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Urban Adolescent Girls' Perspectives on Multiple Partners in the Context of the Sexual Double Standard and Intimate Partner Violence

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Abstract

This article describes the influence of abusive and non-abusive relationship dynamics on the number of sex partners among urban adolescent girls. Focus groups were conducted with 64 sexually active adolescent girls ages 14 to 17 years. General coding and content analyses identified patterns, themes, and salient beliefs. More than one third (37.5%) reported having experienced physical, intimate partner violence; 32.8% had 2 or more recent sex partners, and 37.5% had ever had a sexually transmitted infection (STI) or HIV. Although some girls in abusive relationships feared retribution if they had more than one partner, others sought additional partners for solace or as an act of resistance. Adolescent HIV/STI prevention programs need to address the influence of gender norms such as the sexual double standard as well as partner pressure and partner abuse on adolescent decision-making about safer sex, and also promote healthy relationships as integral to advancing HIV/STI risk reduction.

Keywords

adolescent; females; HIV; multiple sexual partners; partner abuse; safer sex

Urban adolescent girls continue to face considerable risk for contracting sexually-acquired HIV infection. In 2009, the HIV incidence rate for Black adolescent and adult females, who are disproportionately represented in low income urban environments, was 15 times the rate of White females and 3 times the rate of Hispanic females (Centers for Disease Control and Prevention [CDC], 2012a). More than 90% of adolescent females diagnosed with HIV in 2010 became infected through heterosexual contact (CDC, 2012a). In addition, adolescent

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girls reported experiencing high rates of intimate partner violence (IPV; Eaton et al., 2010), which may have limited their control over sexual decisions. Several studies have explored adolescent girls' condom use and IPV within the context of heterosexual relationships (Silverman, Raj, Mucci, & Hathway, 2001; Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008; Wingood, DiClemente, McCree, Harrington, & Davies, 2001), while fewer studies have explored IPV and girls' views and behaviors regarding multiple partners. In order to design comprehensive prevention programs, public health efforts must carefully examine the issues surrounding multiple partnering for urban adolescent girls, especially those living in low-income neighborhoods, in order to foster a collective ability to help reduce the incidence of new HIV infections.

Multiple Partnering Among Adolescent Girls

According to the 2009 Youth Risk Behavior Survey (YRBS), 11% of sexually experienced high-school girls in the United States reported having three or more lifetime sexual intercourse partners (CDC, 2012b). For urban African American adolescent girls, rates of multiple partners were found to be as high as 31% and associated with having a sexually transmitted infection (STI; Morrison-Beedy, Carey, Crean, & Jones, 2011). Normative expectations about multiple partnering may influence this behavior among teens. The *sexual double standard* (SDS) is a construct classically understood as a differential appraisal of sexual behavior in males compared to females and commonly refers to social interpretations of multiple partnering that vary by gender. More specifically, in accordance with the SDS, males receive praise for sexual experience with multiple partners (i.e., being a *playa*) and for being emotionally detached from relationships (i.e., the *cool pose*), while females gain status through associations and attractiveness to males and face social retribution for behavior that is seen as promiscuous (Miller & White, 2006). Endorsement of the SDS varies among adolescents. Lyons, Giordano, Manning, and Longmore (2011) found wide recognition of the SDS at the social level among adolescent girls, yet peers' attitudes and behaviors had more influence on their behavior. Within their close social networks, alternate interpretations of multiple partnering among female peers and reframing the meaning of this behavior as non-promiscuous served as buffers against negative attributions. Limiting sexual partners is an effective HIV prevention strategy that requires negotiation within a relationship. However, higher rates of multiple partners among adolescent girls have been associated with having older partners, having a prior history of forced sex (Morrison-Beedy et al., 2011), and having experienced physical IPV where girls experienced limited control (Silverman et al., 2001).

Intimate Partner Violence Among Adolescent Girls

IPV is any attempt to dominate or control a partner resulting in harm and includes physical, psychological, emotional, or sexual violence as well as threats of violence (Wekerle & Wolfe, 1999). A growing body of literature has linked IPV to an increased risk of sexually transmitted HIV among women and adolescent girls. Using data from the Massachusetts YRBS, Silverman and colleagues (2001) found that girls who experienced physical IPV were more likely to report having multiple partners and not using condoms than girls who did not experience physical IPV. Similarly, Teitelman and colleagues (2008) found that urban girls who had experienced physical IPV, psychological abuse, and/or threats had a significantly greater likelihood of inconsistent condom use and thus were at a greater risk for contracting HIV than their non-abused counterparts.

African American adolescent girls who live in urban areas may be especially at risk for IPV (Benson & Fox, 2004). Findings from a recent national study revealed that 12% of high school-age girls reported experiencing physical IPV, and 29% experienced psychological

abuse (Halpern, Oslak, Young, Martin, & Kupper, 2001). In several studies, Black adolescent girls reported higher rates of physical IPV than girls of other ethnicities (Rickert, Vaughan, & Wiemann, C. M, 2002; Silverman et al., 2001), which may have been due to an overrepresentation of minorities in economically impoverished urban communities (Benson & Fox, 2004). In addition, living in a neighborhood characterized by high levels of violence, poverty, and social disorganization has been correlated with a higher likelihood of IPV (Glass et al., 2003). Furthermore, sexually experienced girls have been shown to be at greater risk for IPV with approximately 32% reporting ever having experienced physical or sexual violence from dating partners (Silverman et al., 2001). Among young women ages 16–24 years who sought services at family planning clinics, 43% reported one or more episodes of physical IPV, and 73% reported one or more occurrences of verbal IPV (Rickert, Wiemann, Vaughan, & White, 2004). Among sexually active adolescent girls diagnosed with an STI or HIV, 51.6% had experienced either physical or sexual IPV (Decker, Silverman, & Raj, 2005).

Several studies have demonstrated an association between IPV and HIV risk behaviors among adolescent females, including lack of condom use and multiple partners (Silverman et al., 2001; Teitelman, Tennille, Bohinski, Jemmott, & Jemmott, 2011). Although the mechanisms linking IPV and lack of condom use among adolescent girls have been explored (Teitelman et al., 2011; Wingood et al., 2001), less is known about the factors that contribute to multiple partners in the context of relationships characterized by IPV and the role of gender norms such as the SDS. The goal of this study was to better understand these mechanisms, specifically the cognitive predictors of multiple partners in relationships with and without IPV, in order to inform the development of an HIV and partner abuse prevention intervention for heterosexually active urban adolescent girls at high risk for acquiring HIV.

Theoretical Approach

We used the Integrative Model of Behavioral Prediction (Fishbein & Ajzen, 2010) to guide us in identifying and understanding modifiable cognitive predictors (i.e., theoretic mediators) of behavior to target in the intervention curriculum. The Integrative Model is based on a voluminous body of research that has shown that having the intention to perform a specific behavior is the immediate precursor to actually carrying out that behavior. However, an individual may not always be able to act on his or her intentions because of environmental factors (e.g., IPV), or a lack of skills and abilities may make it difficult to perform the behavior. Intention is determined by three elements: attitude (i.e., favorable or unfavorable evaluative and affective consequences) toward performing the behavior; normative pressure (i.e., perceptions about whether significant others approve or disapprove of the behavior and whether significant others perform the behavior; and self-efficacy or agency (i.e., beliefs about the ability and capacity to carry out a behavior, even in the presence of barriers). In turn, attitudes are determined by behavioral beliefs, norms are determined by normative beliefs, and self-efficacy/agency is determined by control beliefs.

In developing interventions guided by the Integrative Model, the first step is to identify the beliefs underlying a particular behavior in the target population. Those beliefs that are endorsed most commonly are referred to as the salient beliefs and are specifically addressed in order to tailor intervention content to be contextually relevant and advance health promoting behaviors for that target population.

In this paper, we describe the first step in that process of intervention development, which was our elicitation research relative to the HIV risk behavior of having multiple partners among urban adolescent girls at high risk for contracting HIV or other STIs. Specifically,

the aims of this exploratory study were to: (a) identify girls' beliefs about multiple partners in the context of relationships characterized by IPV as well as non-abusive relationships; and (b) identify contextual factors, such as normative expectations about relationships and multiple partnering, that may influence girls' abilities to limit their number of partners. Our study sites were federally-supported reproductive health clinics in a large metropolitan area in the United States where the rate of HIV infection was five times the national average in 2009, with most new infections for women and girls occurring through heterosexual contact (Office of HIV Planning, 2009).

Methods

Design

Using the Integrative Model as a guide, we designed focus groups to systematically elicit behavioral, normative, and control beliefs from an at-risk sample of urban adolescent girls in relation to the target behavior of limiting the number of partners to no more than one in the next 3 months. Focus groups have been widely used in the design of effective HIV prevention interventions where characteristics and needs of the target population are incorporated into the study design (Jemmott, Jemmott, Braverman, & Fong, 2005). This qualitative technique offers participants the opportunity to clarify their views on specific issues under study (Tong, Sainsbury, & Craig, 2007).

The goals of the focus groups were to explore participants' beliefs about having one or more sexual partners in the context of abusive and non-abusive relationships. We also sought to facilitate discussion about normative expectations in adolescent sexual relationships and other details about the relationship context that emerged. We did so by creating vignettes of two opposite sex individuals in teen relationship situations, which were read out loud to the focus group participants. We then asked follow-up questions in the focus group about the girls' interpretation of these vignettes and the terms they would use to describe the dynamics in the relationship scenarios presented. This activity was helpful in identifying the terms girls used in referencing different types of relationships and relationship qualities, and we used these terms for the duration of the focus group. Vignettes were developed based on our previous research interviews with women ages 18 to 25 from the same target population who had been prompted to reflect on their partner experiences from younger years. We also asked open-ended questions about the role of a man and the role of a woman in a relationship.

In addition, we queried girls in relationships with and without IPV about their beliefs regarding limiting their number of sexual partners. We elicited beliefs in accordance with the Integrative Model by asking what was good and bad about limiting numbers of partners (i.e., behavioral beliefs), who approved and disapproved of limiting numbers of partners and what others around them were doing (i.e., normative beliefs), and what made it easy or hard to limit numbers of partners (i.e., agency beliefs). In order to protect participants' confidentiality, we insisted that girls reflect on ways they experienced perceptions of peers rather than share their own personal experiences.

Setting

We recruited girls from federally funded family planning clinics and prenatal clinics located in a large metropolitan area in the Northeastern United States. The clinics served a predominantly Black population, and services primarily consisted of providing contraception, testing and treatment for sexually transmitted infections, pregnancy testing and referral, and obstetric care.

Sample

This was a convenience sample of adolescent girls who were attending an urban family planning clinic or prenatal clinic. Girls were eligible if they: (a) were 14 to 17 years of age, (b) could read and write English at a 5th grade level as needed to complete the brief survey, (c) indicated they had vaginal intercourse in the previous 3 months, and (d) did not have a major mental health issue that could interfere with completing the focus group. This study was approved by an institutional review board for the protection of human subjects (IRB). The study used five focus groups and included 64 adolescent girls ages 14 to 17 years.

Procedures

Participants were recruited by research team members in clinic waiting rooms. If girls expressed interest in the study, they were escorted to a private location within the clinic to complete an eligibility screen after verbal consent was obtained. If eligible, they were asked to complete a brief paper and pencil survey and were scheduled for a focus group session. If there was insufficient time to complete the brief survey in the clinic, girls could do so prior to the focus group session. Additionally, IRB-approved flyers containing a telephone number to call for further information were placed in clinic and examination waiting areas to advertise the study. Potential participants who responded to the flyers were screened over the telephone, and if eligible, were scheduled for a focus group session. Participants were given \$5 to complete the survey and \$20 more at the time of the focus group. They were also provided with a guide to local adolescent health and safety resources and offered a copy of the consent form after it was reviewed in-person with a study team member. Because adolescents can obtain family planning and prenatal services without parental consent, the IRB advised parental consent be waived for this study in order to protect the adolescents' confidentiality in seeking reproductive health services.

In the brief self-administered survey, relevant background information was obtained, and theoretical mediators (i.e., intention, attitude, norms, and agency) in relation to multiple partners were assessed. In addition, we asked three yes/no questions assessing IPV:

1. Has a partner ever called you names or put you down (with words)?
2. Have you ever been threatened by a partner?
3. Have you ever been hit, slapped, punched, or kicked by a partner?

Study participants verbally agreed to be audiotaped in the groups that lasted from 2 to 2½ hours. Focus groups were conducted by the principal investigator (PI) and two members of the research team in a private space within the participating clinic or at the university. Refreshments were provided, and members of the research team shared in the responsibility of taking notes, managing audiotaping, and facilitating the group. In order to further protect participants' confidentiality, we asked them to select a celebrity name to put on their nametags and asked all participants to refer to each other by these names instead of their real names during the group discussions.

Throughout the project, we relied on two community advisory boards (CABs) to consult on recruitment procedures, wording of focus group questions, and interpretation of findings. These CAB consultants included a teen CAB comprised of adolescent girls from the target population from a youth center and an adult CAB consisting of service providers who worked with adolescents who were experienced with teen IPV and issues of sexual health promotion. The teen CAB provided the most feedback about the findings and consistency with their experiences of what they perceived among their peers. We did not ask the teen CAB to share their personal experiences. The adult CAB provided feedback from their

perspective of closely working with this population. Neither CAB knew the identities of study participants nor did we share any identifiable data with the CAB members.

Data Analysis

Demographic data from surveys were double entered and verified, and descriptive statistics were generated using the Statistical Package for the Social Sciences (SPSS). The audiotapes of focus group discussions were transcribed and reviewed by the PI. Content analysis guided our use of established coding techniques. Emerging themes were identified, and a systematic group coding process was employed (Charmaz, 2006). Transcripts were systematically read and coded by the PI and an ethnically diverse research team group that included two members in their late teens (i.e., ages 18 and 19 years). This technique was used to promote reflexivity, thus improving the trustworthiness of our interpretations (Lincoln & Guba, 1985). Because each focus group transcript was coded by two research team members, any differences in coding were discussed and further clarified until a consensus was reached between the coders. Coders also created interpretive and analytic memos. Using cross-case content analysis, the PI examined coded text, memos, and meeting notes in order to identify emergent patterns and themes that arose in all focus groups (Charmaz, 2006). We debriefed with the CABs as a means to ensure credibility in qualitative data analysis (Lincoln & Guba, 1985), determine when saturation was reached, and make the decision of when to conclude data collection activities.

Results

Descriptive Statistics

There were 64 sexually active participants in the study, and all self-identified as Black females. They were 14 to 17 years of age, and their mean age was 16.0 years ($SD = 1.0$). Almost three fourths ($n = 46$, 71.9%) lived with their mothers, and 8 (12.5%) lived with their fathers some or most of the time. Responses to the question about the highest grade completed in school were as follows: 8th ($n = 5$, 7.8%); 9th ($n = 8$, 12.5%); 10th ($n = 17$, 26.6%); 11th ($n = 18$, 28.1%); and 12th ($n = 7$, 10.9%); 9 participants (14.1%) reported other or did not answer the question. About one third had more than one sexual partner in the previous 3 months. Among participants with more than one partner ($n = 21$, 32.8%; range = 2 – 10), 11 (52.4%) had had two partners.

Participants with a history of STI or HIV were evenly distributed between girls with one partner and girls with more than one partner in the previous 3 months (see Table 1). Participants with one partner were more likely to forgo condom use at last sex than girls with more than one partner. Participants who had experienced partner abuse in the previous year tended to limit their number of partners compared to girls who had not experienced abuse. Approximately one third of participants with a history of physical, verbal, and threatening partner abuse had more than one partner in the prior 3 months (37.5%, 32.4%, 33.3%, respectively).

Based on the brief self-administered survey, we summarized the theoretic mediators: intention, attitude, norms, and agency regarding limiting the number of sexual partners in the next 3 months (see Table 2). There was generally strong endorsement of intention to limit the number of partners (85.9%). For attitudes, endorsement of favorable affective consequences of this behavior was high (85.9%), although reports of evaluative benefits were a little lower (78.1%). For norms, perceived approval among important referents in general was very high (95.3%) and contrasted with perceived approval among peers (73.4%). For agency, endorsement was high both in terms of capacity (90.6%) and ability (93.7%).

Salient Beliefs About Limiting Number of Partners

At the beginning of the focus groups, we asked each participant to write down responses to a few questions regarding the pros, cons, facilitators, and barriers to limiting the number of sexual partners and who would approve and disapprove of this safer sex behavior (See Table 3). We did not ask specifically about relationships characterized by IPV but rather asked questions that pertained to any of their partner relationships. The most salient beliefs were endorsed by at least five participants (see Table 3).

Focus Group Discussion Findings

Before we discussed beliefs about multiple partners in relationships and IPV, we elicited relevant background information about relationships through the use of the vignettes and a series of follow-up questions. In the following section, themes from participants' discussions about the general relationship context are described. Finally, after we had established this context, participants were able to address more specific questions focused on their beliefs about concurrent and sequential partners and IPV.

Sex in Casual and Committed Relationships

Usually in the beginning of the focus groups, teens provided some context for understanding adolescent relationship situations. Some teens in the focus groups indicated that casual relationships with sex were the norm among their peers. One participant conveyed, "Around my neighborhood, relationships aren't popular ... mostly the sexual stuff, the f-buddies." Another participant said, "Teenagers mostly just having sex and not really being in those types of committed relationships." Several participants further elaborated about types of friendships or associations that involved sex. One participant explained, "Friends with benefits only meet up for sex—they go to a friend's house or their own." Another participant elaborated, "...meet up on times where you wanna' have sex—other than that you probably don't hang out, you probably don't talk, you sure aren't meeting their father or anybody." Another participant shared, "...going to have sex at their house or friend's house when parents aren't around."

Girls indicated that sometimes sexual partnering could lead to a more committed relationship; for example, girls talked about their peers. One participant responded, "Not all of them were in a relationship before they had sex. Some of them had been friends, had sex, and then were in relationships afterwards." Another participant added, "Sex bring a lot of drama to a relationship (e.g., emotional involvement and relationship demands that may influence other relationships)—sometimes you become attached after a lot of sex." Girls explained activities they did in a committed relationship that distinguished it from a more casual association. One participant elaborated, "Meet family, tell them a lot more things...go out to movies, dinner, arcade, mall, nice restaurant, either go as a couple or double date, places where you would be seen." A relationship as described above is experienced in a public way, among family and friends, and in public places in contrast to a primarily sexual partnering that seemed to occur in a more private sphere.

The Gendered Context of Relationship Expectations

Teens identified common gender differences about establishing relationships and expectations within relationships. Despite the prevailing norm that committed relationships were not common, young women spoke of their interests in having these types of relationships and the importance of these types of partner relationships in their lives. One participant commented, "Girls this age are looking for love ... but boys ain't looking for love because boys are looking for a fill [i.e., a sexual encounter]." As this quote illustrates, participants also identified a gender norm that boys were primarily interested in sexual

relationships. In these discussions, girls elaborated on a possible reason why boys did not seem as interested in committed relationships. They indicated that young men who had emotional ties with young women were seen as “soft” by their male peers. One participant explained:

A lot of guys think that they don't need a girlfriend ... you should just have sex and not worry about a girl ... have sex and leave them, and even if you stay and keep having sex with them, just have sex with them because they say that girls cause too much drama (i.e., they get emotionally involved, make demands, interfere with other relationships), and they ain't good for nothing except sex.

We also asked about the role of a young man and the role of a young woman in a relationship and heard a wide variety of perspectives. Although some described inequitable gender expectations, more often girls described relationship expectations based on some degree of gender reciprocity. In several groups, girls explained that it was common for males to feel a girlfriend should be compliant with their wishes. One participant stated, “A lot of guys feel as though you (i.e., the girlfriend) are supposed to do everything they say.” Other descriptions of the male role in a relationship included: “Please your woman,” “Be there,” and “Don't be stingy with money.” Another perspective expressed was that if a girl always relied on the male partner to provide money, then he will want something in return, so it is better to keep the monetary exchange equal. A participant elaborated:

I'm not a person who's gonna take your money but if you offer it to me, I'll take it. But as the relationship goes on, you should pay half, and he should pay half ... it shouldn't be him just givin' you something because if he keeps givin' you something, it'll lead to something, and you goin' have to give him some (sex).

Another view expressed was, “When you're equal, that's true love.”

While many girls said sex was an important aspect of their partnerships, they also described the normative expectation to engage in sexual behavior whether or not they wanted it and that this expectation also served to constrain when and how sex occurred. In this quote, a participant talked about the consequences of not having sex with a partner.

You can't keep a man and NOT have sex with them because they'll do it (have sex) to somebody else ... and then you'll be mad because they did it to somebody else ... the guy then says, “Well, the other girl ain't my boo (i.e., girlfriend), but she still givin' me some head (i.e., oral sex) or something.”

A similar but more subtle form of sexual expectation and negotiation was described this way:

Somebody told me that the role of a male was to not always want sexual contact but if (the girl is) willing to give it to them, they'll take it ... and my role was to take care of his needs, and he's gonna take care of me.

Gender Norms About Concurrent and Sequential Sexual Partners

A common gender norm that the girls identified was the SDS that rewards young men and stigmatizes young women for having more than one partner. Girls whose behaviors were interpreted by peers as promiscuous were labeled as “whore,” “smut,” “slut,” “dip,” “stunner,” “skeezer,” and “loose.” For boys known for similar behavior, participants indicated: “He gets labeled in a good way ‘getting girls’, he gets praised.”; “Guys look at it a different way, they all just praise him like he's a king or something.”; “A boy can sleep with a million girls and still be the boy that everyone wants, but when a girl does that, she's a whore.” However, if a girl has several partners in a sequence but only one boyfriend at a time, she is not considered “loose.” One participant stated:

If she's doing this boy (i.e., having a relationship that includes sex) and then she finds out that he was playin' her (i.e., cheating on her/having sex with someone else) and then the next boy come up and says "I can treat you better," but then he ends up playin' her again and she goes to the next boy, you wouldn't label her (i.e., a negative name associated with being promiscuous) because she's looking for the right situation.

Different Ways to Have More Than One Sexual Partner

We asked participants about the different ways in which teenage girls might have multiple partners. Having one partner at a time sequentially was one approach, as identified in the last quote above. A girl may have several partners sequentially, ending relationships when she finds out her partner has other partners. One girl talked about wanting a monogamous relationship but acknowledged that this was not always possible: "One partner is wonderful as long as they don't cheat on you, but the damage is once they go and cheat on you." Girls did not always end a relationship when they found out their partners had other partners. Girls reported that some of their peers responded to this situation with emotional hurt and disappointment and then tried to hurt their partner's feelings or elicit jealousy. One participant explained:

Girls will have more than one partner when their spouse (i.e., a boyfriend in a committed relationship) is unfaithful and they want to be revengeful and want to sleep with someone else ... they sleep with another partner to make the partner jealous.

Also, participants described girls having more than one partner as a form of gender equality and perhaps as an act of resistance to the SDS. Participants commented, "Girls have more than one sex partner because they feel like they can do what boys do." "A lot of girls say, 'if guys do it (i.e., have more than one sexual partner), so why can't I?'" Also, in several groups, participants described how some girls would have a main sexual partner and one or two more casual sexual partners who would fulfill different needs.

Concurrent and Sequential Partners and IPV

Participants described a variety of perspectives on the impact of IPV on girls' pursuing multiple partners. Some felt it was unlikely that a girl would have more than one sexual partner if there was physical IPV since the abusive partner may hit her or leave her. For example, participants said, "Because if he found out, she could be beaten by the abusive partner or he would break up with her or sleep with someone else or beat the crap outta her."

However, in several of the focus groups, participants talked about girls having relationships characterized by IPV yet who also sought additional relationships. In a relationship with verbal IPV, a girl may seek another relationship, and participants suggested the following reasoning, "... this (i.e., new) guy treats me right, and he doesn't disrespect me, and he treats me the way I want to be treated." Another perspective suggested that girls might seek out other relationships as a refuge from IPV. For example, one participant explained, "Either way (i.e., verbal or physical), they may be more likely (i.e., to have more than one sexual partner) because they have somebody else to turn to, to make them feel better." For participants not currently in a relationship characterized by IPV but with a history of being in such relationships, opinions also varied. One participant rationalized, "They might realize a good thing and try to stay with a good thing (i.e., have one relationship)." Participants also indicated that girls might have more than one partner as a protective response to a history of abuse:

They might believe they been done wrong before, so when they get with this new guy, they're going to do whatever they can to stop from being hurt again ... it might be getting with different guys or doing a lot of things.

In one focus group, several participants indicated that when girls were in relationships sullied by IPV and had more than one partner, negative labels did not apply: "When you're abused, you're not cheatin', you're just getting away (from the abuse). That's different (than being promiscuous)."

If a girl experiences IPV in her relationship, her friends might be more approving of her and/or the relationship if she has multiple sex partners. If she has multiple sex partners in this situation, she is not completely dominated by the abusive male partner. One participant relayed:

I'm still with him, but I'm doing me. If I was in an abusive relationship and somebody would tell me that I shouldn't be with just him, (I would say), "I'm still with him because I'm scared to leave him," but my friends might approve more if I'm not doing completely right by him (i.e., cheating on him) because he's doing me wrong (i.e., cheating on her).

Discussion

One in three of the female adolescents in this study had more than one sexual partner in the previous 3 months, which placed them at increased risk for sexually acquired HIV, yet this high rate was consistent with other findings among sexually active urban adolescent girls (Morrison-Beedy et al., 2011). Girls with one partner were less likely to use condoms than girls with multiple partners. However, reported history of STI was evenly distributed between girls who had one partner and girls who had more than one partner. This finding suggests that even if a girl limited her sexual partners, ostensibly to reduce her risk of HIV/STI, she could be vulnerable to HIV/STI through serial monogamy and unprotected sex and by virtue of her partner's sexual behavior. Thus, girls who presumed to be in a monogamous relationship may still have unknowingly been at risk for HIV/STI. Compounding their HIV/STI risk even further, some girls had a series of partners sequentially, leaving one relationship and starting a new one after finding out that a partner had other partners. Therefore, monogamy may not always be a protective factor for girls in the context of normative non-monogamy among adolescent males (Silverman et al., 2006). While not all adolescent males engage in these behaviors, perceived as normative among peers, young men who embrace traditional gender role ideologies, such as the SDS, are also more likely to have unprotected vaginal sex and perpetrate IPV in relationships (Santana, Raj, Decker, La Marche, & Silverman, 2006).

Girls with a history of IPV more commonly limited their number of partners but also may have been at especially high risk for HIV/STIs. Research has indicated that male partners of women who experience IPV were more likely to engage in sexual risk behaviors, such as non-monogamy (Raj, Silverman, & Amaro, 2004) and to be infected with HIV (Dunkle et al., 2004). Our study has identified several mechanisms that may help explain the link between patterns of multiple partnering among adolescent girls and IPV and thereby point the way to new opportunities for intervention. In some physically abusive relationships, participants thought that it was unlikely that a girl would have other partners, yet others in the groups thought a girl might actually seek other partners as a refuge from abuse or as a way of resisting partner control, which could also garner peer approval. As our findings indicate, fear may keep girls in abusive relationships. In addition, adolescent girls may lack knowledge and skills about exiting violent relationships safely and about accessing supportive resources. Some girls with a history of partner abuse sought other partners to

preemptively buffer themselves from the harms of another abusive relationship. This suggests that unresolved consequences of prior IPV also need to be addressed.

We also identified common gender norms referencing the SDS including:

1. Girls want to form and maintain relationships, while boys prefer casual sexual encounters out of the public eye absent of “drama.”
2. Girls who have more than one partner are stigmatized, while boys who do the same are socially elevated.

To the extent that these norms prevail (i.e., that girls want relationships more than boys do) and filter into the dynamics of their relationships, it places girls at a disadvantage because they may be more willing than the male partner to make sacrifices in safer sex negotiations in order to keep a relationship. Consistent with findings by Lyons and colleagues (2011), we found that girls reinterpreted the meaning of having multiple partners in the context of IPV and did not define the practice as promiscuous behavior. Also, there was evidence of a rejection of the SDS; in the face a male non-monogamy, some girls justified a form of sexual equality that entitled both partners to have multiple partners.

Nevertheless, the SDS served as an important reference point for many of these youth about number of partners. The SDS offers a narrow path of behavior for girls and boys, and comments from focus group participants suggested that both adolescent boys and girls could be stigmatized if these norms were violated. Adolescent boys and young men may be subject to social pressure to secure respect from male peers in accordance with the “Code of the Streets,” which may involve demonstrations of violence and heterosexual prowess (Anderson, 1999). Furthermore, for adolescent boys, public demonstrations of affection do not fit with the “cool pose” and may weaken social status among male peers (Miller & White, 2006). This may partially explain young men’s preferences for more private forms of partnering as a means of concealing this “soft” side from public view. The SDS may confer greater sexual privilege to males, but only to carry out narrowly prescribed roles of masculinity. As Miller and White (2006) suggested, these gendered differences were socially constructed and often tethered to structural inequalities. Some boys and young men might welcome the opportunity to work alongside their female peers to challenge overly-restrictive sexual norms toward forging a wider range of interpersonal sexual and gender choices.

This study had several limitations. While girls provided their perspective about reasons for having multiple partners in healthy and unhealthy relationships, we do not know how extensive these practices are among adolescent girls in general, and these findings will need to be further replicated with a larger sample. In addition, we have only ascertained the views of adolescent girls, and comparable work is needed to more fully understand these issues from the perspective of adolescent boys. It is also possible that we did not capture varying perspectives about topics of interest because some participants may have felt uncomfortable voicing their opinions, especially if they thought that they differed from the common view expressed in the group. However, gathering some views via paper and pencil at the beginning of the focus group did provide an avenue for all to contribute without the scrutiny of the group. Finally, the power of the sample size was not estimated to detect correlations between some of the variables we measured because our purpose was exploratory, but the topic warrants further study with larger samples.

Implications for Interventions

Few currently used HIV prevention interventions for adolescents also address partner abuse and gender norms (Jewkes et al., 2008; Wingood et al., 2006). Furthermore, the mechanisms

linking multiple partnering and IPV have not previously been explored, and there is potential to enhance sexual risk reduction intervention programs.

Findings from this study will be used to develop an HIV and partner abuse prevention intervention for sexually experienced urban adolescent girls. This intervention will address the social and interpersonal mechanisms linking IPV and multiple partnering. A proactive and comprehensive HIV/STI prevention intervention that addresses limiting partners for girls similar to participants in this study can build upon high levels of intention to limit number of sexual partners and reinforce underlying factors that can further promote this HIV prevention behavior. Content should include understanding the pros and cons of being in a relationship given ones' life goals and selectively choosing whether or not to engage in a relationship accordingly. Content should also include knowledge and skills about building healthy and satisfying relationships, negotiating mutual monogamy, and supporting friends to do the same. Even girls in monogamous relationships should be encouraged to use condoms consistently for the greatest protection from HIV/STIs. These findings also indicate several unique topics to include in an HIV prevention intervention in order to address the ways that IPV can impact limiting the number of partners. Providing basic content on successfully exiting a relationship characterized by IPV may not only reduce associated consequences but, as these findings suggest, may also help girls to reduce their impulses to seek additional partners as a source of refuge or support and thereby reduce HIV/STI risk. Some girls who have experienced prior IPV may need further referrals for counseling or advocacy so that these earlier experiences do not continue to undermine their safer sex practices.

Our elicitation research revealed that peer norms are especially influential in limiting numbers of sexual partners. Adolescent girls can learn to identify gender norms, revise them, and practice performing new versions, as evidenced in some of their comments. In fact, there was some evidence that girls were already engaging in challenging the stigma associated with having multiple partners. However, girls who engage in the opposite behavior (e.g., having multiple partners because boys do) may be trying to revise the gendered patterns within the narrow range of options available but may still be subject to the associated social stigma to the extent that the gender norms remain intact.

What is needed is a deeper transformation toward what Benjamin (1988) called mutual recognition and decision-making in relationships. Carrying out behaviors that challenge existing gender codes can be difficult, especially if done in isolation. Thus, interventions can also include a social action component devised by participants to foster supportive alliances within the social networks of female and male peers. In doing so, adolescent girls and boys would be engaged in the agentic practice of changing sexual gender norms. Finally, there is a need for community level interventions that address IPV prevention in schools and neighborhoods in order to create safe places where supportive and mutually satisfying adolescent friendships and romantic relationships can thrive.

In conclusion, accurately addressing HIV risk behaviors for urban adolescent girls within the context of prevention interventions requires recognition of the gendered realities that influence partner-limiting behavior. Findings from our research suggest that the SDS operates powerfully as girls consider whether to limit sexual partners, and that the presence of IPV further guides their choices. Incorporating social components within HIV prevention interventions that reduce girls' exposure to IPV, challenge harmful gender norms, and push back at expectations that thwart safer sex decision-making may improve the efficacy of HIV prevention interventions.

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Clinical Considerations

- Nurses and other health and social service providers should assess male and female adolescents for number of prior sexual partners and reasons for moving from one partner to another.
- Nurses and other health and social service providers should assess the social pressures adolescents experience regarding multiple partners.
- Adolescents should be provided with counseling about HIV risks and multiple partners.
- It is important to screen all adolescents for prior and current intimate partner violence as well as assess needs for counseling and referral for intimate partner violence
- Evidence-based HIV risk reduction programs should be implemented for adolescents that address multiple partnering and partner abuse in clinic and community settings.

Table 1

Sexual and Abuse Variables of Total Sample (N = 64) by Recent History of More Than One Partner

Variable	Total Sample	Had More Than One Partner in Previous 3 Months	
		Yes	No
	<i>n</i> %	<i>n</i> %	<i>n</i> %
History of STI/HIV	24 (37.5%)	12 (50.0%)	12 (50.0%)
No condom use last vaginal sex	36 (56.3%)	9 (25.0%)	27 (75.0%)
History of partner physical abuse	24 (37.5%)	9 (37.5%)	15 (62.5%)
History of partner verbal abuse	34 (53.1%)	11 (32.4%)	23 (67.6%)
History of partner threats	24 (37.5%)	8 (33.3%)	16 (66.7%)

Table 2

Intention, Attitude, Norms, and Agency About Limiting Number of Sexual Partners

Variable	n (%)
Intention I intend to limit myself (to no more than one sexual partner in the next 3 months).	55 (85.9%) agree/strongly agree
Attitude (i.e., evaluative) How do you feel about limiting yourself (to no more than one sexual partner in the next 3 months)?	50 (78.1%) good/very good idea
Attitude (i.e., affective) My limiting myself to no more than one sexual partner in the next 3 months would be ...	55 (85.9%) somewhat/very pleasant
Norms (i.e., in reference to others in general) Most people who I respect and admire think I [... should/should not ...] limit myself (to no more than one sexual partner in the next 3 months).	61 (95.3%) think I should
Norms (i.e., in reference to perceived behavior of peers) Most people like me would limit themselves (to no more than one sexual partner in the next 3 months).	47 (73.4%) almost always/always
Agency (i.e., capacity) I have the ability to limit myself (to no more than one sexual partner in the next 3 months).	58 (90.6%) somewhat agree/agree
Agency (i.e., ability) It is under my control whether or not I limit myself (to no more than one sexual partner in the next 3 months).	60 (93.7%) somewhat agree/agree

Note. Responses were rated on a 5-point scale.

Table 3**Salient Beliefs About Limiting Number of Sexual Partners**

What's good about limiting your number of sexual partners to no more than one in the next 3 months?	<ul style="list-style-type: none"> • Prevents HIV/STIs • Reduce risk of pregnancy • Won't infect others with an STI • Can identify who got me pregnant • Can identify who gave me an STI or HIV • Avoid stigma, (e.g., "I will not be called mean names")
What's bad?	<ul style="list-style-type: none"> • Unmet sexual needs (e.g., "If one sexual partner is not satisfying you")
List the people you think would approve of you limiting yourself to no more than one sexual partner in the next 3 months.	<ul style="list-style-type: none"> • Mom • Dad • Grandmother • Friends • Partner • Brother • Sister • Aunt • Cousin • Doctor/clinic
List the people you think would disapprove.	<ul style="list-style-type: none"> • Friends • Boys (e.g., "A person who is not your boyfriend and just wants to have sex")
What makes it easy to limit your number of sexual partners to no more than one in the next 3 months?	<ul style="list-style-type: none"> • Being/staying in a relationship • Having a good relationship (e.g., "When I love my sexual partner"; "If my sexual partner and I trust each other"; "When I am sexually satisfied with current partner")
What makes it hard?	<ul style="list-style-type: none"> • Partner infidelity • Interest in other partners (e.g., "Being around a lot of cute boys"; "Being in love with more than one person"), • Pressure/influence (e.g., "When boys act like gods and hound you")