

A Statewide Survey of Age at First Intercourse for Adolescent Females and Age of Their Male Partners: Relation to Other Risk Behaviors and Statutory Rape Implications

Harold Leitenberg, Ph.D.,^{1,2} and Heidi Saltzman, Ph.D.¹

In a statewide survey of a representative sample of adolescent girls in 8th–12th grades (N = 4201), information was obtained on age at first intercourse and age of their male partners. Excluding intercourse experiences where physical force was threatened or used, 31% had intercourse by age 15 and 45% by age 16. Contrary to the impression left by studies of teenage mothers, girls who first had sex between age 13 and age 15 or between age 16 and age 18 did not have a large percentage of much older partners (5 or more years older; 12 and 7%, respectively). The percentage of much older partners was higher, however, for girls who had sex in very early adolescence, ages 11–12 (34%). Much older male partners were associated with greater problem behaviors for girls who first had intercourse in very early adolescence (11–12), but less so for those who first had intercourse between age 13 and age 15 (truancy only) and not at all for those who first had intercourse at between 16 and 18. Regardless of partner's age disparity, earlier age at first intercourse during adolescence was associated with a greater number of other problem behaviors. The implications of these findings for recent calls to enforce statutory rape laws more stringently to reduce teenage pregnancy were discussed.

KEY WORDS: age at first intercourse; statutory rape; adolescent sexual behavior; teenage pregnancy.

INTRODUCTION

Prompted by statistics showing that the majority of fathers of children born to teenage girls were adults (Landry and Forest, 1995; Males, 1992; Males and Chew,

¹Department of Psychology, University of Vermont, Burlington, Vermont 05405.

²To whom correspondence should be addressed. e-mail: H_Leiten@dewey.uvm.edu. Fax: 802-656-3482.

1996), the United States Congress, as part of the 1996 Federal Welfare reform law, urged states to enforce statutory rape laws aggressively as a way to reduce teenage pregnancy. The findings from these studies received substantial news coverage and the impression left by the media was that most pregnant teenagers were the victims of predatory older men. As a result, there were many calls for stricter enforcement of statutory rape laws (Donovan, 1997; Elo *et al.*, 1999).

Recent research suggests, however, that these birth record studies of partner's ages may have conveyed an inaccurate picture of the typical ages of male sexual partners of teenage girls. Perhaps it was not realized that many of the "teenage" mothers in these studies were 18–19 years of age. Thus, it is not surprising that the majority of their male partners were adults (20 or older). When Lindberg *et al.* (1997) reanalyzed some of these data, they discovered that once married and older teenagers were excluded, only 21% of unmarried 15- to 17-year-old females who gave birth had male partners at least 5 years older. Moreover, these cases represented only 8% of all births to the 15- to 19-year-old unmarried teenagers in the sample.

Even this 21% figure is misleading because it is based only on teenage girls who gave birth, a sample that may be biased toward having older partners compared to most female adolescents who are having sex (Elo *et al.*, 1999). In fact, a recent national study indicated that only 5.5% of unmarried girls between 15 and 17 years of age who were sexually active had partners who were 6 years older (Darroch, *et al.*, Oslak, 1999). Similarly, Miller *et al.* (1997) found that only 11% of the partners of girls who first had sex at between 14 and 17 were 5 or more years older, and Elo *et al.* (1999) reported that 18% of women who first had intercourse at between 15 and 17 years of age had a partner who was 4 or more years older.

Therefore, contrary to the impression left by the earlier studies of partners of teenage mothers, these more recent studies suggest that the vast majority of male sexual partners of teenage girls are not substantially older men but are instead teenage boys or young adult males who are about the same age or only several years older than the girls with whom they are having sex. If most male sexual partners of teenage girls are not substantially older than the girls with whom they are having sex, the social policy implications of more stringent enforcement of statutory rape laws are quite different than may have been originally contemplated or intended.

Statutory rape refers to sexual activity with a minor who is legally not able to give consent because of his or her age (Oberman, 1994). In the United States, 28 states use age 16 as the age of consent, 15 states use age 18, 6 use age 17, and 1 uses age 14 (Donovan, 1997). These laws are clearly targeted toward partners of teenagers who have said they had consensually engaged in intercourse. If physical force is used, typically other charges pertaining to sexual assault rather than to statutory rape would be pressed. And if the child is younger than a teenager, typically various child sexual abuse rather than statutory rape statutes would be invoked.

Parental objections and statutory rape laws notwithstanding, the reality is that a large percentage of adolescent girls in the United States is sexually active (Brooks-Gunn and Furstenberg, 1989); approximately 50% have had intercourse by age 16 (Mott *et al.*, 1996; Seidman and Rieder, 1994), and about one-third by age 15 (Besharov and Gardner, 1997).

Although statutory rape laws are designed primarily to protect teenagers from exploitation or abuse of power and authority by adults and to discourage adults from engaging in sexual activity with minors, many states (29) do not, in fact, require any age discrepancy whatsoever between the partners for statutory rape laws to be prosecuted. Although the research literature typically uses a 5-year age difference to define child sexual abuse (Finkelhor, 1984), only four states require a minimum of a 5-year age discrepancy for sex with an underage minor to be considered a crime (Donovan, 1997). Therefore, if the vast majority of male partners of adolescent girls in this country are similar in age to or only somewhat older than the girls with whom they are having sex, more strict and indiscriminate enforcement of statutory rape laws would mean that a large percentage of the teenage male population in the United States would be at risk for prosecution as sex offenders.

Because of the serious policy implications involved, we thought it important to collect additional information on the age of male partners of underage minor girls who have had sexual intercourse. In a statewide representative sample of adolescent girls, we compared partner's ages for girls who first had intercourse at three age periods in adolescence, 11–12 vs 13–15 vs 16–18. We wanted to determine if the age spread between partners varies as a function of how old the adolescent girl is when she has intercourse for the first time. We expected that the percentage of much older male partners would be greater the younger the adolescent girls are when they first have intercourse. Our reasoning was that younger girls would be most vulnerable to being exploited by older males, and since boys mature later than girls, they would also have fewer similar-age male sexual partners available to them.

We also wanted to determine if girls who have sex with much older male partners exhibit more behavior problems (suicide attempts, substance abuse, truancy, and pregnancy) than girls who have sex with similar-aged or somewhat older partners. Although it has been shown repeatedly that girls who have intercourse at a younger age in adolescence tend to exhibit more behavior problems than similar-age girls who delay initiation of intercourse (Irwin and Millstein, 1992; Jessor and Jessor, 1977), it is uncertain to what extent age of their partners matters in this regard. It is usually assumed that an older partner is more likely to have a harmful effect (e.g., Lamb *et al.*, 1986) but this may vary depending on the age of the girl when she first has intercourse. For example, a 5-year age difference may reflect a more exploitive situation when a girl first has intercourse at age 12 compared to age 16.

METHOD

Sample

The Centers for Disease Control and Prevention (CDC) originally developed the Youth Risk Behavior Survey in 1990 as a nationwide tool to assess periodically the prevalence of various health risk behaviors among youth in the United States. The data in this study were derived from the Vermont Youth Risk Behavior Survey, administered in 1997 by the Vermont Department of Health, Office of Alcohol and Drug Abuse Programs, in cooperation with the Vermont Department of Education and the CDC. Nineteen high schools along with their 13 associated middle schools were randomly selected to obtain the statewide sample of 8th- through 12th-grade students. The overall response rate was 71% (school response rate of 87% times student response rate of 82%). A total of 8636 students was included in this sample. The survey firm that contracted with the CDC used a statistical weighting formula to compensate for any differences between the sample and the population of all 8th- to 12th-grade students in Vermont to ensure that the sample was representative of the larger population of students in these grades in the state. In the present study we utilized data from female respondents only and only from those who completed the questions about age at first intercourse and the age of their partners. This included a total of 4201 girls, mean age 15.40 ($SD = 1.45$). At the time of the survey, 92% of these girls were between age 13 and age 17, with less than 1% age 12 and 7.7% age 18.

No other demographic data regarding social class, race, ethnicity, parent's education, or religion were available, but based on the composition of Vermont, it can be assumed that approximately 97% of the participants were Caucasian and that the vast majority of respondents were Christian. Vermont also is a largely rural state, containing 575,000 people with no large urban areas (the largest city in the state has only 40,000 residents). It ranks thirtieth among the states in per capita income.

Survey

Only those questionnaire items pertinent to this study will be described.

Age at First Intercourse and Age of Partner

A question regarding age at first intercourse that has been standardly asked in the Youth Risk Behavior Survey reads: "How old were you when you had sexual intercourse for the first time?" The response choices are (a) I have never had sexual intercourse, (b) 11 years old, (c) 12 years old, (d) 13 years old, (e) 14 years old, (f) 15 years old, (g) 16 years old, and (h) 17 years old or older. The Youth Risk Behavior Survey has been shown in prior research to have a good test-retest reliability, with a kappa of 71% for age at first intercourse (Brenner *et al.*, 1995).

Two additional questions were added to the Vermont survey specifically for the purpose of this study. The first inquired as to whether "physical force was threatened or used against you when you had sexual intercourse for the first time." If the respondent answered "yes," she was excluded from the remainder of the data analysis.

The second question asked, "How old was the person with whom you had sexual intercourse for the first time?" The response choices were (a) I have never had sexual intercourse, (b) 12 years old or younger, (c) 13 or 14 years old, (d) 15 or 16 years old, (e) 17 or 18 years old, (f) 19 to 21 years old, (g) 22 to 25 years old, and (h) 26 years old or older. Having respondents provide the exact ages for their partners as distinguished from having to choose between these alternatives was not an option because of CDC survey design and format. For the purposes of this analysis, therefore, we used the midpoint of the scale item, for example, if someone chose "(e) 17 or 18" we calculated it as 17.5, if someone chose "(f) 19 to 21," we calculated it as 20, etc. Also, for "12 years old or younger" we entered only 12 and for "26 years old or older" we entered only 26. We then categorized partners age differences into three groups: similar age (-1.5 to $+1.5$ years apart), somewhat older (2.0–4.5 years), and much older (5 or more years).

No further information is available on the nature of these relationships, e.g., whether the partner was a "boyfriend," how long the relationship lasted, or whether the girl felt good about it or felt manipulated or coerced even if no force was used or threatened.

Other Risk (Problem) Behaviors

The problem behaviors analyzed in this study were *suicide attempts* in the past year; *alcohol use* (number of days in which alcohol was drunk in the past 30 days); *drug abuse* as defined by a composite score for number of times marijuana was used in the past 30 days, number of times any form of cocaine, including powder, crack, or freebase was used in the past 30 days, and number of times in the past 30 days in which the respondent reported sniffing glue or gas or breathing the contents of aerosol spray cans or inhaling any paints or sprays to get high; *truancy* defined as number of days cut school in the past 30 days; and *pregnancy* defined as lifetime frequency.

RESULTS

Overall, 3.5% of the females in this sample had a first intercourse experience in which physical force was threatened or used, representing 9% of all first intercourse experiences. These incidents were omitted from all subsequent analyses.

Table I shows the absolute and cumulative percentages of age of first intercourse for those girls in the sample who were currently 16 or older. As can be seen, 31% had experienced intercourse by age 15 and 45% by age 16.

Table I. Age at First Intercourse, Absolute and Cumulative Percentages^a

Age	Absolute %	Cumulative %
11	1	1
12	1	2
13	3	5
14	10	15
15	16	31
16	14	45
17+	6	51

^aOmits first intercourse experiences where physical force was threatened or used.

Table II. First Intercourse for Females: Percentage Distribution of Age Differences of Their Male Partners^a

Age at first intercourse	Partner's age disparity (%)		
	Similar age (-1.5 to 1.5) %	Somewhat older (2.0 to 4.5) %	Much older (5 or more) %
11-12	37	29	34
13-15	45	43	12
16-18	72	22	7

^aOmits first intercourse experiences where physical force was threatened or used.

The percentages of male partners who were similar aged, somewhat older, or much older as a function of the females' age at first intercourse are shown in Table II. The data pertaining to the age of the male partner were derived from the full female sample, not just from those who were currently age 16 or older. As can be seen in this table, the distribution is very different depending on the age at first intercourse. For those girls who had their first intercourse experience at ages 11-12, 34% of their partners were much older than them (5 or more years). For those who had their first intercourse experience between 13 and 15, however, only 12% of their partners were much older, and for those who had their first intercourse experience between 16 and 18 the percentage of much older partners was the smallest, only 7%. These percentages are all significantly different from each other according to chi-square analyses [34 vs 12%, $\chi^2(1, N = 1001) = 16.92, p < .001$; 34 vs 7%, $\chi^2(1, N = 511) = 28.83, p < .001$; 12 vs 7%, $\chi^2(1, N = 1206) = 5.72, p < .01$]. The male partners were on average 3.62 years older ($SD = 3.41$ years) than girls whose first intercourse occurred between age 11 and age 12, compared to 2.41 years older ($SD = 2.26$ years) if the girl's first intercourse occurred between age 13 and 15 and 1.54 years older ($SD = 2.21$) if first intercourse occurred between 16 and 18. A one-way ANOVA indicated that these differences were significant [$F(2,1361) = 94.17, p < .001$].

Table III examines whether there is any difference in the frequency of girls' problem behaviors (suicide attempts, alcohol use, drug abuse, truancy, and pregnancy) as a function of how much older their first intercourse partner was and how old they were when they first had intercourse. Following an initial 3×3 MANOVA across all five problem behaviors, which showed a main effect for partner's age difference [$F(10,1252) = 3.99, p < .001$], a significant interaction between partner's age difference and age at first intercourse [$F(20,1242) = 2.56, p < .001$], and a significant main effect for age at first intercourse [$F(10,1252) = 13.88, p < .001$], one-way 3×3 ANOVAS and post hoc Newman-Keuls analyses were conducted for each problem behavior.

As can be seen in Table III, the effect of partner's age difference varied dramatically as a function of age at first intercourse. For each dependent variable except truancy, there was a significant interaction between partner's age difference and age at first intercourse such that partner's age difference seemed to matter a great deal if first intercourse occurred in very early adolescence (11–12) but much less so if first intercourse occurred at age 13–15 and not at all if first intercourse occurred in late adolescence (16–18) [for suicide, the interaction $F(4,1301) = 3.81, p < .004$; for alcohol use, $F(4,1362) = 4.86, p < .001$; for drug abuse, $F(4,1388) = 3.96, p < .003$; for pregnancy, $F(4,1367) = 8.33, p < .001$].

Post hoc Newman-Keuls analyses indicated that girls who had intercourse at age 11–12 with a much older partner had more suicide attempts, more substance abuse, and a greater incidence of pregnancy than girls who had intercourse with similar-aged partners (p at least $< .05$ in each comparison). Although the means suggest greater truancy with much older partners, these differences were not statistically significant. Sex with somewhat older partners was also associated with more suicide attempts and more substance abuse but not with greater truancy or pregnancy than similar-aged partners (p at least $< .05$).

For girls who first had intercourse between age 13 and age 15, the Newman-Keuls comparisons revealed that those with much older partners engaged in only one problem behavior with greater frequency than those with similar aged partners, namely, truancy ($p < .05$). Surprisingly, alcohol use was greater for those who had somewhat older partners than for those who had either similar-aged or much older partners. Otherwise, age of partners made little difference.

For girls who first had intercourse between age 16 and age 18, the Newman-Keuls analyses revealed that partner's age had no significant effect on any variable. Although not significant, the truancy data were similar to what was found for girls who first had intercourse at age 13–15; the mean truancy rate was higher in the group with much older partners than in the group with similar-aged partners (1.44 vs .83 days per month).

There was a main effect for age at first intercourse for each problem behavior [suicide, $F(2,1301) = 29.76, p < .001$; alcohol use, $F(2,1362) = 13.95, p < .001$; drug abuse, $F(2,1388) = 38.00, p < .001$; truancy, $F(2,1376) = 7.43, p < .001$; pregnancy, $F(2,1367) = 39.10, p < .001$]. Subsequent Newman-Keuls

Table III. Risk Behaviors for Adolescent Females Associated with the Age Disparity Between Their Age and Their Partner's Age the First Time That They Had Sexual Intercourse

Age at first intercourse	Partner's age disparity	First Time That They Had Sexual Intercourse				
		Suicide attempts in past year (1 = 1) (2 = 2-3)	Days drank alcohol in past month (1 = 1 or 2 days) (2 = 3 to 5 days) (3 = 6 to 9 days)	Illegal drug use in past month (1 = 1 or 2 times) (2 = 3 to 9 times)	Cut school in past month (1 = 1 day) (2 = 2 days)	Ever pregnant (0 = 0) (1 = 1)
11-12	Same age	.49a	1.53a	.65a	1.49a	.17a
	Somewhat older	.64ab	2.26b	1.11ab	1.63a	.31a
	Much older	1.09b	3.12c	1.56b	2.15a	.69b
13-15	Same age	.27a	1.53a	.45a	.97a	.11a
	Somewhat older	.22a	1.83b	.48a	1.09a	.11a
	Much older	.27a	1.57a	.51a	1.51b	.14a
16-18	Same age	.20a	1.42a	.31a	.83a	.04a
	Somewhat older	.16a	1.54a	.36a	1.04a	.03a
	Much older	.00a	1.69a	.35a	1.44a	.00a

^aOmits first intercourse experiences where physical force was threatened or used. Means that do not share the same subscript were significantly different at least at the $p < .05$ level.

analyses revealed that girls who first had intercourse at age 11–12 fared significantly worse on every problem behavior measured than those who first had intercourse between 13 and 15 or 16 and 18 regardless of the age disparity from their partner at the time. Girls who first had intercourse at age 13–15 also exhibited more problem behaviors than those who first had intercourse at age 16–18, but not uniformly so. They had a significantly higher frequency of pregnancy and use of illegal drugs ($p < .05$) but did not differ on suicide attempts, alcohol use, or truancy.

DISCUSSION

Consistent with recent findings in other samples (Darroch *et al.*, 1999; Elo *et al.*, 1999; Miller *et al.*, 1997), and contrary to what people believed was the case based on studies of partners of teenagers who had just given birth (Landry and Forest, 1995; Males, 1992; Males and Chew, 1996), the vast majority of the male partners of the girls in our sample who have had intercourse were not substantially older than them. Instead, only 7% of girls who first had intercourse between age 16 and age 18 had a partner 5 or more years older than them and only 12% of girls who first had intercourse between age 13 and age 15 had male partners 5 or more years older. For the small number of girls who had sexual intercourse between age 11 and age 12, however, the percentages of much older partners was much higher (34%), suggesting that girls this age are much more vulnerable to exploitation by older males. This is cause for serious societal concern, and in fact, offenders against girls so young are usually prosecuted for child abuse not statutory rape. Elo *et al.* (1999) and Miller *et al.* (1997) also reported that older partners were more common for younger adolescent girls.

We also found that consistent with national statistics (e.g., Besharov and Gardner, 1997), a large percentage of underage minor girls are having sex, 31% by age 15 and 45% by age 16. Combined, these findings have several implications for recent calls to enforce statutory rape laws more strictly. First, it is simply not true that most teenage girls who have sex are being seduced and exploited by substantially older men. The data instead clearly indicate that their partners are typically similar aged or just somewhat older than they are. This means that if statutory rape laws were indeed more stringently enforced, many teenage and young adult males will be prosecuted. They will become convicted felons and be characterized as deviant sex offenders when their behavior is in fact quite common.

Second, the results from this study, as well as Lindberg *et al.*'s (1997) analysis, calls into question the major reason that was originally given in support of stricter enforcement and harsher penalties for violations of statutory rape laws. The ostensible purpose was to reduce the prevalence of teenage pregnancy by prosecuting predatory older men. But if one were to restrict statutory rape prosecution only to men who were much older than underage teenage girls, one will

not make much of a dent in teenage pregnancy rates since these are not the typical males having sex with teenagers, and as Lindberg *et al.* demonstrated, births from unmarried 15- to 17-year-old females who had partners 5 or more years older represented only 8% of all births to teenagers. Thus, in order for this policy to have any chance of being effective, one would have to prosecute a large number of male teenagers since they are the usual partners of underage females who are having sex. But if society indeed went ahead and indiscriminately prosecuted statutory rape laws independent of the age of the offender, the "cure" may be as bad as the "disease." It has also been pointed out that such a policy may backfire by inhibiting female teenagers from seeking reproductive health services because they will be afraid that their boyfriends will go to prison (Donovan, 1997). Encouraging young teenagers to abstain from intercourse until they are older while at the same time promoting contraception for those who choose otherwise seems a much more reasonable policy.

In summary, what the data from the present study imply are not that statutory rape laws should be abolished—there are, after all, some older adults who do abuse their power and authority and exploit vulnerable young teenagers—but that they should be enforced with great discretion rather than with great zeal lest we criminalize a large segment of common teenage sexual behavior.

Another purpose of the present study was to determine if having much older sexual partners (5 years or more) was associated with a greater number of problem behaviors in adolescent girls than having similar aged or just somewhat older sexual partners. The data indicate that the answer depends on the girls' age of first intercourse. For girls who first had intercourse in very early adolescence (11–12), much older partners were associated with more suicide attempts, more alcohol and drug abuse, and a higher incidence of pregnancy. However, for girls who first had intercourse between age 16 and age 18, older partners were not associated with any greater number of problem behaviors except, perhaps, for truancy, which was greater though not statistically significantly so. The results for girls who first had intercourse between age 13 and age 15 were very similar to those who first had intercourse at 16–18, except this time truancy was clearly greater for those who had had sex with much older partners. There were no significant differences in this group as a function of partner's age discrepancy, however, for suicide attempts, drug use, or pregnancy. In addition, for girls whose first intercourse experience occurred between age 13 and age 15, alcohol use was greatest when first sexual partners were just somewhat older rather than much older.

It should be noted that the pregnancy data in the present study differ somewhat from those of Darroch *et al.* (1999). They found that pregnancy rates were several times higher among girls 15–17 whose partners were 6 or more years older than them compared to girls whose partners were no more than 2 years older. Although we found the same thing for girls who first had intercourse between age 11 and age 12, we did not see this in the girls in our sample who first had intercourse

between 13 and 15 or between 16 and 18. A sample difference might account for the discrepant findings. Miller *et al.* (1997) found that in a black and Hispanic sample, condom use on first intercourse was less likely if male partners were older rather than peers and Darroch *et al.* employed a national sample which would have had much greater racial diversity than is the case in Vermont. Darroch *et al.* also did not restrict their analysis to first intercourse experiences. In longer-term relationships, there may be a greater tendency to want to get pregnant if one has an older partner who is independent and seemingly capable of supporting a family.

Although a range of problem behaviors was assessed in the present study, there may, of course, be other harmful effects associated with older partner's age that were not measured. This is a limitation that hopefully will be addressed by additional research. Future research also needs to examine whether the nature of these relationships vary as a function of how much older the sexual partner is, e.g., is the partner considered a "boyfriend," how long does the relationship last, did the girl feel manipulated or coerced even if no force was used or threatened.

It should be highlighted that regardless of partner's age, the younger the girls' were when they first had intercourse the greater the number of other problem behaviors observed, a finding that is consistent with the prior literature (Irwin and Millstein, 1992). This was especially evident for girls who first had intercourse in very early adolescence, 11–12. They were more truant, had made more suicide attempts, had more pregnancies, used alcohol more, and abused other substances more than girls who first had intercourse in their teens. In addition, girls who first had intercourse as a young teenager (13–15) exhibited significantly more behavior problems (pregnancies and substance abuse) than girls who first had intercourse as an older teenager (16–18). Although dysfunctional families (Newcomer and Udry, 1987) and prior behavior problems such as drinking, substance abuse, and truancy may have contributed to early experience with sex rather than vice versa (cf. Billy *et al.*, 1988; Bingham and Crockett, 1996; Costa *et al.*, 1995), it seems reasonable to hypothesize that very early sex may also exacerbate existing problems as well cause new ones, especially if the girl becomes pregnant or develops an STD or if she feels exploited or used, which is more likely to be the case the younger she is when she first has intercourse. Even if cause and effect is unclear, at the least the evidence suggests that on average it is not beneficial for young female teenagers to be having sex. These results provide further justification for keeping statutory rape laws on the books so long as they are enforced selectively and judiciously, e.g., only when a much older partner has taken advantage of an adolescent under age 16. It could be argued that without the presence of statutory rape laws in the background, many more older males than is currently the case would sexually exploit young teenage girls.

We want to emphasize that although the present study was concerned only with the age disparity of heterosexual partners of female adolescents, future research should also examine the age distribution of sexual partners of male adolescents as

well as same sex partners for both adolescent girls and boys. Because the present study focused just on male partners of adolescent girls should not be taken as any endorsement by us of a double standard with regard to statutory rape laws.

ACKNOWLEDGMENTS

We thank the Vermont Office of Alcohol and Drug Abuse Programs, Department of Health, Agency of Human Services, for making this study possible. The assistance of Kelly Hale is especially appreciated. This article and the opinions expressed therein, however, are solely the responsibility of the authors. We also thank Bruce Compas, Karen Fondacaro, and Kay Jankowski for their comments on an early draft of the manuscript.

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