Published in final edited form as:

J Prim Prev. 2014 December ; 35(6): 397–407. doi:10.1007/s10935-014-0362-3.

***“If you don’t have honesty in a relationship, then there is no relationship”*: African American Girls’ Characterization of Healthy Dating Relationships, A Qualitative Study**

Mary A. Garza

Abstract

The quality of dating relationships in adolescence can have long lasting effects on identity development, self-esteem, and interpersonal skills, and can shape values and behaviors related to future intimate relationships. The aims of this study were to: 1) investigate how African American adolescent girls characterize healthy relationships; and 2) describe the meanings of these characteristics in the context of the Centers for Disease Control and Prevention’s (CDC) 12 healthy dating relationship qualities. We conducted semi-structured one-on-one in-depth interviews with 33 African American high school girls in the mid-Atlantic region. Trained staff transcribed interviews verbatim and entered the data into ATLAS.ti for coding and analysis. Participants’ specified and vividly described eight healthy relationship characteristics: good communication, honesty, trust, respect, compromise, understanding, individuality, and *self-confidence*. Of these characteristics, three (*good communication*, *compromise*, and *respect*) were described in ways discordant with CDC’s definitions. Findings highlight a need to better understand how girls develop values and ascribe characteristics of healthy relationships in order to reduce their risk for teen dating violence.

Keywords

Romantic relationships; Dating violence; Adolescent

According to the Centers for Disease Control and Prevention’s (CDC) Choose Respect initiative (www.cdc.gov/chooserespect), which lasted from 2007 to 2011 (Professional Leaders of Women and Girls, 2012), adolescents need help from their parents, teachers, coaches, and families to recognize and understand the characteristics of healthy dating relationships. The CDC developed the Choose Respect initiative as a national effort to motivate adolescents to “take steps to form healthy and respectful relationships” (CDC, 2010). The CDC issued a comprehensive list of healthy characteristics that should be a part of adolescent romantic relationships. These include: respect, good communication, trust, compromise, individuality, anger control, efficient problem solving, fair fighting, understanding, positive self-confidence, honesty, and *inspiring each other to be role models* (CDC, 2010). Moreover, an adolescent relationship should be “free from physical, emotional, and sexual violence” (CDC, 2010). There has been limited inquiry into the

qualities that adolescents' themselves attribute to a healthy dating relationship (Guzman, Ikramullah, Manlove, & Peterson, 2009). Given the increase in the prevalence of teen dating violence (TDV) victimization among African American girls since 1999 (Centers for Disease Control and Prevention, 2008), research in this area is sorely needed. African American girls who do not fully understand the characteristics of a healthy relationship may be more vulnerable to TDV during adolescence and adulthood. Research suggests that the occurrence of TDV can disrupt development and may be associated with other risk engagement, i.e., risky sexual behaviors (Ackard & Neumark-Sztainer, 2002; Chiodo et al., 2011).

TDV Risk and Prevention

TDV, defined as "physical, sexual, or psychological/emotional violence within a dating relationship," constitutes a major public health problem in the United States. Approximately one in ten adolescent males and females report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend each year (CDC, 2012a). Several other studies have reported that over 400,000 adolescents have been victims of serious dating violence at some point in their lives (Jouriles, Platt, & McDonald, 2009; Shaffer, 2009). Approximately 8% of adolescent high school students report having been physically forced to have sexual intercourse (Howard, Wang, & Yan, 2007). The prevalence of physical dating violence, however, may not be uniform across racial and ethnic subgroups. According to the 2011 national Youth Risk Behavior Surveillance (YRBS) survey of U.S. students in grades 9 – 12, the prevalence of physical dating violence is highest among African American females and males (12%), compared to their Hispanic (11%) and White (8%) peers (CDC, 2012a). An even greater number of adolescents report psychological victimization, i.e. being verbally and psychologically abused by their dating partner (Eaton et al., 2009). The National Longitudinal Study of Adolescent Health (Add Health), a national school-based study of adolescents in Grades 7-12, found that approximately three in ten youth reported psychological victimization in the previous year (Mulford & Giordano, 2008).

Living in a neighborhood with high levels of poverty, violence, and social disorganization is associated with risk for TDV (Banyard, Cross, & Modecki, 2006; Glass et al., 2003; Malik, Sorenson, & Aneshensel, 1997). Adolescents' exposure to multiple forms of violence (e.g., having witnessed a shooting or stabbing) in their community is also associated with violence in dating relationships (Malik et al., 1997). African Americans are disproportionately represented in urban neighborhoods characterized by high levels of violence, crime, drug activity, and poverty (Martinez, Rosenfeld, & Mares, 2008; Sampson, Raudenbush, & Earls, 1997). Thus, African American girls, particularly those in urban areas, may be at an increased risk of TDV victimization. Indeed, Raiford et al. (2007) reported a 28% prevalence of TDV among urban African American girls. One explanation for the observed relationship between neighborhood violence and TDV is that after witnessing violence in their community or home, girls may come to accept violence perpetrated by their partners as normative (Johnson et al., 2005). Miller (2008) suggests that African American girls who witness violence against women may come to believe that women often deserve their maltreatment.

African American girls living in communities plagued with violence may need increased support and guidance to identify examples of healthy dating relationships that they can model. Raiford et al. (2007) found that African American girls who experienced dating violence were half as likely as their non-victimized peers to report an understanding of the characteristics of healthy relationships. Girls who reported a low level of understanding of healthy relationships were twice as likely to report abuse at their one year follow-up. Selecting appropriate dating partners is a skill that African American parents must teach their children (Akers et al., 2010). Moreover, research suggests adolescents desire more guidance in identifying and maintaining a healthy relationship (Sears et al., 2006). African American parents reportedly struggle, however, with *how* to teach their children about healthy relationships and prevent dating violence (Akers, Yonas, Burke, & Chang, 2010). Collectively, these findings suggest that if African American girls are not equipped with the skills or knowledge to identify healthy romantic relationships, they may be more likely to experience dating violence.

Within this context, we examined the characteristics that African American adolescent girls ascribe to healthy dating relationships. The study aims were to: (1) investigate how African American adolescent girls characterize healthy relationships; and (2) describe the meanings of these characteristics in relation to the CDC's 12 qualities of healthy relationships.

Methods

Setting and Participants

Thirty-three girls from both public and private schools participated in semi-structured interviews. To recruit participants, we held meetings with school principals to introduce the study objectives, discuss logistics, and to gain student participation. Next, research staff conducted information sessions at each school during school assemblies, lunch periods or special class sessions. Eligibility criteria included African American girls between the ages of 15-18 years who attended participating schools and agreed to have their interviews digitally recorded. We asked interested students to contact research staff via phone or email to confirm their eligibility and discuss the consent process. The University of Maryland Institutional Review Board (IRB) approved all study procedures. We received student assent and parental consent from all girls between the ages of 15 and 17 years. Girls aged 18 years provided written informed consent. We asked participants to identify their race, ethnicity, age, and grade level in a socio-demographic survey completed immediately before the interview (see Table 1 for sample demographic information).

Interview Procedures

We conducted semi-structured individual interviews after school hours in a private room at each participating school between April 2010 and November 2011. We audio-recorded all interviews, which lasted approximately 1 – 1.5 hours. Trained research staff (three women; one African American and two Caucasian) conducted the interviews. The interview guide included questions about dating terms used by high school youth, perceptions of healthy and unhealthy relationships, and an examination of the sources of influence on girls' perceptions of relationship quality. Specifically, girls discussed their perception of an ideal relationship,

what they valued in a relationship, and the qualities of a healthy relationship. For example, we asked girls “*What makes a relationship healthy?*” We then used follow-up probes (e.g., “What does a relationship with good communication look like?”) to elicit a full and detailed description of qualities and characteristics that girls attributed to a healthy dating relationship.

Data Analysis

We transcribed all recorded interviews verbatim and entered them into Atlas.ti, a qualitative data management program (Atlas.ti, 6.1 ed). First, we created a coding dictionary that captured all of the CDC identified characteristics of a healthy relationship, (i.e. mutual respect, trust, honesty, compromise, individuality, good communication, anger control, problem solving, fighting fair, understanding, self-confidence, and *being a role model*). We operationally defined all codes in the dictionary to enhance reliability and validity and to aid in the coding process. Narrative segments of the interview transcript were highlighted and coded using specific dictionary terms. One research team member completed all coding. A second coder then reviewed the coded segments of data to determine coding agreement, thus strengthening the consistency of the coding process. An iterative process ensued, whereby any discrepancies in coding were discussed until agreement was reached (Berg, 2007; Marshall & Rossman, 2006).

Systematic coding of transcripts in Atlas.ti facilitated a “data reduction” process (Berg, 2007), which involved simplifying raw qualitative data and sorting them into meaningful codes. We then used Atlas.ti in “data display” mode to aggregate the interview data into their appropriate codes (Berg, 2007). We should note that girls were not provided a list of the 12 CDC recommended characteristics of a healthy adolescent relationship to discuss during the interviews. To examine the concordance between girls’ descriptions of a healthy relationship and the characteristics or qualities specified by the CDC, we ran specific queries in Atlas.ti. First, across all the transcripts, responses to the question “*How would you define a healthy relationship?*” were extracted and saved in a separate word processing file. We next conducted individual queries, using each of the CDC’s recommended qualities of a healthy dating relationship. Thus, we ran the 12 queries in Atlas.ti to extract any text in the interview transcripts that were coded in relation to the CDC recommended qualities of a healthy relationship.

Results

Of the characteristics identified by CDC, 3 were mentioned by at least 26 participants, 5 were mentioned by 8 or more participants, and the remaining 4 were mentioned by fewer than 7 participants (see Table 2). Because the latter 4 characteristics, including *Role Model*, *Problem Solving*, *Anger Control*, and *Fighting Fair*, were infrequently mentioned, we did not analyze them further.

In the results that follow, we first provide the CDC definition and then describe how participants discussed this characteristic as a part of a healthy relationship. Results are ordered by the frequency in which the CDC-identified healthy relationship characteristics were mentioned.

Trust– “Partners should choose to trust in each other and give each other the benefit of the doubt.”

Trust was the most frequently stated characteristic of a healthy relationship, endorsed by 30 participants. They spoke of their need for a partner in whom they could confide in about their feelings and daily activities, and who would maintain their privacy. They characterized a healthy dating relationship as one in which they felt comfortable sharing secrets and could depend on their partner to be there for them. This concept was described as follows:

“Trusting them and know you can say anything to them and they’ll still be there for you” (15 years); “when you feel like you can share anything with them” (17 years).

Likewise, participants also defined trust in terms of its antithesis: lying and infidelity, or what they referred to as “*cheating*.” Girls expressed their beliefs that they should be able to trust that their partner would not lie to them, “*cheat*” with another girl, or cheat on them by disclosing trusted secrets. Cheating was seen as a betrayal of trust. “Trust is, to me ... If you go to a party tonight, I’m going to trust that you’re not going to hook up with other girls behind my back...Or if I share my secrets with you, you’re not going to tell all your friends. It’s just kind of, really basic things, but they can have really big repercussions if they’re broken” (17 years). Girls frequently mentioned their need to be able to *trust* that their partner is integral to their need to *communicate* openly with them. As a result, these characteristics, trust and communication, often overlapped during the interviews and were occasionally difficult to differentiate in analysis.

Good Communication – “Each partner should speak honestly and openly to avoid miscommunication. If a partner needs to sort out his or her feelings first, their partner should respect those wishes and wait until they are ready to talk.”

Communication was the second-most frequently mentioned characteristic, endorsed by 27 of the participants. Girls believed that a healthy relationship involves “*openness*” and “*transparency*.” They felt that both partners should be able to express their feelings and not keep secrets. One participant described good communication as, “... I guess just being transparent and talking about everything and just making sure you both see eye to eye on everything” (16 years). Similar to their characterization of trust, participants also characterized a healthy relationship as one in which their partner is “*there to listen*” (16 years). Girls stated that they looked for someone who will listen to their thoughts, feelings, and their day-to-day concerns. They wanted to be able to “talk about life, stuff that’s bothering you like or talk about stuff..., like actual relationships, what it means to be in a relationship with the person” (15 years). The participants stated that good communication could only exist in a relationship where they felt they could confide in their partner without being judged. Thus, in addition to wanting someone who would not reveal their secrets (*trust*), the girls wanted to be able to be authentic without worrying that their partner would criticize them for their beliefs or behavior. Transparency seemed to mean being able to not only be authentic or ‘real’ but to have a ‘real’ conversation about the meaning of their relationship.

In contrast to the CDC definition of good communication, the girls did not report that there may be instances when they had to allow time for a partner to sort out his or her feelings

before reacting. Instead, the girls stressed that they should be able to talk through any disagreements right away and not let issues or disagreements remain unaddressed. This sentiment is illustrated in the following quote, “If you feel a certain way just say it...get the real answer for the question or whatever you felt” (16 years). The description of communication as including openness and transparency aligns with participants’ discussion about honesty. The girls stated that honest communication is the only way to maintain a healthy relationship. They felt that “it’s good to communicate because if not...it leads to a whole bunch of problems, like you just gotta tell him; be honest with him and let him know how you feel” (16 years). Further, a lack of open communication could lead to “storing up” discontent or angry feelings and generate misunderstandings of their and their partner’s opinions and feelings. Participants reported that if a relationship lacked open communication, it was not likely to last.

Honesty – “When a dating partner lies, it takes time to rebuild that trust in him or her. Honesty builds trust and strengthens the relationship.”

More than three-quarters of the participants ($N=26$) included honesty as a central characteristic of a healthy dating relationship. “If you don’t have honesty in a relationship, then there is no relationship” (17 years). The girls believed that honesty builds the foundation for a relationship and is intricately linked to trust. For example, “you don’t know if they’re honest. You have to try and kind of trust them to a sense...” (16 years). That is, the girls felt that they could not trust a person if they were suspicious about that person’s honesty. They equated honesty with commitment to the relationship and loyalty to their partner. For example, participants stated that their partner would not cheat on them with another girl and would remain loyal and committed to them alone. In order to be loyal and committed, girls felt there could be “*no lies*” in a healthy relationship. They reported that honesty is a value that was instilled in them while growing up, and they expected these same values to be exhibited in their dating relationships. Girls believed that “*honesty is what keeps a relationship strong*” (17 years). Their comments reinforced the perception that honesty was related to good communication. The girls shared that partners should be able to openly and honestly communicate about their feelings. They expressed an aversion to relationships where their partner was not honest about intentions to break-up or change the nature of the relationship. “So honesty-I just don’t want to be lied to. I don’t want to be told something that’s not true. I don’t want to be told a story that has five parts of it missing or five parts of it that you’ve added onto it...I just wanna hear the blunt truth, even if it’s ignorant, I wanna hear it” (15 years).

Respect – “Respect means that each person values who the other is and understands the other person's boundaries.”

Approximately two-thirds ($N=22$) of the girls discussed respect as a component of a healthy relationship. “Just respectful to everyone, like respecting your elders, respectful--respecting you as a person, respecting your body” (18 years). Analogous to the CDC definition, girls stated that each partner should respect the other and the other’s rules and beliefs. The girls also reported that their partner should respect their values related to sexual behaviors. Girls felt that “when you see that a guy respects your body, that’s one way of know[ing] that he respects you” (15 years) and “I respect him a lot because he respects my

decision to wait [for sex]" (17 years). Girls stated that sex with someone outside of the relationship, or "cheating," was disrespectful.

The participants shared that respect should also be shown in casual dating relationships. Although the girls used various terms and language to describe casual relationships (e.g., friends with benefits, hook-ups, etc.), they felt that respect was an important component of healthy dating even before a more committed relationship, which they called "boyfriend/girlfriend," began (Guzman et al., 2009). Girls expressed that, while casually dating, their partners should not show them disrespect by being dishonest, "...like you was just out with me and next thing you out with somebody else" (16 years) and "If you respect me, you will not be out there with another female and lie about it" (17 years).

Another way participants gauged respect was through the extent to which their dating partner respected their morals and opinions, as exemplified in the following: "Like if a girl doesn't want to do something, don't pressure her to do something" (17 years) and "Acting like a gentlemen and respecting my ideas and opinions and not thinking less of me because of them" (17 years). Again, a consistent reference point revolved around sexual decision making, i.e. pressure by the girl's partner to engage in sexual activity: "All we did was just watch a movie, eat popcorn that was it. And like he respected that I wasn't...I didn't want anything to go further" (16 years). While the CDC definition makes no specific reference to sex, respecting a girl's body and beliefs about sex was the most frequent way that the girls believed their partner showed them respect.

Self-Confidence – "When dating partners have confidence in themselves, it can help their relationships with others. It shows that they are calm and comfortable enough to allow others to express their opinions without forcing their own opinions on them."

Slightly over half of the girls ($N = 17$) mentioned self-confidence as a quality of a healthy relationship. While the CDC definition of self-confidence does not include mention of self-esteem, participants in this study seemed to discuss self-confidence and self-esteem as the same characteristic. "I think if your self-esteem is high, and you have confidence in yourself...then you can be happy with somebody else" (15 years).

When participants mentioned self-confidence, it was almost exclusively described in the context of its diminishment. In an unhealthy relationship, a partner will belittle them, consequently decreasing their self-confidence. They also felt that if someone had low self-confidence they might be less likely to leave an unhealthy relationship: "Sometimes it could be a self-esteem thing like... they might not feel like they're good enough or pretty enough for anyone else and they might think that's the only person they can get" (15 years). In contrast to the CDC definition of self-confidence, the girls did not discuss their ability to express their opinions as an example of self-confidence within their healthy relationships. However, this idea of being able to express their opinions can be found in girls' definitions of communication and honesty.

Individuality – "Each partner should not have to compromise who they are, and his or her identity should not be based on their partner's. Partners should each continue seeing his

or her friends or doing the things that he or she loves. They should be supportive if their partner wants to pursue new hobbies or make new friends.”

Approximately one-third ($N=12$) of the girls stated that individuality was a component of a healthy relationship. Many of the girls' statements about individuality aligned with the CDC definition of this characteristic. They talked about how they would maintain their identity and not let their partner change who they were. The girls discussed wanting independence within their relationship, the freedom to explore who they were, and maintain their own interests and activities. For example, they valued “having a chance to find out who I am on my own for a while” (17 years), “*just having freedom*” (17 years) and “*being true*” (17 years) to who they are. Participants' comments underscored their striving for autonomy. They discussed how a dating relationship should allow them to have freedom to do things outside of the relationship. Another participant described maintaining individuality in a relationship this way, “I think I would definitely take more time to get to know somebody more and not just try and drop everything for the relationship” (15 years). Participants reflected on past relationships in which they spent all of their free time with their partner at the expense of their other friendships. They expressed their beliefs that a healthy relationship would allow them to keep their current friendships and do the things that they enjoyed. Further, they stated that if they had to compromise their independence, the relationship might not be suitable. One girl stated, “A healthy relationship to me is just keeping your independence, like knowing who you are and not letting anybody touch that because if they don't like you for who you are, then maybe they don't belong in your life” (15 years).

Understanding – “Each partner should take time to understand what the other might be feeling by putting themselves in their shoes.”

Approximately one-quarter of the girls ($N=9$) mentioned understanding as a quality of a healthy relationship. Participants described this quality as involving a partner who “*can understand everything you are going through*” (16 years). They discussed a relationship where their partner could empathize with them and appreciate their feelings, whether in reference to their moral boundaries or coping with school, family, and work responsibilities, stating their partner would “at least understand that I have certain morals, and I want to wait for this, and I want to be able to do certain things. So somebody that would be understanding and not kind of pressure me into other things...” (17 years). A partner exhibiting understanding about competing priorities was described this way, “...someone who can have time for you and understand that they aren't your only priority and that you do have other things to do, however, you still want them to be there for you” (17 years).

Understanding was also discussed in terms of girls' knowing their partner in a deeply personal way. They wanted their dating partner to really “*understand*” who they were, “just understanding, somebody who gets where you coming from; who can relate to you” (16 years). Girls felt that honest and open communication with their partner could help them understand their perspective, personality, needs, and desires.

Compromise – “In a dating relationship, each partner does not always get his or her way. They should acknowledge different points of view and be willing to give and take.”

One-quarter of the participants ($N = 8$) endorsed compromise as integral to a health relationship. Although they talked about compromise less frequently than other characteristics of a healthy adolescent relationship, it was mentioned as an integral component of future adult relationships. They described a future partner who would compromise about jobs, working hours, having children and how to raise them, and what religion to practice. As one girl described it; “You have to learn how to compromise because if both of you are working two jobs and they are on different schedules, and say for instance you have children, ...the priority is no longer you, however it’s your children and taking care of your family” (17 years).

Discussion

This study explored African American adolescent girls’ characterizations of a healthy dating relationship within the context of the CDC’s 12 healthy dating relationship qualities. Although we did not provide participants the CDC definitions to anchor their descriptions, they provided thoughtful, graphic and expressive definitions of the qualities that are important components of a healthy relationship. Girls were able to articulate and describe the meaning of various characteristics. Despite slight differences from the CDC definitions, girls possessed a general understanding of qualities that they should look for in healthy romantic relationships.

Without prompting, participants described eight characteristics recognized by the CDC, including good communication, honesty, trust, respect, compromise, understanding, individuality, and *self-confidence*. The four most mentioned characteristics were *good communication*, *honesty*, *trust*, and *respect*. These qualities are often a part of character development and social-emotional learning curricula taught in elementary and middle school (e.g., US Department of Education, 2005). For example, trustworthiness and respect are two characteristics emphasized in Character Counts!, the most widely used character education program in the United States (Character Counts, 2012). As a result, it may not be surprising that girls may think of these characteristics when asked to describe a healthy relationship.

In contrast, the CDC definitions for *problem solving*, *role model*, *anger control*, and *fighting fair* were least likely to be articulated by study participants. Participants’ developmental stage may help explain the infrequency with which these qualities were addressed. For instance, the frequency of conflict in adolescent romantic relationships increases over the course of adolescence (Furman & Buhrmester, 1992). As adolescents’ age their relationships become longer and more intimate, conflict occurs more often, and there are more opportunities to use qualities like *problem solving*, *anger control*, and *fighting fair* (Feldman & Gowen, 1998; Berger, McMakin, & Furman, 2005).

The girls were able to amplify and contextualize the qualities offered by the CDC. It should be noted, however, that their descriptors sometimes ran counter to the CDC terms. For example, the definitions provided for *compromise*, *respect*, and *good communication* appear to be discordant with those offered by the CDC. Girls only discussed *compromise* as an

important component of their future healthy relationships, not their current ones. This is not surprising given our understanding of the stages of adolescent development. That is, during late adolescence (ages 17-21 years), teenagers begin to expand their ability to compromise in the context of identity development and moving towards independence (Spano, 2004). In addition to examining these differences in early and late adolescence, it may also be important to address the multiple meanings and depictions of these qualities for adolescents so they are able to fully identify them in their relationships.

In addition, although girls reported that *good communication* is needed to maintain a healthy relationship, they only couched it in terms of being immediately direct and honest. There was no mention of respecting a partner's needs to sort out his or her feelings first before talking. Differences in communication style by gender may also influence conflict resolution among adolescents. Miller (2008) found that males tended to disengage or "walk away" from an argument until both parties were able to calm down; whereas girls did not often use this strategy during conflict with their partner. Moreover, research suggests that teens who have difficulty using communication to express themselves may turn to aggressive behaviors to show affection, frustration or jealousy (Fredland, Ricardo, Campbell, Sharps, Kub, & Yonas, 2005; Laursen & Collins, 1994; Mulford & Giordano, 2008).

Respect was mostly used in reference to sexual dynamics in adolescent relationships. Data from the 2011 YRBS shows that 47% of US high school students report ever having sexual intercourse and 33% having had sexual intercourse in the three months prior to the survey (CDC, 2012c). Thus, it may not be surprising that teens are concerned that their partners may not respect their beliefs about sexual activity within their relationships. They did not, however, discuss *respect* in reference to valuing who the other is, as suggested by the CDC.

With regards to the CDC term *trust*, many of the girls defined this concept in the context of "cheating." For example, girls saw cheating as an example of disrespect and dishonesty, and believed they could not *trust* their partner if they thought he or she may cheat on them. Few studies have examined the influence of infidelity on adolescent's dating beliefs and experiences (Williams & Hickie, 2011). Girls who have been in relationships that involved unfaithful partners may place more emphasis on the qualities of trust, respect, and honesty.

Unhealthy relationships and dating violence are often topics within the curriculum of high school health classes, but the same cannot be said about healthy relationships (National Conference of State Legislatures, 2011b). An evaluation of Safe Dates, the most rigorously assessed teen dating violence curricula (Foshee & Langwick, 2011), indicates that these lessons are important in increasing adolescents' understanding of dating relationships (Foshee et al., 1998; Foshee et al., 2005). Though adolescents in the current study provided insightful descriptions of characteristics of healthy relationships, research suggests that adolescents essentially "learn-as-they-go" about healthy relationships (Banister & Leadbeater, 2007). Given that overall national prevalence of teen dating violence remains largely unchanged across the most recent decade (CDC, 2012a), prevention efforts should move away from an exclusive focus on helping adolescents' identify unhealthy dating relationships. In its place, more community programs and standard school health curricula are needed to instill the qualities of healthy relationships.

Limitations

We acknowledge several limitations to this study. Selection bias could have occurred in that those students who volunteered to participate in the study represent a subset of adolescent girls who are comfortable discussing their dating beliefs and behaviors and who are more likely to attend school. Second, more research among broader samples of girls and other races is needed to determine if the CDC characteristics that were rarely mentioned are consistently viewed as less important, or even not considered a part of a healthy relationship. Third, study participants constituted a convenience sample of African American adolescent girls in a large Mid-Atlantic region. While the representativeness of our sample was strengthened by the inclusion of the voices of girls from at least five different urban neighborhoods, future studies should explore the qualities of healthy and harmful teen dating relationships among girls from other geographic regions. Fourth, more research is needed in other schools to determine if the type of school or school climate influenced girls' perceptions. Fifth, the perspective of girls who were enrolled in the participating schools may have differed from that of their adolescent counterparts who were not actively enrolled in high school. Sixth, we believe that it is equally important to understand the perspective of adolescent boys. More research is needed to explore whether boys share similar beliefs about the qualities of a healthy dating relationship and how boys' beliefs may affect the dynamics of the relationship (Giordano, Longmore, & Manning, 2006). Seventh, the short demographic survey that preceded each interview, and the relatively low number of participants, prevented a detailed examination of study data stratified by other demographic factors like family socio-economic status and previous dating experience. Finally, a longitudinal study with repeated interviews over the course of several years could have provided additional insight into developmental changes that may occur in the lives of the girls that influence their perceptions of healthy relationships as they age.

Practical Implications and Conclusions—Given the potential for unhealthy relationships to negatively affect adolescent functioning, it is critically important to help girls identify healthy relationships and encourage their participation in dating relationships that are free from harm. Study findings draw attention to the qualities that girls readily identified in a healthy relationship. These qualities can provide the basis for programs and educational materials to prevent teen dating violence. Results can be used to develop curricula to link girls' beliefs about the characteristics of a healthy relationship with those characteristics specified by the CDC, and highlight their practical application to teen dating relationships. Building on teens' knowledge and insight, curricula can then focus on *problem solving* skills and the need for *compromise* as characteristics of healthy adolescent relationships. Activities and exercises could be designed to facilitate observational learning and skill building through role playing and modeling of real-world teen dating dynamics (Abraham & Michie, 2008; Bandura, 2004). Girls could also be encouraged to develop a broader understanding of what *respect* means and requires within the context of their dating relationships. Study findings enhance the relevance of the CDC's healthy relationship characteristics by providing contextualized examples that resonate with the lives of contemporary African American adolescent girls.

Prevention curricula and programs should consider the potential influence of parents, family, school, friends, and societal norms in shaping and reinforcing girls' healthy relationship ideas and behaviors. The "Dating Matters" prevention program constitutes a current attempt to address multiple levels of the Social Ecological Framework within a dating violence prevention educational program (Centers for Disease Control and Prevention, 2012b). While results from this program are still forthcoming, previous research supports moving beyond an individual level influence on dating violence to examine how girls' experiences within other spheres of influence can have a large impact on the meaning they attribute to the characteristics of a healthy relationship. For instance, girls who witness violence and infidelity in their parents' relationship may need more guidance on how respect and honesty are portrayed within a healthy dating relationship.

Many current school-based dating violence prevention curricula focus on helping girls identify an unhealthy relationship and provide strategies to help them leave an unhealthy relationship. The primary prevention of teen dating violence should also focus on reinforcing in girls the values and characteristics of healthy relationships to encourage them to avoid unhealthy relationships before they can begin.

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Table 1

School Demographics

School Name Grade level	School Type	Enrollment	African American	Free and Reduced Meals (FARM) or Annual Tuition ^a
School A	Private, all female	911	14%	\$24,630
School B	Private, Roman Catholic,	287	19%	\$11, 550
School C	Public coed	1,104	54%	62%
School D	Private, Roman Catholic,	317	21%	\$11, 375
School E	Public coed	1,634	89%	58%

^a Private schools do not calculate FARM rate, thus annual tuition provided as proxy for socioeconomic status

Table 2

African American girls' characterization of healthy dating relationships in relation to CDC characteristics

CDC Characteristic	N (%) ^a	Illustrative Quotes	Comparison with CDC Definition ^b
Trust	30 (91%)	<i>"...trusting them and know you can say anything to them and they' still be there for you"</i>	Congruent definition
Good Communication	27 (82%)	<i>"If you feel a certain way, just say it; so you don't have to beat around the bush and see how things go. Just say something..."</i>	Discordant definition
Honesty	26 (79%)	<i>"If you don't have honesty in a relationship, then there is no relationship."</i>	Congruent definition
Respect	22 (67%)	<i>"I respect him a lot because he respects my decision to wait [for sex]."</i>	Discordant definition
Self Confidence	17 (52%)	<i>"I think if your self-esteem is high, and you have confidence in yourself...then you can be happy with somebody else."</i>	Congruent definition
Individuality	12 (36%)	<i>"A healthy relationship to me is just keeping your independence, like knowing who you are..."</i>	Congruent definition
Understanding	9 (27%)	<i>"So somebody that would be understanding and not kind of pressure me into other things..."</i>	Congruent definition
Compromise	8 (24%)	<i>"You have to learn how to compromise because if both of you are working two jobs and they are on different schedules, and say for instance you have children"</i>	Discordant definition

^aThe number and percentage of the sample that identified this characteristic within the context of healthy relationships during the interview^bFull CDC definitions are provided in the results section.