that experiencing IPV leads them to feel less power in their relationships, and it is likely that both processes may be operative (Amaro & Raj, 2000; Wingood & DiClemente, 2000). We are unable to determine the direction of causality in this cross-sectional study, and therefore, further longitudinal research that examines these factors is needed.

Limitations

As with any study, these findings should be interpreted in light of methodological limitations. This was a relatively small study ($N = 56$) conducted in one Midwestern state; replications and expansions are needed for the findings to be considered robust. We also relied on self-report data for this study, which may involve bias in responses.

We only analyzed the data using one behavioral indicator of HIV/STD risk (condom use practices), and this may explain the lack of significant associations between relationship power and the abuse subscales. Other behavioral measures of HIV/STD risk for youth include age of sexual initiation, number of partners, type of partner (steady or casual), and number of unprotected exposures (Santelli, Lowry, Brener, & Robin, 2000). Additional studies with larger sample sizes are needed to better understand associations between partner violence, relationship control, and these various other HIV risk indicators. We also did not directly measure experience of sexual violence in this study. Decker, Silverman, and Raj (2005), for example, found that 32% of sexually active high school girls in Massachusetts

reported ever having been physically or sexually hurt by a dating partner. However, the majority of adolescent girls who experience sexual violence also experience physical violence and therefore would have been identified as victims of IPV in our study (Silverman et al., 2001). Still, to better understand the mechanisms underlying the association between IPV and condom use practices, the inclusion of measuring sexual violence in future studies is critical.

Implications

The high level of partner violence in the intimate relationships of this sample of minority adolescent girls is alarming, especially because it is also linked to inconsistent condom use, which may increase HIV risk. Researchers need to develop and evaluate interventions that reduce the HIV/STD risk and that address partner abuse for adolescent girls. Interventions aimed at reducing HIV risk for adolescent girls need to address multiple forms of partner violence, including verbal and emotional abuse and threatening behaviors as well as physical violence. Furthermore, it is important to address the systematic pattern of dominance and control that seems to frequently accompany IPV in adolescent relationships. Adolescent girls with a history of a STDs and IPV have been found to have high levels of emotional distress, which can impair the effectiveness of interventions aimed at reducing sexual risk (Champion, Shain, & Piper, 2004). Such considerations are important to address when developing interventions for high-risk populations. It is encouraging that one HIV prevention study that also addressed partner dynamics was effective at reducing HIV/STD risk (using multiple indicators) without elevating the risk of subsequent IPV for those with a history of experiencing this type of abuse (Wingood et al., 2006). Although it will be important to foster enhanced relationship control beliefs among girls to reduce risk of partner abuse and HIV, such efforts need to go beyond “empowering” girls and include ways to keep girls safe from perpetrators of partner abuse. This might entail developing multilevel interventions that include widening girls' social networks, increasing their economic and educational options, and directly intervening with perpetrators.

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References

- Ackard DM, Neumark-Sztainer D, Hannan P. Dating violence among a nationally representative sample of adolescent girls and boys: Associations with behavioral and mental health. *Journal of Gender-Specific Medicine*. 2003; 6:39–48. [PubMed: 14513575]
- Amaro H, Raj A. On the margin: Power and women's HIV risk reduction strategies. *Sex Roles*. 2000; 42:723–749.
- Campbell, J.; Fredland, N.; Kub, JK.; Sharps, PW.; Walton-Moss, B.; Soeken, K. Evaluation of “Respect Me”: An arts based dating violence prevention program for urban middle school adolescents. Paper presented at the Council for the Advancement of Nursing Research Conference; Washington, DC. 2006 Oct.
- Centers for Disease Control and Prevention. HIV/AIDS among youth. 2006a. Retrieved September 29, 2006, from <http://www.cdc.gov/hiv/pubs/facts/youth.htm>
- Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2005. *Morbidity and Mortality Weekly Report*. 2006b; 55(SS-5)
- Champion JD, Shain RN. The context of sexually transmitted diseases: Life histories of woman abuse. *Issues Mental Health Nursing*. 1998; 19:463–480.

- Champion JD, Shain RN, Piper J. Minority adolescent women with sexually transmitted diseases and a history of sexual or physical abuse. *Issues Mental Health Nursing*. 2004; 25:293–316.
- Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*. 2000; 9:451–457. [PubMed: 10810951]
- Davila YR, Brackley MH. Mexican and Mexican American women in a battered women's shelter: Barriers to condom negotiation for HIV/AIDS prevention. *Issues Mental Health Nursing*. 1999; 20:333–355.
- Decker MR, Silverman JG, Raj A. Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics*. 2005; 116:272–276.
- DiClemente RJ, Wingood GM, Crosby RA, Sionean C, Cobb BK, Harrington K, et al. Sexual risk behaviors associated with having older sex partners: A study of Black adolescent females. *Sexually Transmitted Diseases*. 2002; 29:20–24. [PubMed: 11773874]
- Dunkle K, Jewkes R, Brown H, Gray G, McIntyre J, Harlow S. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004; 363:1415–1421. [PubMed: 15121402]
- Felson RB, Messner SF. The control motive in intimate partner violence. *Social Psychology Quarterly*. 2000; 63:86–94.
- Fonck K, Els L, Kidula N, Ndinya-Achola J, Temmerman M. Increased risk of HIV in women experiencing physical partner violence in Nairobi, Kenya. *AIDS and Behavior*. 2005; 9:335–339. [PubMed: 16133903]
- Foshee VA. Gender differences in adolescent dating abuse prevalence, types and injuries. *Health Education Research*. 1996; 11:275–286.
- Glass N, Fredland N, Campbell J, Yonas M, Sharps P, Kub J. Adolescent dating violence: Prevalence, risk factors, health outcomes, and implications for clinical practice. *Journal of Obstetrics, Gynecologic, and Neonatal Nursing*. 2003; 32:1–12.
- Gutierrez L, Oh HJ, Gillmore MR. Toward an understanding of (em) power(ment) for HIV/AIDS prevention with adolescent women. *Sex Roles*. 2000; 42:581–611.
- Halpern CT, Oslak SG, Young ML, Martin SL, Kupper LL. Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*. 2001; 91:1679–1685. [PubMed: 11574335]
- Howard DE, Wang MQ. Risk profiles of adolescent girls who were victims of dating violence. *Adolescence*. 2003; 38(149):1–14. [PubMed: 12803450]
- Jezi DR, Molidor CE, Wright TL. Physical, sexual, and psychological abuse in high school dating relationships: Prevalence rates and self-esteem issues. *Child and Adolescent Social Work Journal*. 1996; 13:69–87.
- Johnson MP. Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*. 2006; 12:1003–1018. [PubMed: 17043363]
- Kreiter SR, Krowchuk DP, Woods CR, Sinal SH, Lawless MR, DuRant RH. Gender differences in risk behaviors among adolescents who experience date fighting. *Pediatrics*. 1999; 104:1286–1292. [PubMed: 10585979]
- Malik A, Sorenson SB, Aneshensel CS. Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health*. 1997; 21:291–302. [PubMed: 9358292]
- Manlove J, Terry-Humen E, Ikramullah E. Young teenagers and older sexual partners: Correlates and consequences for males and females. *Perspectives on Sexual and Reproductive Health*. 2006; 38:197–207. [PubMed: 17162312]
- Marin BV. HIV prevention in the Hispanic community: Sex, culture and empowerment. *Journal of Transcultural Nursing*. 2003; 14:186–192. [PubMed: 12861921]
- Martin, KA. *Puberty, sexuality and the self: Girls and boys at adolescence*. New York: Routledge; 1996.
- Miller J, White NA. Gender and adolescent relationship violence: A contextual examination. *Criminology*. 2003; 41:1207–1248.

- O'Keefe M. Predictors of dating violence among high school students. *Journal of Interpersonal Violence*. 1997; 12:546–568.
- O'Keefe, M. Teen dating violence: A review of risk factors and prevention efforts. 2005. Retrieved August 20, 2006, from http://new.vawnet.org/Assoc_Files_VAWnet/AR_TeenDatingViolence.pdf
- Pulerwitz J, Amaro H, De Jong W, Gortmaker SL, Rudd R. Relationship power, condom use and HIV risk among women in the USA. *AIDS Care*. 2002; 14:789–800. [PubMed: 12511212]
- Pulerwitz J, Gortmaker SL, Jong WD. Measuring sexual relationship power in HIV/STD research. *Sex Roles*. 2000; 42:637–660.
- Rickert VI, Sanghvi R, Wiemann CM. Is lack of sexual assertiveness among adolescent and young adult women a cause for concern? *Perspectives on Sexual and Reproductive Health*. 2002; 34:178–183. [PubMed: 12214907]
- Roberts TA, Auinger P, Klein JD. Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health*. 2005; 36:380–385. [PubMed: 15837341]
- Saltzman, LE.; Fanslow, JL.; McMahon, PM.; Shelley, GA. Intimate partner violence surveillance: Uniform definitions and recommended data elements (Version 1.0). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 1999.
- Santelli JS, Lowry R, Brener ND, Robin L. The association of sexual behaviors with socioeconomic status, family structure, and race/ethnicity among US adolescents. *American Journal of Public Health*. 2000; 90:1582–1588. [PubMed: 11029992]
- Silverman JG, Raj A, Clements K. Dating violence and associated sexual risk and pregnancy among adolescent girls in the United States. *Pediatrics*. 2004; 114:220–225.
- Silverman JG, Raj A, Mucci LA, Hathway JE. Dating violence among adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*. 2001; 286:572–579. [PubMed: 11476659]
- Sionean C, Zimmerman RS. Moderating and mediating effects of socioeconomic status, perceived peer condom use, and condom negotiation on sexual risk behavior among African American and White adolescents. *Annals of the New York Academy of Sciences*. 1999; 896:474–476. [PubMed: 10681954]
- Spencer GA, Bryant SA. Dating violence: A comparison of rural, suburban, and urban teens. *Journal of Adolescent Health*. 2000; 27:302–305. [PubMed: 11044701]
- Teitelman AM, Dichter ME, Cederbaum JA, Campbell J. Intimate partner violence, condom use and HIV risk for adolescent girls: Gaps in the literature and future directions for research and intervention. *Journal of HIV/AIDS Prevention in Children and Youth*. 2007; 8(2):65–93.
- Tolman DL, Spencer R, Rosen-Reynoso M, Porche MV. Sowing the seeds of violence in heterosexual relationships: Early adolescents narrate compulsory heterosexuality. *Journal of Social Issues*. 2003; 59:159–178.
- Tschann JM, Adler NA, Millstein SG, Gurey JE, Ellen JM. Relative power between sexual partners and condom use among adolescents. *Journal of Adolescent Health*. 2002; 31:17–25. [PubMed: 12090961]
- Valois RF, Oeltmann JE, Waller J, Hussey JR. Relationship between number of sexual intercourse partners and selected health risk behaviors among public high school adolescents. *Journal Adolescent Health*. 1999; 25:328–335.
- Watson J, Cascardi M, Avery-Leaf S, O'Leary KD. High school responses to dating aggression. *Violence and Victims*. 2001; 16:339–348. [PubMed: 11437121]
- Wekerle C, Wolfe DA. Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*. 1999; 19:435–456. [PubMed: 10429844]
- Wingood GM, DiClemente RJ. Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Education and Behavior*. 2000; 27:539–565. [PubMed: 11009126]
- Wingood GM, DiClemente RJ, Harrington KF, Lang DL, Davies SL, Hook E, et al. Efficacy of an HIV prevention program among female adolescents experiencing gender-based violence. *American Journal of Public Health*. 2006; 96:1085–1090. [PubMed: 16670238]
- Wingood GM, DiClemente RJ, McCree DH, Harrington K, Davies SL. Dating violence and the sexual health of Black adolescent females. *Pediatrics*. 2001; 107:72–75.

- Wolfe DA, Scott K, Reitzel-Jaffe D, Wekerle C, Grasley C, Straatman A. Development and validation of the Conflict in Adolescent Dating Relationships Inventory. *Psychological Assessment*. 2001; 13:277–293. [PubMed: 11433803]
- Zierler S, Krieger N. Reframing women's risk: Social inequities and HIV infection. *Annual Review of Public Health*. 1997; 18:410–436.

Biographies

Anne M. Teitelman, PhD, is an assistant professor of nursing in the Center for Health Disparities Research at the University of Pennsylvania School of Nursing. Her current research focuses on understanding social, interpersonal, and individual factors that influence HIV risk and on developing an intervention to address partner abuse and HIV risk for urban adolescent girls.

Sarah J. Ratcliffe, PhD, is an assistant professor of biostatistics in the Department of Biostatistics and Epidemiology at the University of Pennsylvania School of Medicine. She specializes in developing methods for the analysis of longitudinal data with informative dropout and functional data. Her collaborative areas of interest focus on women's health, fetal and maternal medicine, and HIV/AIDS research.

Mercedes M. Morales-Aleman, MA, is a graduate student in the Ecological-Community Psychology Program at Michigan State University. Her current research focuses on sexual risk prevention with Latino and Latina populations.

Cris M. Sullivan, PhD, is a professor of ecological and community psychology at Michigan State University and director of evaluation for the Michigan Coalition Against Domestic and Sexual Violence. Her research primarily involves examining the long-term effects of community-based interventions for battered women and their children and evaluating domestic violence and sexual assault victim service programs.

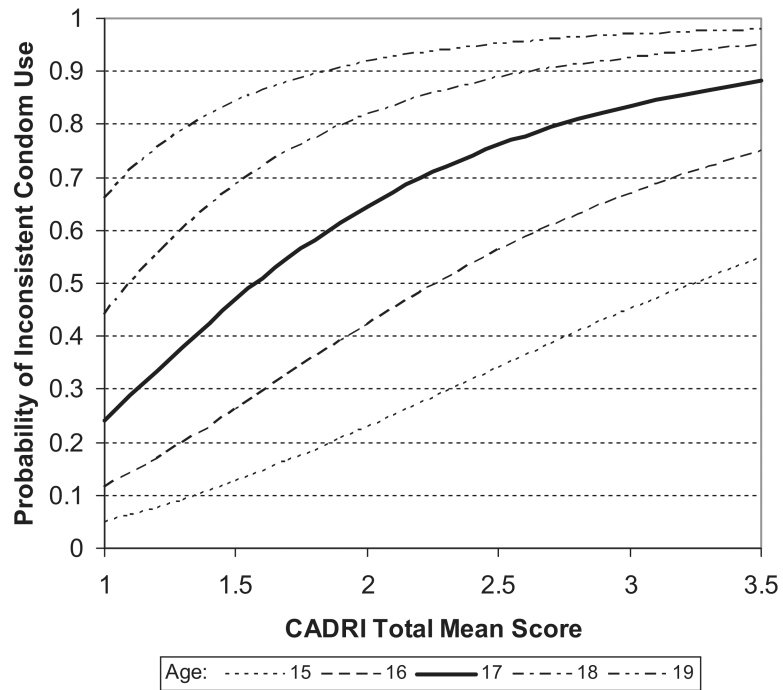


Figure 1. Predicted Probability of Inconsistent Condom Use by Abuse (CADRI) and Age, for a Typical African American Teen Not Receiving Any Assistance
 Note: CADRI = Conflict in Adolescent Dating Relationships Inventory.

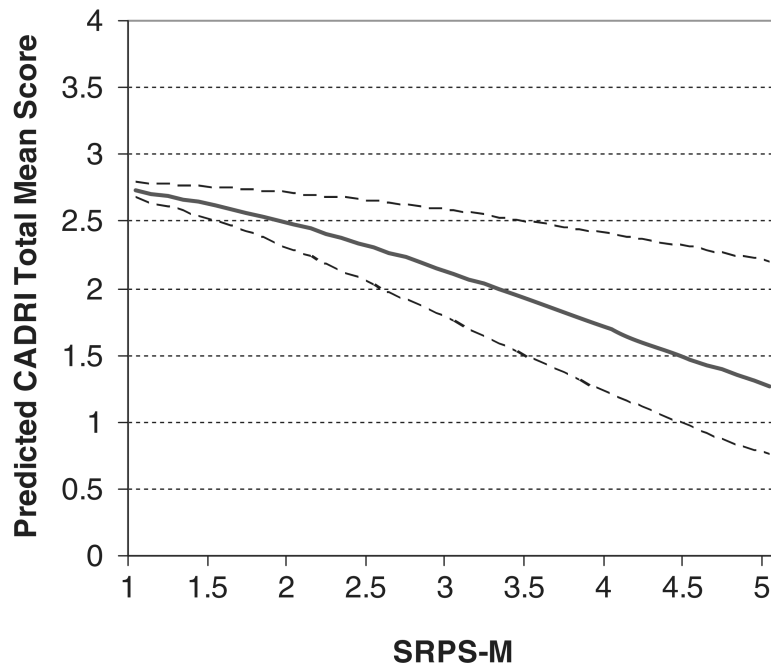


Figure 2. Predicted Amount of Abuse (CADRI) by Sexual Relationship Power (Control subscale of the SRPS-M) for a Typical 17-Year-Old, African American Teen Not Receiving Any Assistance, and Associated 95% Confidence Intervals

Note: CADRI = Conflict in Adolescent Dating Relationships Inventory; SRPS-M = Sexual Relationship Power Scale, modified version.

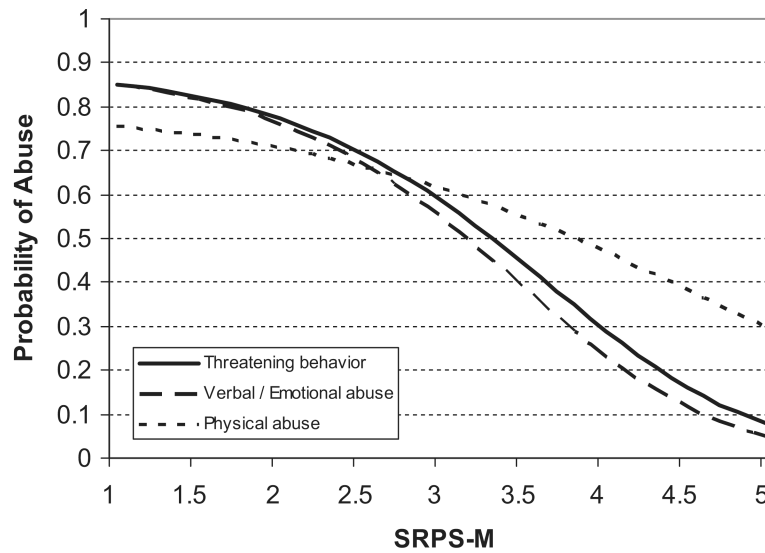


Figure 3. Predicted Probability of Experiencing the Various Types of Abuse by Sexual Relationship Power (Control Subscale of the SRPS-M) for a Typical 17-year-old, African American Teen Not Receiving Any Assistance

Note: SRPS-M = Sexual Relationship Power Scale, modified version.

Table 1
Sample Characteristics and Condom Use Practices in the Prior 3 Months

Characteristic	Entire Sample ^a (N = 56)	Condom Use Practices		p Value ^b
		Consistent Condom Use ^a (n = 28)	Inconsistent Condom Use ^a (n = 28)	
Age (years)	17 (15-19)	16 (15-19)	18 (15-19)	0.206
African American	34 (60.7)	16 (57.1)	18 (64.3)	0.785
Has repeated a grade	10 (17.9)	6 (21.4)	4 (14.3)	0.729
Current smoker	13 (23.2)	7 (25.0)	6 (21.4)	1.000
Alcohol use in past 12 months				0.186
None	22 (40.0)	13 (48.1)	9 (32.1)	
Once a month or less	20 (35.1)	8 (29.6)	13 (42.9)	
2 or more days per month	13 (22.8)	6 (22.2)	7 (25.0)	
Used drugs in past 12 months	2 (3.6)	0 (0.0)	2 (7.1)	0.491
Parental Figures				0.210
Male or female only	6 (10.7)	3 (10.7)	3 (10.7)	
Both male and female	18 (32.1)	6 (21.4)	12 (42.9)	
Multiple	32 (57.1)	19 (67.9)	13 (46.4)	
Mother figure has some college education	29 (55.8)	16 (61.5)	13 (50.0)	0.577
Parental figure or teen receiving assistance	28 (50.0)	15 (53.6)	13 (46.4)	0.790
Age of first sexual intercourse				1.000
11-14 years	19 (33.9)	10 (35.7)	9 (32.1)	
15-17 years	37 (66.1)	18 (64.3)	19 (67.9)	
Age of first partner in relation to teen's age				0.819
Younger	3 (5.4)	1 (3.6)	2 (7.1)	
About the same	21 (37.5)	12 (42.9)	9 (32.1)	
Older	32 (57.1)	15 (53.6)	17 (60.7)	
Number of partners in past 3 months				0.162
1	36 (64.3)	21 (75.0)	15 (53.6)	
2 or more	20 (35.7)	7 (25.0)	13 (46.4)	
Number of times had sex in past 3 months				0.014
1-2	22 (40.0)	15 (53.6)	7 (25.9)	
3-9	18 (32.7)	10 (35.7)	8 (29.6)	
10 or more	15 (27.3)	3 (10.7)	12 (44.4)	

^aNumbers in parentheses indicate percentage of sample or range of median.

^bFor comparison between low- and high-risk groups based on *t* test on transformed variables, Mann-Whitney *U* test, or Fisher's exact test.

Table 2
Power and Intimate Partner Violence (IPV) and Condom Use Practices in the Prior 3 Months

Characteristic	Entire Sample ^a (N = 56)	Condom Use Practices		p Value ^b
		Consistent Condom Use ^a (n = 28)	Inconsistent Condom Use ^a (n = 28)	
SRPS-M total mean score	3.71 (1.83-4.50)	3.75 (2.33-4.50)	3.58 (1.83-4.50)	0.212
CADRI total mean score	1.67 (1.07-3.42)	1.58 (1.07-3.10)	1.87 (1.10-3.42)	0.045
CADRI subscales				
Threatening Behavior				0.412
Never	21 (38.2)	12 (44.4)	9 (32.1)	
Sometimes/often	34 (61.8)	15 (55.6)	19 (67.9)	
Physical IPV				0.591
Never	24 (43.6)	13 (48.1)	11 (39.3)	
Sometimes/often	31 (56.4)	14 (51.9)	17 (60.7)	
Verbal or Emotional Abuse				0.269
Never/sometimes	34 (61.8)	19 (70.4)	15 (53.6)	
Often	21 (38.2)	8 (29.6)	13 (46.4)	

Note: SRPS-M = Sexual Relationship Power Scale, modified version; CADRI = Conflict in Adolescent Dating Relationships Inventory.

^aNumbers in parentheses indicate percentage of sample or range of median.

^bFor comparison between consistent and inconsistent condom users based on *t* test of transformed variables, Mann-Whitney *U* test, or Fisher's exact test.