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Relationships of parental monitoring and emotion regulation with early adolescents' sexual behaviors

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Abstract

Objective—The purpose of the current study was to examine the moderating influence of parental monitoring (e.g., unsupervised time with opposite sex peers) and adolescent emotional competence on sexual behaviors, among a sample of at-risk early adolescents.

Methods—The current study included 376 seventh grade adolescents (ages 12-14) with behavioral or emotional difficulties. Questionnaires were completed on private laptop computers and assessed adolescent Emotional Competence (including Regulation and Negativity/Lability), Unsupervised Time, and a range of Sexual Behaviors. Generalized linear models were used to evaluate the independent and combined influence of Emotional Competency and Unsupervised Time on adolescent report of Sexual Behaviors. Analyses were stratified by gender to account for the notable gender differences in the targeted moderators and outcome variables.

Results—Findings indicated that more unsupervised time was a risk factor for all youth, but was influenced by an adolescent's ability to regulate their emotions. Specifically, for males and females, poorer Emotion Regulation and was associated with having engaged in a greater variety of Sexual Behaviors. However, lower Negativity/Lability and > 1X per week Unsupervised Time were associated with a higher number of sexual behaviors among females only.

Conclusions—Based on the current study findings, a lack of parental supervision appears to be particularly problematic for both male and female adolescents with poor emotion regulation abilities. It may be important to impact both emotion regulation abilities and increase parental knowledge and skills associated with effective monitoring to reduce risk taking for these youth.

Keywords

Emotion regulation; adolescents; parental monitoring; sexual risk

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Early adolescence is a time when risk taking begins to emerge, as demonstrated by Youth Risk Behavior Surveillance¹ data which indicate that before age 13, 6% of youth have had sexual intercourse and in high school 47% of youth report being sexually active. Notably, the early onset of sexual behaviors has been associated with a greater number of lifetime partners, higher number of pregnancies, and a greater likelihood of contracting a sexually transmitted infection². These trajectories can be even more pronounced for youth with mental health problems³ for whom the rates of early sex are even greater (17% prior to age 14)⁴. Therefore, the prevention and/or reduction of sexual behavior among early adolescents with mental health concerns is key to addressing sexual health promotion, however, specific intervention targets must be identified to interrupt this pathway to risk.

Prior interventions have focused on building greater knowledge regarding the risks of unprotected sex, sexually transmitted infections, and safer sexual practices. Additionally, condom use skills, partner negotiation skills, and condom use and partner negotiation self-efficacy have been targeted but development of these attitudes and skills have been inconsistently associated with safer sexual behavior⁵. Some have proposed that an adolescent's inability to regulate their emotions during a sexual situation compromises their ability to engage previously learned skills, such as assertive communication or condom negotiation⁶. This has been supported by a number of studies linking poor emotion regulation abilities with sexual risk taking behaviors^{6, 7}. One longitudinal study among early adolescents (12-13 years) has demonstrated that self-regulation (including emotion regulation) is predictive of sexual risk taking four years later even after controlling for the influence of peers and family factors⁸. Likewise, high levels of emotional lability have been associated with risk taking behaviors among adolescents^{9, 10} and young adults¹¹. Based on these studies, it appears that emotion regulation and lability are important targets to address in order to positively impact sexual behaviors.

Emotion regulation has been conceptualized as the set of processes used to manage feelings and their expression in order to achieve goals¹². Emotion Regulation is thought to include the use of both effortful and automatic processes¹³ that serve to reduce the intensity (e.g., negativity) or frequency of emotional states (e.g., lability) as well as the ability to generate and sustain an emotional state¹⁴. Emotion regulation focuses on both negative and positive emotions, which is important when considering sexual behavior, given previous findings connecting both positive and negative affective states with sexual risk behavior^{15, 16}.

Gross' process model of emotion regulation¹³ has identified five points in the process of generating an emotion at which individuals can use strategies to regulate their emotions: situation selection, situation modification, attentional deployment, cognitive change, and response modulation. These approaches influence the emotional response, which in turn influence behavior. Initially, the development of emotion regulation was thought to be primarily due to innate neurobiological processes (e.g., underlying autonomic arousal, etc.) and cognitive abilities. Parenting was conceptualized as playing a supportive role to these basic abilities. More recently, the field of emotion regulation has recognized that caregivers may serve a more primary role in the development of emotion regulation processes through a number of behaviors¹⁷. Caregivers are thought to shape effective emotion regulation

initially by serving as external regulators (infancy), modeling effective emotion regulation, and reinforcing the use of effective emotion regulation strategies.

In addition to their role in the development of adolescent emotion regulation, caregivers are thought to play a major role in adolescent risk engagement through other parenting behaviors. Specifically, among early adolescents (ages 11-14) parental monitoring has been found to be the strongest and most consistent parenting behavior influencing adolescent sexual risk taking¹⁸ and has consistently been shown to influence adherence to health behaviors^{19, 20} and decrease adolescent delinquency²¹. Parental monitoring is comprised of several components including parental solicitation, adolescent disclosure of information, direct supervision of time spent with peers, and limit setting with consequences²². Numerous studies have shown that during early adolescence greater parental monitoring is associated with a delay in the onset of sexual activity, fewer partners, lower chance of contracting a sexually transmitted infection, and a lower chance of teen pregnancy^{23, 24}. In particular, time spent with peers without adult supervision, alternatively labeled “unsupervised time” has been repeatedly been associated with more problem behaviors (including substance use and sexual risk behavior) especially among early adolescents²⁵. Understanding the association between unsupervised time and adolescent emotion regulation and their concurrent relationships with adolescent risk behavior may be important to developing interventions for early adolescents.

The purpose of the current study was to examine the independent and combined influence of parental monitoring, measured via unsupervised time with opposite sex peers, and adolescent emotional regulation (including regulation and negativity/lability), among a sample of at-risk early adolescents, on sexual risk taking. While previous studies have examined the independent influence of these constructs on adolescent sexual risk taking, none have examined the interaction of parental monitoring and adolescent emotion regulation and their associations with adolescent sexual behaviors. The influence of these constructs on sexual behavior was examined separately by gender given previous literature documenting differences between genders on parental monitoring, emotion regulation, negativity, and participation in sexual behaviors. Specifically, prior research has documented that adolescent males engage in sexual behaviors earlier and at a greater rate than adolescent females²⁶ and also indicate that adolescent females display more negative affect, in terms of both frequency and intensity, beginning in early adolescence^{27, 28}. Relatedly, other studies indicate that females demonstrate a greater awareness of their emotional state and are able to use a broader array of strategies to regulate their emotions²⁹. Finally, studies have overwhelmingly documented that parents monitor female adolescents more closely than males^{23, 25}.

Based on this prior data we anticipate that there will be distinct patterns by gender. Specifically, we anticipate that emotion regulation abilities and lability/negativity will be independent predictors of the number of sexual behaviors among females above and beyond the influence of parental monitoring, which is typically elevated among females^{23, 25}. For males, we expect an interaction between emotion regulation and parental monitoring, whereby poorer emotion regulation and lower levels of parental monitoring will be associated with more sexual behaviors. We do not anticipate that negativity/lability will be

associated with adolescent male's sexual behavior given studies demonstrating lower rates among adolescent males^{27, 28}.

METHODS

Subjects

The sample consisted of 420 seventh grade adolescents (ages 12-14) from five urban public middle schools in New England participating in Project TRAC (Talking about Risk and Adolescent Choices), a sexual risk prevention trial for at-risk early adolescents (blinded cite). Contacts at the schools, including counselors, administrators, and nurses, referred eligible seventh graders to the program. Adolescents were eligible if they were in 7th grade, aged 12-14 years, spoke English, and were at-risk due to symptoms of emotional or behavioral problems or suspected sexual or substance use behavior. A form developed by one of the school districts, used for school staff to make counseling referrals, served as a guide to school personnel for making referrals to the program. It included common symptoms of emotional or behavioral concerns, such as hyperactivity, withdrawing, declining grades, erratic behavior/mood swings, disruptive behavior, or suspected substance use/sexual activity. About 1,283 students were attending seventh grade across the five schools each of the three study years (3,849 students). Approximately 27% of students were referred to the program, which is consistent with national data³⁰ indicating that 22.2% of adolescents have a mental health disorder causing severe emotional or behavioral symptoms (this study required only symptoms of a disorder). School staff obtained permission from parents/guardians, by phone or in writing, for study staff to contact families and obtain face-to-face consent and assent.

Measures

Demographics and Mental Health Symptoms—Adolescents and their parents provided information on age, gender, race, and ethnicity. The Adolescent Symptom Inventory (ASI) and Youth Inventory (YI-4) were used to measure emotional and behavioral symptoms after enrollment in the study. These instruments assess symptoms of several common adolescent mental health problems from both parent report (ASI) and youth report (YI-4).

Unsupervised Time—Adolescents reported how often they were with peers in situations without adult supervision with the following question: "About how many times have you been with a group of boys and girls in places with no grown-ups around (for example, in a room with the door closed or outside) in the last six months?"^{31, 32}. Participants were grouped into three categories: those who reported no unsupervised time (labeled "None"), those who reported unsupervised time about once a week (labeled "< 1X per week") and those who reported unsupervised time more than once a week (labeled "> 1X per week").

Emotional Competency—The Emotion Regulation Checklist³³ (ERC) contains two subscales assessing parent ratings of children's emotion regulation ability. This checklist is comprised of two subscales including Lability/Negativity and Emotion Regulation. The Lability/Negativity subscale consists of 15 items (e.g., "Is easily frustrated"). Higher scores

indicate greater inflexibility, unstable moods, and negative affect. The Emotion Regulation subscale consists of 8 items (e.g., “Can say when s/he is feeling sad, angry or mad, fearful or afraid”). Higher scores indicate greater emotional understanding, self-awareness, and empathy in their child based on parental perceptions. Parents responded on a 4-point scale (1= “rarely/never” to 4= “almost always”). Adequate internal reliability was observed for both the Lability/Negativity ($\alpha = .95$) and Emotion Regulation ($\alpha = .84$) subscales. The correlation between these two subscales was $-.33$ for males and $-.53$ for females, indicating separate but related constructs.

Sexual Behaviors—Items from the previously validated Psychosexual Development Interview³⁴ were used to assess whether participants had engaged in a variety of sexual behaviors in the past 6 months. Adolescents were, separately, asked if they had 1) kissed (romantically), 2) made out, 3) felt a female’s breasts over her clothes (boys only), 4) felt a female’s breasts under her clothes (boys only), 5) rubbed someone’s genitals over their clothes, 6) rubbed someone’s genitals under their clothes, 7) had their genitals rubbed over their clothes, 8) had their genitals rubbed under their clothes, 9) engaged in oral sex (giving or receiving), 10) engaged in vaginal sex, or 11) engaged in anal sex. Participants were instructed to include only non-abuse experiences in responding. The outcome variable for the present study was the number of different behaviors endorsed (i.e., 0-11 for boys, 0-9 for girls), henceforth referred to as “sexual behaviors” which included both pre-intercourse and intercourse behaviors.

We chose to examine the occurrence of a variety of sexual behaviors rather than frequency of sexual contacts given the low frequency of intercourse behaviors among this sample and prior studies demonstrating that behaviors generally follow a Guttman scale where youth engaging in higher risk behaviors (e.g., vaginal sex), will also engage in more frequent lower risk behaviors (e.g., kissing)³⁵⁻³⁷. For these data, this assumption was tested using Loevinger’s scalability coefficient H^{38} . The H statistic ranges from 0 to 1, with values above $.5$ indicating sufficient stability in the ordering of the items (i.e., they follow a Guttman scale pattern). For males $H = .75$ and for females $H = .80$, suggesting that the items follow a Guttman pattern. Scalability coefficients were calculated using the R package Mokken 2.7.5³⁹.

Procedures

All procedures were approved by the hospital Institutional Review Board. Baseline questionnaires, completed on individual laptop computers via ACASI (audio computer assisted self-interview), were completed by 420 early adolescents. Participants completed the ACASI individually or in small groups (1-8 adolescents) with adequate space between participants to ensure privacy. Parents also completed questionnaires on laptop computers in the language of their choice (English, Spanish, or Portuguese). Parents were defined as a primary caregiver within the home who agreed to their participation in the study and consented to their child’s participation. For greater continuity in reporters only one parent was included in the study and this was self-selected by each participating family. Ninety-one percent of participating parents identified as female.

To increase the likelihood of greater adolescent disclosure of sexual behaviors, we took the following steps 1. Adolescents and parents were informed at the time of consent that adolescents' responses would be confidential and would not be shared with parents or school personnel, 2. Adolescents completed the interview on a private audio computer assisted self-interview that has been shown to enhance adolescent disclosure of sexual information⁴⁰. 3. Adolescents were informed that interviews would not contain any identifying information and all collected data would be stored using numbers. All participants received gift cards for their time. Data for the current study is from the baseline data collected as part of the larger intervention trial.

Statistical analysis

Generalized linear models (GLiM) were used to evaluate the study hypotheses. The dependent variable followed a Poisson distribution and the GLiMs were fit using a Poisson distribution with a log link function. The count of sexual behaviors was regressed on the Lability/Negativity and Emotion Regulation subscales of the ERC and the categorical variable indicating frequency of unsupervised time (None, < 1X per week, and > 1X per week). To test how parental monitoring/unsupervised time moderated the relationship between the ERC subscales and the count of sexual behaviors, the models also included the interactions between unsupervised time and the subscales. Analyses were stratified by gender based on findings in previous literature and the differences within the current study sample among parental monitoring and sexual behavior, and the trend in emotion regulation. In the female model, 93% of the participants reporting no unsupervised time also reported no sexual behaviors, which created instability in the GLiM because the value of the unsupervised group was too close to zero and the log of zero is undefined. To remedy this instability, the data were transformed by adding a "1" to the sexual behavioral count for each participant in the female model. This moved all values away from the boundary resulting in a stable model. The table and figure reports data in the original metric. A non-parametric smoother (localized regression) was used to produce the fit lines in Figure. Statistical analyses were performed using SPSS 18.

RESULTS

Sample Characteristics

Of the 648 youth approached for the study, 556 (86%) youth were eligible and able to be contacted and 420 (76%) consented/assented to participation in the study. Of the 420 students, 91% of the sample had a T-score above 65 on either the ASI or YI-4 reports of psychiatric disorders scales. Only participants who completed study measures were included in the analyses ($n = 376$; 90%); 4% did not provide a usable response to Unsupervised Time and 6% did not provide a usable ERC. Sample characteristics of the study sample, stratified by gender, are displayed in the Table. There were no differences between gender in race, ethnicity, Emotion Regulation, or Lability/Negativity. There were differences in age ($F(1, 373) = 3.86, p = .05$), and Unsupervised time ($\chi^2(2) = 6.21; p = .05$), with males being older and reporting more unsupervised time. For the Sexual Behaviors comparison, the count of Sexual Behaviors for female participants was prorated from 9 items to 11 items to match the number of items asked of male participants. As expected, the data followed a Poisson

distribution with 42% of males and 61% of females indicating no sexual behavior, 41% of males and 27% of females reporting between 1 and 3 types of sexual behavior, and 17% of males and 12% of females reporting more than 3 types of sexual behavior. A non-parametric test of distributional differences suggested that the distribution of sexual behaviors differed between genders (Kolmogorov-Smirnov 2-sample test = 1.86, $p < .01$)

Main Effects

Unsupervised Time—For males, there was a significant main effect for Unsupervised Time on number of Sexual Behaviors during the previous 6 months (Wald χ^2 (2) = 6.82; $p = .03$; estimated marginal means: None = .80; 1X per week = 1.95; and > 1X per week = 3.17). For females the pattern was similar (Wald χ^2 (2) = 17.74; $p < .01$; None = 0.04; 1X per week = 1.18; and > 1X per week = 2.79).

Emotion Regulation—The Emotion Regulation subscale of the ERC was not significantly related to Sexual Behaviors for males (Wald χ^2 (1) = .008; $p = .93$) or females (Wald χ^2 (1) = 0.04; $p = .84$).

Lability/Negativity—Similar to Emotion Regulation, the main effect of Lability/Negativity subscale on Sexual Behaviors was not significant for males (Wald χ^2 (1) = .154; $p = .22$) or females (Wald χ^2 (1) = 0.23; $p = .64$).

Moderation (Figure)

For males, the relationship between Emotion Regulation and Sexual Behaviors depended on Unsupervised Time (Wald χ^2 (2) = 6.09; $p = .05$), with youth in the >1X per week category showing less Sexual Behavior with higher Emotion Regulation; specifically, it increased by a factor of 0.89 (95% Confidence Interval [CI] = 0.79 – 1.02) for a one unit increase in the standard deviation of Emotion Regulation. The rate ratios [RR] for the 1X per week and None categories are as follow: 1X per week = 1.18 (CI = 0.99 – 1.41); None = 0.97 (CI = 0.68 – 1.39). Unsupervised Time did not significantly moderate the relationship between Lability/Negativity and Sexual Behaviors (Wald χ^2 (2) = 2.60; $p = .27$).

For females, Unsupervised Time significantly moderated both the relationship between Emotion Regulation and Sexual Behaviors (Wald χ^2 (2) = 7.71; $p = .02$) and the relationship between Lability/Negativity and Sexual Behavior (Wald χ^2 (2) = 15.08; $p < .01$). For Emotion Regulation, females with > 1X per week opportunity showed less Sexual Behavior with higher Emotion Regulation (RR = 0.79; CI = 0.64 – 0.96), with no apparent relationship between the two for those in the 1X per week (RR = 1.11; CI = 0.96 – 1.29) and None (RR = 1.10; CI = 0.78 – 1.55) categories. For Lability/Negativity, adolescent females who reported being in unsupervised situations > 1X per week and had higher levels of Lability/Negativity reported fewer Sexual Behaviors (RR = 0.66; CI = 0.49–0.87). However, female adolescents who reported being in unsupervised situations 1X per week and had higher levels of Lability/Negativity noted more Sexual Behaviors relative to those with lower levels of Lability/Negativity (RR = 1.23; CI = 1.07–1.42). For girls reporting no unsupervised opportunities there was no relationship with Lability/Negativity and Sexual Behaviors (RR = 1.12; CI = 0.84–1.49).

DISCUSSION

Consistent with previous literature²⁴, our current findings indicate that more unsupervised time spent with peers is a risk factor for all youth. Notably, in contrast to prior literature demonstrating gender differences in Negativity/Lability or Emotion Regulation, we did not detect a difference between the males and females participating in the current study. The lack of differences is likely due to sampling methods, whereby we explicitly selected for adolescents with emotional and behavioral problems and therefore the current sample is not representative of the larger youth population in this respect. Additionally, these outcomes indicate that time spent with peers is influenced by an adolescent's ability to regulate their emotions, whereby, for both males and females, poorer emotion regulation and more unsupervised time was associated with having engaged in a greater variety of sexual behaviors by the seventh grade. Contrary to our expectations, higher negativity/lability and > 1X per week unsupervised time were associated with fewer number of sexual behaviors among female adolescents. However, among adolescent males, a relationship between negativity/lability and unsupervised time and sexual behaviors was not found.

This study adds to the current literature examining the role of unsupervised time and adolescent sexual risk behavior. Specifically, an adolescent's ability to regulate their emotions may help explain why opportunity is not 100% correlated with risk.²⁴. Furthermore, this study highlights the need to help adolescents develop skills to manage their emotions at an early age. While many states have begun to require programs targeting the social and emotional well-being of elementary school students, including emotion regulation skills⁴¹, fewer such programs have been developed for middle school students. Building emotion regulation skills early in development will be beneficial; however, it is unlikely that these same skills will easily translate to the world of adolescents who are faced with very different risk situations in the context of greater independence and less supervision with age, increasing sexual urges, and significant changes in cognitions and attitudes toward sexual behaviors. The current study findings lend weight to the importance of targeting emotion regulation skills for middle school students to assist with sexual risk reduction.

Unexpectedly, among adolescent females who reported > 1X per week unsupervised time and whose parents reported that they had high levels of Lability/Negativity, we found very low levels of sexual behaviors. One possible explanation for this finding is that these adolescent females who have > 1X per week unsupervised time are also perceived as labile and negative by peers and thus may not be viewed as desirable partners. In contrast, adolescent girls with 1X per week opportunity but perceived by parents to have the same high levels of emotional Negativity/Lability may have developed less of a "reputation" among peers for being labile or negative because of less unsupervised time. As a result, they may still be viewed as a desirable partner by peers. This may be a function of the developmental period of this study; as adolescents age, the impact of lability/negativity may become less relevant for sexual partnering when more casual patterns of partnering emerge (i.e., hooking up; ²). However, this hypothesis will need further exploration before any strong conclusions can be drawn given that one would expect rates of lability/negativity to be consistent across environments (e.g., home and school).

Alternatively, the negativity/lability seen in these young adolescent females may be the product of an abuse history and these females may openly reject any sexual advances from potential romantic partners as has been found in one study among female victims of child sexual abuse⁴². However, what appears to be a protective factor among this young sample may disappear as these adolescents age, and these females may turn to sexual activity as a means of coping with negative affect, consistent with prior studies of older adolescents with a history of abuse⁴³. Unfortunately, the current study did not examine sexual abuse history.

Notably, across all analyses the lowest level of sexual behaviors occurred among adolescents reporting no time spent with mixed gender peers without adult supervision ("None" group), and the second lowest levels were found among adolescents with limited opportunities ("1X per week"). For the 1X per week group, supervision may have enhanced situation selection, consistent with Gross's model of emotion regulation¹³, whereby parents explicitly granted access/permission to opportunities they perceived to be less risky (e.g., with a group of known low risk peers) and potentially less emotionally challenging. Further studies will be needed to determine how and whether parents make these decisions based on their adolescents ability to regulate and how early parental monitoring influences acquisition of emotion regulation skills among adolescents throughout development. For example adolescents who have poor emotion regulation skills in this early adolescent period but high levels of monitoring may demonstrate more emotion regulation abilities later on as a result of greater parental involvement relative to their peers who received less monitoring. Parental involvement may help parents and teens communicate about options for managing emotions in risky situations. This hypothesis will need further study to unravel this complicated pattern.

Based on the current study findings, a lack of parental supervision appears to be particularly problematic for both male and female adolescents with poor emotion regulation abilities. In an effort to improve outcomes for these young adolescents, it may not only be important to increase emotion regulation abilities but also increase parental awareness of the association between unsupervised time spent with peers and adolescent emotion regulation. Furthermore, some parents may need greater instruction in how to adequately monitor their teens and minimize potential risk situations. Lastly, it is possible that teens with poor regulation abilities are more resistant to parental monitoring, which can lead to parental disengagement, as has been suggested in prior studies¹⁷. In these situations, parents may need to involve community supports such as schools and neighborhood programs to maintain adult supervision or seek counseling services to access greater emotional support for their monitoring efforts.

Limitations of the current manuscript include a cross-sectional study design which limits our ability to determine the direction of influence between emotion regulation, lability/negativity, unsupervised time and engagement in sexual behaviors. Longitudinal studies will be needed to determine whether the pattern observed in the current study persists into later adolescence when parental supervision of time spent with peers declines. It is possible that as monitoring declines the influence of emotion regulation and/or lability/negativity on adolescent sexual risk taking will increase. In addition, our measure of parental supervision is fairly ambiguous and does not provide us with details regarding whether the unsupervised

time spent with opposite sex peers was granted by parents. This important distinction will need to be clarified in order to truly inform intervention studies targeting parental monitoring. Notably, all data were captured using self-report measures which are limited by inherent biases (including recall errors). Unfortunately there are no independent methods of assessing sexual behavior (beyond pregnancy and sexually transmitted infections) which occur in such low frequency among early adolescent sample, require large samples to examine. Therefore, as is typical of studies of sexual behavior, the current data are subject to the limitations of self-report. Finally, the sexual behaviors outcome was collapsed equalizing the risk of all behaviors (e.g., kissing and intercourse). However, analyses demonstrated that, in general, youth engaging in higher level sexual risk behavior e.g., vaginal sex) were also reporting a greater number of lower level risk behaviors (e.g., kissing and fondling) and vice versa.

In conclusion, the current study is enhanced by a relatively large, ethnically and racially diverse sample of adolescents that utilized multiple informants to collect information on the targeted indicators. These findings lend support to prior literature demonstrating that parental monitoring and emotion regulation skills serve to limit youth engagement in sexual behaviors and extends this knowledge by demonstrating that parenting behaviors and individual factors interact with one another to influence adolescent sexual behaviors. Additionally, these interactions appear to be dependent on an adolescent's gender. Future studies will be needed to examine the stability of these findings over time and to determine whether influencing both adolescent emotion regulation and parent supervision of time spent with peers can reduce adolescent risk behaviors.

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Figure.
Emotion Regulation and Unsupervised Time by Gender

Table

Comparisons of Demographics, Emotional Competency, and Unsupervised Time by Gender

	Male N=194	Female N=182		
	M (SD)/ n (%)	M (SD)/n (%)	Effect Size ^a	P-value
Age	13.02 (0.55)	12.91 (0.55)	.10	.05
Race			.19	.03
White	69 (35%)	55 (30%)		
Black	63 (33%)	39 (21%)		
Multi-Racial	29 (15%)	39 (21%)		
Native Hawaiian or Pacific Islander	7 (4%)	6 (3%)		
American Indian	3 (2%)	5 (3%)		
Asian	0(0%)	2 (1%)		
Did not Answer	23 (12%)	36 (20%)		
Hispanic	72 (37%)	72 (40%)	.03	.63
Sexual Behaviors ^b	2.14 (2.71)	1.55 (2.58)	10.60	<.01
Unsupervised time			.13	.05
None	47 (24%)	51 (28%)		
Infrequent	82 (42%)	91 (50%)		
Frequent	65 (34%)	40 (22%)		
Emotional Regulation	3.15 (0.44)	3.23 (0.42)	.09	.07
Negativity/Lability	1.93 (0.46)	1.86 (0.48)	.07	.18

Note:

^a Effect size of the gender difference was estimated using η for continuous variables, ϕ for categorical variables, and rate ratio for count variables;^b Count of sexual behavior for Female participants was prorated from 9 items to 11 items to match the number of items asked of Male participants,