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ABSTRACT. This study examined whether parental monitoring mediated the relationship between community violence exposure and a spectrum of behaviors such as recidivism, risky sex, and drug use among youth with a history of being detained. It also explored whether risk pathways differed by gender. Adolescents \( n = 550 \) who were detained or previously detained were recruited from eight regional detention facilities in Georgia. Audio computer-assisted self-interviewing technology was used to assess demographic factors (i.e., age, race, and socioeconomic status), risky sex, drug use, and recidivism prior to being detained. Major findings indicated direct relationships between community violence exposures and risky sex and drug use in the 2 months prior to being detained. Findings also indicated that parental monitoring mediated these relationships for both adolescent males and females. These findings document that parental monitoring is an important element even for troubled youth across a broad spectrum of risk factors. Consequently, it is recommended that intervention programs examine the differential effects of monitoring behaviors by a variety of groups such as parental figures, teachers, and peer mentors.

KEYWORDS. Parental monitoring, protective, drug use, risky sex, detained youth

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INTRODUCTION

Youth who live in poorly resourced communities are often confronted with high rates of community violence exposure (CVE; Sampson, 2011; Sampson, Morenoff, & Gannon-Rowley, 2002). Given such exposures, these youth are at increased vulnerability for using drugs and engaging in illegal activity as a means to cope with their struggles and failure to successfully integrate into the wider society. Unfortunately, such behaviors increase contact with juvenile authorities and the possibility for higher rates of recidivism (Bruyere & Garbarino, 2011; Chauhan, Reppucci, & Turkerime, 2009; Mears & Travis, 2004; Petersilia, 2000; Woodson, Hives, & Sanders-Phillips, 2010). Indeed the majority of incarcerated youth will recidivate in the months and years following their release at significant personal and societal costs (Spencer & Jones-Walker, 2004). At present, the primary conceptual model deployed in major government-funded transition and aftercare corrections programs is to target individual determinants of recidivism risk through rehabilitative programs addressing problem behaviors such as substance abuse and delinquency (Altschuler & Armstrong, 2002; Petersilia; Robertson et al., 2011; Stein et al., 2006). Unfortunately, risk reduction approaches targeting individual factors, although promising in improving “probation-only” corrections, have been far less effective with reducing problem behaviors (e.g., drug use; Petersilia) and recidivism among incarcerated youth (Abrams & Snyder, 2010; Drake, Aos, & Miller, 2009; Frederick & Roy, 2003).

Conceptual Framework

Promising research documents that programs incorporating youths’ wider social contexts, such as their family, are more effective in reducing juvenile recidivism rates and other problem behaviors (Abrams & Snyder, 2010; Frederick & Roy, 2003; Petersilia, 2000; Wiebush, McNulty, & Le, 2000; Wiebush, Baird, Krisberg, & Onek, 1995). Family involvement and more specifically parental monitoring have been widely recognized as an important component for reducing adolescent problem behaviors (e.g., drug use and risky sex; Crosby, DiClemente, Windgood, Lang, & Harrington, 2003; Hawkins et al., 2000). Parental monitoring refers to knowledge about youths’ activities, whereabouts, and peer associations (Crosby et al., 2003). Parental monitoring is also espoused by social control theories to serve as a deterrent against risk behaviors by hypothesizing that individuals engage in deviance when there is an absence of social influences such as those from positive parental figures (Gottfredson, 2009; Gottfredson & Hirschi, 1990). According to one application of social control theory, bonds parents establish with their child serve to be social control against deviant behaviors (Gottfredson & Hirschi, 1990). Hence, based on these theories, parents who provide inadequate monitoring are limited in attenuating the negative effects of CVE on their children (Ceballo, Ramirez, Hearn, & Maltese, 2003; Kliwerer et al., 2006; Sullivan, Kung, & Farrell, 2004), as they may be unable to circumvent their child’s interactions with deviant peer groups, which may foster crime, drug abuse, and risky sex (Eddy & Chamberlain, 2000; Hawkins et al.; Vitaro, Brendgen, & Tremblay, 2000).

Community Violence Exposure and Risk Behaviors

Ample research has documented various risk behaviors that may be associated with young people’s CVE (Berenson, Wiemann, & McCombs, 2001; Margolin & Gordis, 2000; Voisin, 2003). For instance, in a study pertaining to adolescent girls, exposure to violence, such as witnessing a physical attack, has been associated with the following adverse behaviors: increased tobacco, marijuana, and alcohol use; the use of drugs before sex; and having intercourse with a partner who had multiple partners (Berenson et al.). In another study specific to African American males, the experience of physical violence, such as being mugged, is associated with a variety of sexual risk behaviors (e.g., sex without condoms, sex after drug use, and sex with concurrent partners; Voisin). In studies such as those by Berenson et al. and Voisin, youths are posited to engage in risk behaviors as a form of maladaptive coping from the psychological distress that may arise from their exposure to violence (Margolin & Gordis). Studies have also suggested that young people’s abilities to cope with the
effects of community violence are dependent on the child’s developmental stage (Margolin & Gordis) and are influenced by gender and race (Rasmussen, Aber, & Bhana, 2004).

**Parental Monitoring and Risk Behaviors**

Research also highlights the potential for parental monitoring to be protective against risk behaviors such as recidivism, drug use, and risky sex (DiClemente et al., 2001; Eddy & Chamberlain, 2000; Hawkins et al., 2000). For instance, in the face of environments fraught with violence, parents can play an important role in reducing risk behaviors by restricting their youths’ behaviors through increased monitoring (Frustenberg et al., 1993) or by modeling positive behaviors for their youth (Aisenberg & Herrenkohl, 2008). Furthermore, estimates from survival analysis and longitudinal findings indicated that children with lower levels of parental monitoring initiated drug use at earlier ages (Chilcoat & Anthony, 1996; Steinberg, Fletcher, & Darling, 1994), regardless of the level of parent–child relationship (Kosterman, Hawkins, Guo, Catalano, & Abbot, 2000). Additionally, a growing number of studies have consistently documented that poorly monitored youths are likely to engage in risky sex as findings show that their perception of parental monitoring is related to less unsafe sex (Romer, Black, Ricardo, & Feigelman, 1994) and lower rates of biologically confirmed sexually transmitted infection (STIs; Crosby et al., 2003, 2006; DiClemente et al.). Findings have also shown that the positive effects of parental monitoring on STIs are independent of parent–child communication and perceived familial support (Crosby et al., 2006).

**Significance of This Study**

Nonetheless, despite the evidence that community violence, parental monitoring, recidivism, drug use, and risky sex among incarcerated youth may be interrelated, we do not know how and whether such relationships may differ by gender. A study examining gender differences across multiple forms of risk behaviors is warranted. Firstly, evidence suggests that youth who engage in one form of risk-taking behavior are more likely to engage in other forms of risk behaviors (Elliott, Huizinga, & Menard, 1989; Jessor, Donovan, & Costa, 1991). Hence, a concurrent test on the impact of community violence on an array of risk behaviors mediated by parental monitoring is needed to understand if parental monitoring serves to be a common protective factor across various risk behaviors. Secondly, understanding gender differences is important as research highlights significant variations in patterns of risk behaviors among adolescent males and females (Dembo, Belenko, Childs, Greenbaum, & Wareham, 2010; Weden & Zabin, 2005). For instance, adolescent males when compared with females exhibit higher rates of delinquency (Hart, O’Toole, Price-Sharps, & Shaffer, 2007; Piquero, Gover, MacDonald, & Piquero, 2005), drug use (Becker & Hu, 2008; Schulte, Ramo, & Brown, 2009), and risky sex (Lam, Rios Morrison, & Smeesters, 2009; Voisin & Neilands, 2010). Nonetheless, when taking into account gender differences across multiple risk behaviors, empirical considerations should also be given to other known demographic characteristics that may influence risk behaviors. For instance, age at first detention for youthful criminality is predictive of reoffending and recidivism (Benda, Corwyn, & Toombs, 2001; Cottle, Lee, & Heilbrun, 2001). Race is also a major factor that differentiates youth behaviors with regards to delinquency, with racial minorities having higher rates of detention than those of their White peers (Deutsch & Jones, 2008; Sampson, Morenoff, & Raudenbush, 2005). Moreover, youth from low-income households have a greater chance of participating in serious crimes compared with those from higher-income households (Bjerk, 2007).

Consequently, based on prevailing research and guided by social control theories (Gottfredson, 2009; Gottfredson & Hirschi, 1990), this study examined gender differences in the protective function of parental monitoring against three negative behaviors (i.e., recidivism, drug use, and risky sex) that may be related to CVE. Based on prior empirical considerations, we controlled for the following demographic characteristics in our analyses: age, race, and socioeconomic factors. In summary, this study addressed two major research questions: 1) Does parental monitoring mediate the pathway between CVE
and multiple risk behaviors? And 2) if so, do these relationships differ by gender?

METHODS

Sample

Between October 2001 and July 2003, youth were recruited from 8 of 21 regional youth detention centers (RYDCs) in the Atlanta, GA, area. These centers were located in areas ranging from rural to urban. At that time in Georgia, the male-to-female ratio of detained youth was approximately 3:1, with RYDCs serving a maximum of 30 youth. The 8 RYDCs selected to participate in the study had a higher maximum capacity and therefore had more detained female adolescents to sample. Participants were being detained while waiting for trial for a wide variety of criminal offenses such as property and personal crimes, curfew and truancy violations, vandalism, and allegations of sexual abuse. This sample achieved an 85% participation rate for the study. Participants were recruited for the study if they were 14 to 18 years old, had been enrolled in school prior to being detained, had been detained at least 3 days, and had a parent or guardian who provided verbal consent over the phone. Recruitment efforts occurred no more than once each week at each of the eight facilities. Research assistants specifically recruited only newly admitted adolescents. Only adolescents who expressed willingness to participate proceeded in the study. Those who provided consent were informed that the research assistant would also have to contact a parent to obtain informed consent. By agreement with Emory University’s Institutional Review Board (IRB), neither participants nor their legal guardians were compensated for study enrollment, and research assistants were permitted to obtain that consent by phone. The IRBs at Emory University and the Georgia Department of Juvenile Justice approved all study procedures.

Data Collection

All self-reported measures were assessed using audio computer-assisted self-interviewing (A-CASI). By providing a voice track that delivered each question to adolescents through headphones, A-CASI technology may have reduced problems that would otherwise have been posed by illiteracy. The technology also creates a user-friendly interview method that automatically handles skip patterns in the questionnaire and provides adolescents with an interactive experience, possibly increasing task attentiveness and completion of survey and reducing response bias (Kissinger et al., 1999). Adolescents’ responses to the computer-delivered questions were automatically encrypted to ensure confidentiality.

Measures

Parental Monitoring

To assess frequency of parental monitoring, prior to detention, adolescents were first asked to think about the person(s) who were primarily responsible for them (i.e., mother, father, grandmother, aunt). Next, participants were presented with a six-item scale that assessed frequency of monitoring by the parent figure(s) in the context of the current home environment. This six-item measure is an expanded and refined version of a measure used in previous studies (Crosby et al., 2003). Three items assessed adolescent perceptions of parental knowledge (e.g., the parent figure knowing where the adolescent is when not at home or in school): a) “When you are away from home and not at school or work, does this person know where you are?” b) “When you are away from home and not at school or work, does this person know who you are with?” c) “How often would this person know if you were hanging with kids who get in trouble?” Three items measured frequency of adolescent disclosure (e.g., frequency of adolescents telling their parental figures when they will return home): a) “How often, before you go out, do you tell this person when you will be back?” b) “How often do you check with this person, or another adult, after school before going out?” c) “How often do you talk with this person about your plans for the coming day (e.g., what’s happening with school or friends)?” Response alternatives for all items were provided on a 5-point scale ranging from 1 = never to 5 = always.
The six-item scale achieved a satisfactory level of interitem reliability (Cronbach’s alpha = .85).

Recidivism
Participants were asked, “How many times before this time have you been incarcerated in a detention center?” Responses were re-coded into a dichotomous variable, with 0 = none and 1 = at least once.

Exposure to Community Violence
CVE in the past 12 months, prior to being detained was assessed by six items from the community violence subscale of the stressful life-events index (e.g., has a family member been robbed or attacked?; Attar, Guerra, & Tolan, 1994). The response format was 0 = no or 1 = yes. A violence exposure score was computed by averaging responses, which represented a range of exposure to various types of community violence (Cronbach’s alpha = .73).

Drug Use
Five separate items assessed incidence of drug-use behaviors in the 2 months prior to being detained. Participants were asked if they had used marijuana, amphetamines, crack, ecstasy, or alcohol. A drug use index was calculated from the mean scores for each participant.

Risky Sex
Six separate items assessed risky sexual behaviors during the 2 months prior to being detained. A screener question was first implemented to determine prevalence of ever having sex. Sex was defined as either oral or vaginal sex. Participants who indicated that they had engaged in either oral or vaginal sex were subsequently asked whether they had sex without a condom during the last sexual encounter and whether, in the prior 2 months, they had had sex while high on alcohol or drugs, with a partner who was high on alcohol or drugs, or with two or more people at the same time; whether they had traded sex for drugs; and whether they trade sex for money. The response format was 0 = no or 1 = yes. A risky sex index was calculated from the overall score.

Covariates assessed were age, race, and socioeconomic status. Age and race were based on self-reports. Race was subsequently dummy coded into 1 = Black and 0 = Others. Socioeconomic status was assessed by the question, “Do you or would you qualify for free or reduced lunch at school?” The response format was 0 = no or 1 = yes.

Data Analysis
We used the Statistical Package for the Social Sciences Version 19.0 to run descriptive statistics on the measures used in the study. To compare differences between males and females, t-tests for continuous variables and chi-square tests for categorical variables were used (see Table 1). Pearson product–moment correlations were also calculated to assess the strength and direction of the bivariate relationships among all variables (see Table 2). Multicollinearity was not detected among the independent variables. Subsequently, a series of logistic or linear regression models was used, depending on the outcome scale, to estimate gender-specific means for drug use, risky sex, and recidivism that are associated with exposure to community violence and parental monitoring. To account for factors that may be associated with these behaviors, we first entered the demographic covariates (i.e., age, race, and socioeconomic status) as one block in one model, followed by the addition of the violence exposure or parental monitoring variable in another model. We examined the adjusted regression betas and odds ratio for males and females separately after new covariates had been added into the model.

Mplus version 6.1 (Muthen & Muthen, 2010) was used to run path models to estimate the effects of exposure to community violence on drug use, risky sexual behaviors, and recidivism via parental monitoring. The advantage of using path analysis, as compared with the use of multivariate regressions, is its ability to take into account the effects of intervening variables for relationships among predetermined and subsequent variables (Wolfle, 1980). In this study, we are interested in examining the ability of parental monitoring to serve as a protective factor against risk behaviors that are brought about
by youth’s exposure to violence. We modeled parental monitoring as a mediator between the two. To examine gender differences, two similar models were tested separately for males and females. We had adequate observations to run the models separated by gender after taking into account the recommended ratio of cases to the number of model parameters that require statistical estimates (20:1; Jackson, 2003) as well as ensuring that our models had adequate

### TABLE 1. Demographic Characteristics of the Sample by Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Test Statistic</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD) &lt;br&gt; (n = 270)</td>
<td>15.44 (0.94)</td>
<td>15.32 (0.97)</td>
<td>$t_{(df = 546)} = 1.47$</td>
<td>$p = .143$</td>
</tr>
<tr>
<td>Race, no. (%)</td>
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</tr>
<tr>
<td>White</td>
<td>121 (45%)</td>
<td>134 (48%)</td>
<td>$\chi^2 (2) = 0.985$</td>
<td>$p = .611$</td>
</tr>
<tr>
<td>Black</td>
<td>129 (48%)</td>
<td>123 (44%)</td>
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<tr>
<td>Others</td>
<td>18 (7%)</td>
<td>22 (8%)</td>
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</tr>
<tr>
<td>Free and reduced lunch, no. (%)</td>
<td>141 (52%)</td>
<td>173 (62%)</td>
<td>$\chi^2 (1) = 5.17$</td>
<td>$p = .025$</td>
</tr>
<tr>
<td>Drug use, mean (SD)</td>
<td>0.41 (0.25)</td>
<td>0.30 (0.25)</td>
<td>$t_{(df = 470)} = 5.077$</td>
<td>$p = .001$</td>
</tr>
<tr>
<td>Risky sexual behaviors, mean (SD)</td>
<td>0.29 (0.23)</td>
<td>0.33 (0.22)</td>
<td>$t_{(df = 460)} = -2.046$</td>
<td>$p = .041$</td>
</tr>
<tr>
<td>Recidivism, no. (%)</td>
<td>187 (69%)</td>
<td>186 (66%)</td>
<td>$\chi^2 (1) = 0.519$</td>
<td>$p = .520$</td>
</tr>
<tr>
<td>Exposure to community violence, mean (SD)</td>
<td>0.34 (0.25)</td>
<td>0.29 (0.26)</td>
<td>$t_{(df = 488)} = 2.075$</td>
<td>$p = .038$</td>
</tr>
<tr>
<td>Parental monitoring, mean (SD)</td>
<td>3.44 (1.02)</td>
<td>3.61 (0.95)</td>
<td>$t_{(df = 480)} = -2.172$</td>
<td>$p = .030$</td>
</tr>
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### TABLE 2. Pearson Correlation Between Major Study Variables

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<tbody>
<tr>
<td><strong>Males (n = 270)</strong></td>
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<td>1. Age</td>
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<tr>
<td>2. Race (Black)</td>
<td>0.010</td>
<td>1.000</td>
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<tr>
<td>3. Free and reduced lunch</td>
<td>-0.112</td>
<td>0.166**</td>
<td>1.000</td>
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<tr>
<td>4. Drug use</td>
<td>0.265***</td>
<td>-0.286***</td>
<td>-0.226***</td>
<td>1.000</td>
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<td></td>
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<tr>
<td>5. Risky sex</td>
<td>0.100</td>
<td>-0.146*</td>
<td>-0.046</td>
<td>0.386***</td>
<td>1.000</td>
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<tr>
<td>6. Recidivism</td>
<td>0.162**</td>
<td>0.032</td>
<td>0.075</td>
<td>0.146*</td>
<td>0.207**</td>
<td>1.000</td>
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<tr>
<td>7. Exposure to community violence</td>
<td>0.051</td>
<td>0.155*</td>
<td>-0.026</td>
<td>0.180**</td>
<td>0.348***</td>
<td>0.137*</td>
<td>1.000</td>
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<tr>
<td>8. Parental monitoring</td>
<td>-0.214***</td>
<td>-0.023</td>
<td>-0.012</td>
<td>-0.368***</td>
<td>-0.230***</td>
<td>-0.162*</td>
<td>-0.236***</td>
<td>1.000</td>
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<tr>
<td><strong>Females (n = 280)</strong></td>
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<tr>
<td>2. Race (Black)</td>
<td>-0.005</td>
<td>1.000</td>
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<td></td>
<td></td>
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<tr>
<td>3. Free and reduced lunch</td>
<td>-0.145*</td>
<td>0.106</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Drug use</td>
<td>0.143*</td>
<td>-0.335***</td>
<td>-0.090</td>
<td>1.000</td>
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<tr>
<td>5. Risky sex</td>
<td>0.024</td>
<td>0.007</td>
<td>0.001</td>
<td>0.336***</td>
<td>1.000</td>
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<tr>
<td>6. Recidivism</td>
<td>0.014</td>
<td>0.037</td>
<td>0.193***</td>
<td>-0.053</td>
<td>0.003</td>
<td>1.000</td>
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<tr>
<td>7. Exposure to community violence</td>
<td>0.040</td>
<td>0.026</td>
<td>0.068</td>
<td>0.176**</td>
<td>0.160*</td>
<td>0.105</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>8. Parental monitoring</td>
<td>-0.081</td>
<td>-0.135*</td>
<td>-0.049</td>
<td>-0.163*</td>
<td>-0.224***</td>
<td>-0.165*</td>
<td>-0.121</td>
<td>1.000</td>
</tr>
</tbody>
</table>

**Note.** Correlations for males are below the horizontal line and females are above.  
* $p \leq .05$.  ** $p \leq .01$.  *** $p \leq .001$. 
degrees of freedom (Kline, 2011). In all path models, we included the demographic covariates and the correlational relationships among our three outcome measures. Due to the dichotomous nature of recidivism, we used weighted least-squares estimation with a mean and variance adjustment (Mplus estimator weighted least squares parameter estimates using a diagonal weight matrix [WLSMV]). Various model fit indexes were used to examine the closeness of the variance–covariance matrix in the final model with the baseline model. To facilitate the comparability of results within and between genders, unstandardized and standardized coefficients are reported. When comparing the effect of the same variable between genders, unstandardized coefficients should be used; standardized coefficients should be used when comparing the relative effect of the variable to other variables within males or females (Kline). The final models for males and females are represented in Figure 1. Only significant pathways are depicted in the final models.

RESULTS

Sample Characteristics

We restricted our analytic sample to participants who self-identified as heterosexual given that few participants (N = 20) indicated that they were either bisexual or homosexual. A total of 280 females and 270 males comprised the analytic sample. The average ages for males and females were similar: 15.44 years (SD = 0.94) and 15.32 years (SD = 0.97), respectively. A higher proportion of females (62%) versus males (52%) reported being eligible for free or reduced school lunch.

Males displayed significantly more drug use compared with females (M = 0.41 vs. M = 0.30; p = .001), although females exhibited significantly more risky sexual behaviors compared with males (M = 0.33 vs. M = 0.29; p = .041). No significant gender differences were observed concerning recidivism. However, males reported significantly more CVE compared with females (M = 0.34 vs. M = 0.29; p = 0.038). In contrast, females reported significantly higher levels of parental monitoring compared with males (M = 3.61 vs. M = 3.44; p = .030).

Relationship Between Parental Monitoring, Community Violence Exposure, and Risk Behaviors

For males, Pearson correlational analyses suggest that exposure to community violence was significantly positively related to all three outcome variables of drug use (r = .180, p ≤ .01), risky sexual behaviors (r = .348, p ≤ .001), and recidivism (r = .137, p ≤ .05), while parental monitoring was also significantly negatively related to drug use (r = −.368, p ≤ .001), risky sexual behaviors (r = −.230, p ≤ .001), recidivism (r = −.162, p ≤ .05), and exposure to violence (r = −.236, p ≤ .001). There were similar relationships noted for females, with two exceptions: Exposure to violence was not significantly associated with recidivism, and parental monitoring was not significantly associated with exposure to violence.

Regression Results

For both males and females, violence exposure is associated to drug use (male β = .14, p ≤ .05; female β = .16, p ≤ .01) and risky sex (male β = .32, p ≤ .001; female β = .12, p ≤ .05). However, exposure to violence is not associated with recidivism for females. In contrast, for males, violence exposure was associated with recidivism in two models: CVE only (OR = 3.43; 95% CI = 1.09–10.74) and CVE + demographic variables (OR = 3.59; 95% CI = 1.11–11.61). CVE was not associated with recidivism, which included CVE + demographics + parental monitoring (OR = 2.51; 95% CI = 0.75–8.36).

In terms of parental monitoring, for females only, parental monitoring is negatively associated with drug use (β = −.05, p ≤ .001), risky sex (β = −.05, p ≤ .01), and recidivism (OR = 0.71; 95% CI = 0.52–0.96). For males, parental monitoring is similarly negatively associated with drug use (β = −.08, p ≤ .001) and risky sex (β = −.03, p ≤ .05). However, parental monitoring was only associated with recidivism for
FIGURE 1. Path Models for Exposure to Community Violence, Parental Monitoring, and Risk Outcomes for Males and Females

Males

Exposure to Community Violence ➔ Parental Monitoring ➔ Drug Use
Exposure to Community Violence ➔ Parental Monitoring ➔ Risky Sex
Exposure to Community Violence ➔ Parental Monitoring ➔ Recidivism

χ²(10) = 13.486; p = .198
CFI = .979
TLI = .948
RMSEA = .033

Females

Exposure to Community Violence ➔ Parental Monitoring ➔ Drug Use
Exposure to Community Violence ➔ Parental Monitoring ➔ Risky Sex
Exposure to Community Violence ➔ Parental Monitoring ➔ Recidivism

χ²(13) = 11.924; p = .534
CFI = 1.00
TLI = 1.03
RMSEA = .001

Note. Unstandardized regression coefficients are reported with the standardized regression coefficients in parentheses. Statistical significance is noted with the following notations: *p ≤ .05. **p ≤ .01. ***p ≤ .001. Models for males and females were tested separately. Models are adjusted for age, socioeconomic status and race, and correlational relationships among the three risk outcomes (not shown in figure). Only significant pathways are shown.
males in two models: parental monitoring only (OR = 0.70; 95% CI = 0.53–0.93) and parental monitoring + demographic variables (OR = 0.75; 95% CI = 0.56–0.99). Parental monitoring was not associated with recidivism in the model, which included parental monitoring + demographics + CVE (OR = 0.78; 95% CI = 0.58–1.06).

Path Analyses

Following the multivariate regression analyses, the variables were entered in path models to reflect the mediating influence of parental monitoring between CVE and risk behaviors. Path models were tested separately for males and females (Figure 1). Model fit indexes suggest that models fit the data well in both path models.

The interpretation of regression coefficients depends on the outcome variables. If the outcome variable is categorical (i.e., recidivism), the interpretation is equivalent to a logistic regression. If the outcome variable is continuous (i.e., drug use and risky sexual behaviors), the interpretation is equivalent to a linear regression. Comparing the final path models between males and females, which took into account the meditational influence of parental monitoring, there were notably three important overall findings.

Firstly, for both males and females, CVE is significantly associated with drug use and risky sex. Secondly, for males only, parental monitoring is protective against drug use and risky sexual behaviors. Thirdly, specifically for females, parental monitoring is associated with lower incidences of drug use, risky sexual behaviors, and recidivism. Alternative models that could similarly account for the mediating role of parental monitoring were considered in our analyses (Kline, 2011; MacCallum & Austin, 2000). For instance, models depicting the reverse impact of drug use, risky sexual behaviors, and recidivism on CVE were examined. Other models, such as the removal of recidivism as an outcome measure, were also considered. These models generated poor fit statistics and showed no substantial improvement in model fit indexes as compared with our final path models.

DISCUSSION

Prior to discussing the study findings, several limitations must be acknowledged. The use of a convenience sample necessitated by the need to obtain prior parental consent may have resulted in a biased sample. This may limit the ability to generalize findings to the larger population of detained youth in Georgia, as well as the larger population of detained youth across the country. Findings are also limited by the validity of the self-reported measures, although sophisticated A-CASI technology was utilized. In addition, risky sex was defined as oral or vaginal sex without the use of a condom and excluded anal sex, which also represents a significant risk for contracting STIs including HIV. Finally, findings are also limited by the cross-sectional study design, which may limit the inferred causality between violence exposure, parental monitoring, and our hypothesized outcome variables. Although cross-sectional designs are commonly criticized because they cannot tease out temporal relationships, they do establish the existence of important relationships, which can then form the basis for costly longitudinal studies, which can disentangle time inferences. However, despite these limitations, this study makes several contributions to the existing literature.

A principal strength of this study is the examination of parental monitoring across a spectrum of risk behaviors bridging juvenile justice, substance abuse, and public health domains. According to problem-behavior theory (Elliott et al., 1989; Jessor et al., 1991), youth problem behaviors are interrelated. However, traditionally, many youth problem behaviors tend to be compartmentalized into disciplinary silos (e.g., risky sex and drug use or juvenile justice issues). For instance, previous cross-sectional and longitudinal research has examined parental monitoring as a primary predictor of youth risk with regards to either recidivism (Zankman & Bonomo, 2005), delinquency (Wright & Cullen, 2001), or risky sex (Udell, Donenberg, & Emerson, 2011). However, few studies have examined multiple risk behaviors across a single population as well as compared differences by gender. Our overall results support contentions that parental monitoring is also a significant protective factor in
the lives of youth, even those who have a history of detention.

At the bivariate level, parental monitoring was significantly negatively correlated with drug use, risky sex, and recidivism for both males and females. These austere analyses suggest that parental monitoring was protective against risk behaviors. At the multivariate level after controlling for demographics and CVE, parental monitoring was significantly protective against all risk behaviors for females. In similar analyses for males, parental monitoring was significantly protective against risk behaviors such as drug use and risky sex, except for recidivism. There are several plausible explanations for this gendered finding regarding recidivism. Generally, males are exposed to higher rates of CVE compared with females. Additionally, males may respond more negatively and be more resistant to higher parental monitoring in ways that may negate the positive effects on curtailment of the types of problem behaviors that may lead to re-arrest and recidivism. For instance, prior research among African American males documents that neighborhood characteristics (e.g., poverty) influence adolescent delinquent behaviors through family stress and conflict (Paschall & Hubbard, 1998). Therefore, more distal factors can influence risky behaviors through more proximal mediators such as family dynamics.

Another major contribution of this study is that it documents an original pathway linking CVE and drug use and risky sex among troubled youth. In this study we explored poor parental monitoring as a pathway to risk behaviors. Prior research has provided empirical support to show that CVE is related to risky sex and drug use by way of gang membership and negative peer norms (Voisin, Neilands, Salazar, Crosby, & DiClemente, 2008). Additionally, other studies have posited that CVE is related to risky drug use and sex by means of psychological problem behaviors, low school success, and negative peer norms such as gang involvement (Voisin, Jenkins, & Takahashi, 2011). Though these findings are highly informative, such identified pathways are challenging to disrupt. This study documents that parental monitoring is a significant protective factor against a spectrum of risk behaviors (i.e., risky sex and drug use for both adolescent males and females, and recidivism for females only). Future studies could examine the influence of parental monitoring against risk behaviors by comparing its impact against monitoring by other significant others such as school teachers or peer mentors. Arguably, findings from such studies can inform and enhance programmatic efforts such as strengthening the family–school bond in an attempt to reduce risk behaviors among detained youths.

Conclusion

Studies of the juvenile re-entry population consistently show that returning youth offenders face substantial interlocking barriers to stably reintegrating into non-delinquent or risk roles such as those who would be continuously exposed to violence in their communities (Bruyere & Garbarino, 2011; Chauhan et al., 2009; Mears & Travis, 2004; Petersilia, 2000; Woodson et al., 2010). Given prevailing individual foci paradigms to risk-reduction approaches among incarcerated youths (Abrams & Snyder, 2010; Drake et al., 2009; Frederick & Roy, 2003; Petersilia), findings from our study suggest that effective intervention strategies with incarcerated youths should seek to increase monitoring from parental figures or through programmatic efforts given that they may have significant positive effects on a spectrum of risk behaviors. Additionally, such programs would need to attend to some specific pathways to risk that may be gendered.

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