DATING AND ROMANTIC RELATIONSHIPS OF ADOLESCENTS WITH

INTELLECTUAL DISABILITY:

AN APPLICATION OF A DEVELOPMENTAL PERSPECTIVE

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Abstract

OBJECTIVES: This study examined romantic features (romantic conceptualization, romantic awareness, romantic involvement, and romantic relationship quality) of adolescents with mild ID within three established developmental frameworks: developmental-contextual, dating stage, and cognitive. Individual differences were also taken into account.

METHODS: A sample of 31 youth (16-19 years) with mild ID and their parents responded to questionnaires examining various romantic features and contextual factors (parents and school).

RESULTS: The majority of adolescents (85%) wanted a romantic relationship "right now," and 48% have had a previous or current romantic relationship. Adolescents were also able to describe and identify a romantic partner, as well as distinguish between a romantic partner and a friend. Majority of youth (86.7%) received socio-sexual education from parents, although this education was not linked to better romantic awareness. Adolescents were also compared based on comorbidity with ASD. Adolescents with ID were found to have better social skills and better romantic awareness than those with ID/ASD.

CONCLUSIONS: This study highlights the need for more attention to developing evidence-based practice in educating youth with ID about relationships and to capitalize on opportunities for these adolescents to socialize with peers.

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Dating and Romantic Relationships of Adolescents with Intellectual Disability:

An Application of a Developmental Perspective

Intellectual disability (ID) is one of the most prevalent and significant issues in our society. It is ranked in the top 20 sources of burden of disease (Begg, Vos, Barker, Stevenson, Stanley, & Lopez, 2007) and among the top 20 most costly disorders (Polder, Meerding, Bonneux, & van der Maas, 2002). An important deficit in individuals with ID is the difficulty in social interaction, such as forming peer relationships. Youth with ID are often perceived as less socially competent than typically developing peers (Solish, Perry, & Minnes, 2010). Yet, youth with ID possess a desire for social and romantic relationships, and actively seek out such relationships (Griffiths, 2003). Research on typically developing adolescents shows that friendships and relationships in childhood and youth years contribute towards quality of life, provide opportunities for socio-emotional development, intellectual growth and social support, and buffer against stressful life events (e.g., McIsaac, Connolly, McKenney, Pepler, & Craig, 2008; Connolly & McIsaac, 2009). Moreover, during the stage of adolescence, the most prominent change in friendships is the shift from same-sex to mixed-sex affiliations, followed by dating and romantic relationships (O'Sullivan, Cheng, Harris, & Brooks-Gunn, 2007). Considering the emphasis on developing peer friendships and romantic relationships during adolescence, it is surprising that there is a dearth of research examining the development of friendships and romantic relationships among youth with ID. Among the challenges that youth with ID face during the transition to dating is that they tend to have some differences in their day-to-day experiences as compared to typically developing adolescents. For instance, adolescents with ID are monitored more by parents and have fewer opportunities to engage with peers outside of school than their typically developing peers (Solish et al., 2010; Clark et al.,

2004; Holmbeck et al., 2002; Walker-Hirsch, 2007). These differences in day-to-day experiences need to be taken into account when studying adolescents with ID and their dating and romantic relationships. Thus, the objective of the present study was to examine romantic relationships of adolescents with ID, while taking their different social context into account, to obtain an understanding of this salient topic in this population.

Definition of Intellectual Disability

ID is estimated to have a 1% prevalence rate in the general population and is defined in the Diagnostic and Statistical Manual - Fifth Edition (APA, 2013) as having significantly sub-average general intellectual functioning, accompanied by significant limitations in adaptive functioning (APA, 2013). Adaptive functioning refers to how effectively individuals cope with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, sociocultural background, and community setting. Social skills play a major role in the overall level of adaptive behaviour of people with ID. In fact, limitations in social skills are one of the characteristics in the definition of ID (de Bildt et al., 2005).

Notably, there are four degrees of ID severity, reflecting the level of intellectual and adaptive skill impairment (Mild, Moderate, Severe, and Profound), though intellectual functioning is also conceptualized on a continuum. Given that the "Mild" ID range is most common, this is the range that the present study examined. These individuals have IQ levels ranging from approximately 50 to 70. With appropriate and typically minimal support, individuals with mild ID can usually live successfully in the community, either independently or in supervised settings (APA, 2013). Individuals with mild ID are able to learn and often can acquire academic skills up to approximately the sixth-grade level by their late teens (APA,

2013).

In addition to variability in IQ levels and adaptive functioning, individuals with ID are three to four times more likely to also be diagnosed with Autism Spectrum Disorder (ASD) compared to youth without ID (Harris, 2006; Matson & Cervantes, 2013; Einfeld, Ellis, & Emerson, 2011). People with ASD tend to have communication deficits (i.e. responding inappropriately in conversations, misreading nonverbal interactions, having difficulty building friendships appropriate to their age). As well, individuals with ASD have restricted interests and routines, are highly sensitive to changes in their environment, and they are intensely focused on inappropriate items. Notably, the symptoms of people with ASD fall on a continuum, with some showing mild symptoms and others having much more severe symptoms (APA, 2013). The prevalence for co-occurrence of ASD for youth with ID is wide, ranging from 28% co-occurrence (Bryson, Bradley, Thompson, & Wainwright, 2008) to 40% co-occurrence (LaMalfa, Lassi, Bertelli, Salvini, & Placidi, 2004). Due to the frequent co-occurring nature of ASD in individuals with ID, it is important to consider this comorbidity and the potential differences in social and romantic experiences of youth with ID who have ASD and those who do not have ASD.

Romantic Features

Collins (2003) holds that the following five features are important to investigate when conducting research on romantic relationships: involvement, cognitive processes, relationship quality, partner selection, and relationship content. The present study utilized three romantic features (involvement, cognitive processes, and quality) as outlined by Collins (2003), to gain an initial understanding into romantic relationships of youth with ID. Since research is scarce on understanding whether adolescents with ID experience romantic relationships or more affiliative

relationships, romantic relationship content and partner selection exploration was considered

beyond the scope of this study. Additionally, Collins (2003) highlighted the methodological

difficulty of studying components like partner selection, as adolescents' original motives likely

alter as their relationship develops. Further, relationship content is considered to be closely

related to the quality of the romantic relationship, which was examined in the present study.

Overall, the three chosen romantic features in the present study are considered to be a good

starting point in understanding romantic experiences of youth with ID from a developmental

perspective and these romantic features have been thoroughly researched in studies on typically

developing adolescents (e.g., Connolly, Craig, Goldberg, & Pepler, 2004; Furman & Simon,

1999; Shulman & Kipnis, 2001).

Involvement. Involvement refers to whether adolescents are dating and has been the most

frequently used indicator of romance during adolescence (Collins, 2003). Importantly,

irrespective of whether adolescents are dating, research on typically developing adolescents

shows that they are preoccupied with romantic concerns and participate in mixed-sex interactions

that typically lead to dating activities (O'Sullivan et al., 2007; Richards, Crowe, Larson, &

Swarr, 1998). Typically developing adolescents' dating tends to be characterized more by

activities such as being together with their partners in a group, holding hands, and thinking of

themselves and their partner as a couple, rather than sexual activities, which typically develop

later on in relationships (O'Sullivan et al., 2007). Thus, many youth may "date," but the content

and quality of those dating experiences can be quite varied. This variation is potentially

important information for determining how and why romantic relationships make an impact on

development (Collins, 2003). These are important facets of adolescent romance and pose

challenges for the simplistic view that romantic development in adolescence is an on/off

phenomenon. As such, the different types of romantic experiences (i.e. casual versus dyadic dating) are important to consider when studying these adolescents' romantic relationships from a developmental framework.

Although research on adults with ID shows that they have romantic experiences and their romantic relationships tend to be similar to those of adults without ID (Ward et al., 2010), research on the romantic involvement of adolescents with ID is lacking. The present study examined the romantic involvement of youth with ID.

Cognitive Processes. Characterizing relationships in any life period requires considering distinctive perceptions, expectancies, schemata, and attributions regarding oneself, the other person, and the relationship (Collins, 2003). Romantic conceptualizations are important because they reflect the understanding that youth have of romantic relationships. For instance, research on typically developing adolescents shows that they tend to describe the core features of romantic relationships as involving passion, affiliation, intimacy, and commitment (Connolly, Craig, Goldberg, & Pepler, 1999). Moreover, typically developing youth clearly distinguish between friendships and romantic relationships with passion described as the distinguishing factor between friends and romantic partners (Connolly et al., 1999). Importantly, friends play a salient role in shaping adolescents' perceptions of romantic relationships. Research shows that if an adolescent's friends view aggressive behaviour as normative, such behaviour will be more likely to occur in romantic relationships (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; Kinsfogel & Grych, 2004). Adolescent boys, for instance, who tend to engage in hostile, demeaning talk about girls with their friends, also tend to exhibit more violent behaviours toward romantic partners (Capaldi et al., 2001). Thus, typically developing adolescents have preconceptions or expectations of romantic relationships that are in part based on their

expectations and experiences in other close relationships, such as friendships.

Romantic views are expected to change with romantic experience. For instance, romantic experiences that do not conform to romantic expectations contribute to a change in romantic expectations, while romantic experiences that are similar to romantic expectations reinforce these expectations (Furman & Simon, 1999). Not surprisingly, young adolescents initially enter romantic relationships with primitive views of what these relationships should be. Friendships may play particularly important roles in shaping these early representations of romantic relationships. Thus, increased experiences with romantic relationships contribute to more complex perceptions of romantic relationships (Furman & Simon, 1999).

Although research is lacking on the understanding and conceptualization of romantic relationships of adolescents with ID, some initial evidence with adults with ID suggests that some are capable of differentiating between a friend and a romantic partner and have specific expectations for what a romantic relationship looks like. Ward and colleagues (2010), for instance, found that approximately one third of their adult participants with ID indicated that "feelings toward each other" are what differentiate whether someone is a romantic partner or a friend. However, many other participants focused on more concrete behavioural factors to distinguish a romantic partner and a friend, such as being asked out on a date, exchanging phone numbers, or simply asking the person whether they are their girl/ boyfriend. Thus, limited research shows that adults with ID vary greatly in how they view romantic relationships and some even have difficulty describing this type of relationship. To help determine the level of understanding adolescents with ID have about relationships, romantic awareness is examined in the present study and defined as: a) understanding of different types of romantic relationships; b) knowledge of sexually related behaviours, and c) knowledge of how to initiate relationships.

Some studies on this type of romantic understanding of adolescents with ID have shown that, according to parents, these youth have poor romantic awareness (e.g., Isler, Tas, Beytut, & Conk, 2009; Cheng & Udry, 2005). However, these studies focused on the "sexual knowledge" component of understanding, rather than including awareness of romantic relationships and how to initiate relationships.

Although research on adults with ID provides some insight into these individuals' conceptualizations of romantic relationships, there is a research gap in regards to how adolescents with ID conceptualize romantic relationships. The present study examined romantic conceptualizations that youth with ID have from the youth' perspectives, and these youth' romantic awareness from the parents' perspective, to better understand these youth' expectations of relationships and behaviours in romantic relationships, while taking into account both youth' and parents' perspectives.

Quality. The quality of a romantic relationship refers to the degree to which the relationship provides generally beneficent experiences. That is, high-quality romantic relationships may be defined by partners manifesting intimacy, affection, and nurturance; while partners in low-quality relationships manifest irritation, antagonism, and high levels of conflict (Collins, 2003). Relationship quality is an important romantic facet as it is linked to romantic conceptualization as well as type of dating involvement. For instance, relationship stability has been linked to indicators of quality in the couple's interactions, such as levels of confrontation, being positive toward one another, and less conflict (Shulman & Kipnis, 2001). Longitudinal research suggests that the impact of such variations may be indicative of future relationships (Seiffge-Krenke & Lang, 2002, as cited in Collins, 2003).

Although there is no known research to date examining the romantic relationship quality

of youth with ID, some research on these youth' friendship quality exists. A recent study on adolescents with ID showed that their friendships were characterized by significantly lower levels of warmth and closeness, as well as less positive reciprocity than their typically developing peers (Tipton, Christensen, & Blacher, 2013). In contrast, a qualitative study on adults with ID suggested that adults with ID were often the ones engaged in friendship maintenance behaviours (i.e. telephoning, extending dinner invitations, remembering important occasions) with typically developing peers, and their friendships were generally characterized by trust, life-sharing, respect, support, and fidelity (Pottie & Sumarah, 2004). This contrasting research between adolescents and adults suggests that relationship quality changes as youth with ID grow and mature. However, it may be that adolescents with ID have lower relationship quality in their romantic relationships, similar to the research on their experiences in friendships. The present study addresses this gap in research by examining romantic relationship quality of adolescents with ID from the developmental frameworks.

Partner Selection and Relationship Content. Although partner selection and relationship content were not examined in the present study, a brief review of these concepts is important for understanding the general scope of Collins' (2003) framework of romantic relationships. Partner selection in romantic relationships is considered to influence the developmental significance of these relationships. Research shows that, similar to adults, typically developing adolescent males prefer same-age or younger prospective partners, while females tend to prefer older partners (Carver, Joyner, & Udry, 2003). Importantly, for many adolescents, community and cultural norms determine the field of partner selection, or standards for who is acceptable as a romantic target (Collins, 2003).

Relationship content is described by Collins (2003) as the shared activities that

adolescents engage in (i.e. how they spend their time). Typically developing youth engage in distinct patterns of interaction that differ from their interactions with parents or peers. For instance, their romantic interactions contain more conflict than their interactions with friends. At the same time, adolescents perceive more support from their romantic partners than from others (Furman & Shomaker, 2008). Research on adults with ID found romantic couples to engage in similar activities as typically developing adults, though their time together was found to be more limited than they wanted (Ward, Bosek, & Trimble, 2010). Through an in-depth measure of romantic relationship quality, the present study examined various interactions (i.e., conflict) related to this concept of relationship content to better understand romantic relationships of adolescents with ID.

Developmental Theoretical Perspectives

An important contribution of the present study is its examination of romantic features from developmental frameworks that may facilitate the understanding of romantic conceptualization and romantic awareness, romantic involvement, and romantic relationship quality in adolescents with ID. Developmental approaches are important in studying these romantic features because adult theoretical concepts may not capture the special and different nature of adolescent romance. Thus, adolescent romantic variations may be better understood within three common and well-researched developmental theoretical perspectives: developmental-contextual, dating stage, and cognitive. Additionally, as Collins (2003) suggests, it is important to also account for individual differences within the developmental framework.

Developmental-Contextual Theory. One theoretical framework that may help in understanding romantic relationships in adolescents with ID and accounting for their unique day-to-day experiences is a developmental contextual framework, built on Bronfenbrenner's (1979)

seminal idea of nested ecological contexts. According to this theoretical perspective,

development occurs in relation to the specific features of adolescents' social context, such as the

family and school. The essential process of human development consists of changing, reciprocal

relations between individuals and their contexts (Bronfenbrenner, 1979). Since the

developmental-contextual perspective is well established in the literature on typically developing

adolescents and their relationship development (Brown, 1999; Connolly & Goldberg, 1999), this

perspective may also be useful in studying the romantic relationships of adolescents with ID.

Developmental-Contextual Theory: Family Context. Research with typically developing

youth shows that families regulate the pace at which adolescents become involved in romantic

relationships (Collins & Steinberg, 2006). Parents' ability to grant their children autonomy is a

particularly important component of family dynamics. It allows youth to develop a separate

identity by making decisions for themselves. This becomes particularly important during

adolescence, as peer friendships and dating become salient. At this time, typically-developing

adolescents and their parents often disagree on age-appropriate expectations for various

autonomous behaviours, including dating (Feldman & Quatman, 1988; Daddis & Smetana,

2005). However, it is unknown whether this is also true for adolescents with ID and their parents.

Autonomy granting takes on new meaning when the adolescent has an ID. Not

surprisingly, parents who care for children with disabilities, as compared to parents of typically

developing children, are more likely to be overprotective and grant little autonomy to the child

(Clark et al., 2004; Holmbeck et al., 2002; Walker-Hirsch, 2007). In fact, some research has

found as many as 83% of parents believe that their child with ID does not have the ability to

make independent decisions in terms of relationships and sexuality (Evans, 2002). This pattern

of beliefs seems to be consistent across all ability levels (mild, moderate, and severe ID; Evans,

2002). Parents of children with ID tend to feel conflicted between a desire to foster their child's independence and to protect their child from adverse outcomes. This lack of independence that youth with ID typically experience limits some of the social opportunities that typically developing youth experience, such as going to the mall without parental supervision, social media, and going to the movies (Walker-Hirsch, 2007). These are adolescent social experiences that may not be within easy reach for adolescents with ID, although these are the types of social experiences that provide opportunities for engaging with friends and developing romantic relationships. By limiting these social opportunities with friends, parental autonomy granting may also impact adolescents' with ID awareness of romantic relationships, their sexual knowledge, their ability to initiate relationships, and their romantic involvement, given that these romantic features develop primarily through adolescents' social experiences (Furman & Wehner, 1994).

Research on both ID and typically developing individuals suggests that gender differences exist in parental autonomy granting. For example, research on adults with ID suggests that women are more protected by their caregivers than men when they may be entering into an intimate relationship (Burke, 2003). Within the typically developing adolescent population, early adolescent girls' dating activities, as compared to boys, are more intensely supervised by their parents and this restricts the romantic experiences (Kan, McHale, & Crouter, 2008; Renk et al., 2005). Consistent with these behaviours, some research also shows that parents' attitudes towards their adolescents' dating is also gender biased; parents indicate an earlier age for boys to start dating than for girls (Daddis & Smetana, 2005). Similarly, as Cheng and Udry (2003) found in their study of sexual behaviours of 7th to 12th grade students, although overall parents of youth with ID disapprove of their youth having sex now, relative to parents of

typically-developing youth, parents of boys with ID tend to be more lenient towards their youth having sex "now" than those of girls. It is reasonable to expect, then, that parents of youth with ID will also be more protective of adolescent girls than boys in relation to dating. Thus, the present study takes gender into account in examining the effects of parents' autonomy granting on adolescents with ID and their romantic relationships.

Developmental-Contextual Theory: School Context and Education. Environmental factors, such as attending same-sex or co-ed schools, play an important role in adolescents' development of romantic relationships. Mixed-gender friendship groups, which are primarily seen in co-ed schools, encourage romantic relationships among members simply by exposing group members to the other sex. For instance, in their 3-year longitudinal study, Connolly, Furman, and Konarski (2000) found that typically developing adolescent members of mixed-sex friendships in middle schools were more likely to move into dating relationships than adolescents who primarily had same-sex friendships. Not surprisingly, typically developing adolescent females in single-sex schools have been found to transition at a slower pace into adolescent romantic activities than those in co-ed schools (Connolly et al., 2004). Interestingly, this pattern was not observed in adolescent males attending single-sex schools (Connolly et al., 2004). For youth with ID, the school environment may be particularly important as it is often one of the few places that they experience social interactions with their peers. Although individuals with ID seem to vary in their attendance of public and private schools and co-ed and same-sex schools, it is unknown what role these different school environments may play in these adolescents' romantic relationships. Thus, gender composition of the school was also examined in the present study in relation to these youths' romantic experiences.

A relevant component in examining youth with ID in their school context is the type of

placement these youth have within the school (e.g., special education programs for students with MID, regular education programs with support). A great deal of research has been conducted on school placements of youth with learning disabilities. Yet, there is great controversy in research findings over the degree to which special education placement has an impact on the social and emotional functioning of children with learning disabilities. Some researchers have found that youth who are integrated into inclusive classrooms have increased opportunities for social interactions and have more positive social and emotional functioning than children in self-contained special education classes (Wiener & Tardif, 2004). At the same time, other research found that students with learning disabilities in special education classes, rather than inclusive classrooms, demonstrate better scores on social, emotional, and achievement-motivation outcomes than students with learning disabilities in full-inclusion classrooms (Schmidt, 2000). These results suggest that education placement may impact romantic development of these youth.

An additional important factor in considering the school context is access to appropriate socio-sexual or relationship education, which has been shown to improve these youths' awareness of romantic relationships and understanding of sexuality (Cheng & Udry, 2005). Socio-sexual education is often a taboo or uncomfortable subject for the parents of children with ID. These parents often fear that socio-sexual education will initiate interest in romantic involvement and that this interest in romantic relationships may lead to outcomes such as pregnancy and various STDs for their children (Grant & Fletcher-Brown, 2004; Walker-Hirsch, 2007). As well, compared to parents of typically developing adolescents, parents of youth with ID think of themselves as less knowledgeable in talking with their youth about sex and birth control, and find it harder to explain sex and birth control to their youth. They also tend to feel

that talking about these issues would embarrass their youth, or encourage them to have sex (Cheng & Udry, 2003). Importantly, research suggests that young adults with ID have an over-reliance on parents for socio-sexual education (Bucknall, 2005; Grant & Fletcher-Brown, 2004). Yet, socio-sexual discussion between parents and youth may be infrequent. One recent study found that as many as 46.7% of adolescents with ID have never talked about sex with their parents (Isler et al., 2009). In addition, some parents do not see the need to provide relationship education (Evans, 2002).

Research also suggests limited socio-sexual education for youth with ID within the schools, with the consequence being that these youths' socio-sexual knowledge is largely incorrect (Cheng & Udry, 2003; Isler et al., 2009). As a result, when youth with ID have sex, they are less likely to use contraception and more likely to become infected with STDs. Girls with ID are also at a higher risk for teen pregnancy (Cheng & Udry, 2003). Moreover, there is some research evidence that a significant proportion of adolescents with ID are sexually active (Cheng & Udry, 2003). Due to underdeveloped abilities in judgment and evaluation, these youth are vulnerable to some risky romantic behaviours in relationships, such as engaging in sexual intercourse without understanding that they are being exploited for sexual abuse (Isler et al., 2009). Although most professionals now agree that socio-sexual education should be provided to young people with ID, if this education is provided to these youth it tends to be based on very little, if any, empirical evidence of effectiveness. Thus, the education tends to be incomplete and does not address the full range of topics to allow for a comprehensive understanding of sexuality. This education is also provided sporadically, or only in response to a problem (Griffiths, 2003). Moreover, research shows that individuals with ID describe their current relationship education materials available to them as too broad and overwhelming. They identify learning about

relationships and responsible sexual activity as their major concern. For instance, these individuals want to know "What's the difference between sex and rape" and "How do you use a condom" (Swango-Wilson, 2009). Thus, it is important to examine how adolescents with ID learn about relationships and sexuality and whether or not they obtain adequate understanding of relationships from their sources of learning.

Dating Stage Theory. Research on typically developing early adolescents shows that they participate in many mixed-sex and dating activities that lead to romantic relationships (O'Sullivan et al., 2007; Connolly et al., 2004). Developmental theorists have thus highlighted typical adolescent romantic development as corresponding to stages (Connolly et al.,; Connolly, Furman, & Konarski, 2000; Connolly & Goldberg, 1999). Drawing on Sullivan (1953), the fundamental desire to form intimate connections outside of the family, which is spurred by puberty, is the primary motivator for romantic relationships in adolescence. In this way, the desire for romantic relationships is a component of adolescents' expanding ways of intimate relating within the peer world. Following the break-away from exclusive same-sex friendships, early adolescents enter the Affiliative Stage of romantic development, where the supportive role of friends expands to include interactions with potential partners within mixed-gender friendships. These mixed-gender affiliative friendships provide adolescents with opportunities to explore their emerging romantic feelings within the safe context of friendships. Importantly, peers are thought to dictate romantic norms and facilitate opportunities for romantic interaction. As adolescents join mixed-gender friendships, for instance, they become more interested in romantic relationships and there are more opportunities for romantic relationships through exposure to potential romantic partners and observation of peer models of romantic mixed-gender interactions (Connolly et al., 2004). The experiences that have been available in

friendships can be the building blocks for romantic relationships (Connolly et al., 2004). These affiliative experiences typically lead to the Group Dating Stage, which is considered to be casual dating. The Group Dating Stage is important to the development of romantic intimacy as it regulates the pace of involvement and prevents over-investment in romantic dyads before the skills for negotiating sexuality and intimacy are established. Group dating is a normative path that leads to the couple relationships that become the focus of the Dyadic Dating Stage, which is considered more serious and intimate dating, resulting in a committed romantic relationship (Connolly et al., 2004). Notably, research has shown that boys and girls do not differ much in the trajectories of their romantic stage (Carver et al., 2003; Connolly et al., 2004; Meier & Allen, 2009) and that once the transition from same-sex to mixed-sex social contexts has been made, boys and girls follow very similar pathways to romantic relationships.

Research supportive of the Dating Stage framework shows that friendships serve as a foundation for developing romantic relationships in typically developing adolescents (Connolly et al., 2004; O'Sullivan et al., 2007), and so it is important to examine the experiences with friendships that adolescents with ID have. Many youth with ID are vulnerable to experiencing difficulties with peers. Slower cognitive abilities, language, and communication skills may hinder interactions. Adolescents with ID tend to engage in more passive and solitary activities, such as watching television or going for walks, rather than in more interactive activities (Solish et al., 2010). Moreover, children and youth with ID tend to spend more time interacting with adults than with their peers (Solish et al., 2010). Although parents and caregivers typically try to integrate these children and youth into social activities, the majority continue to have few friendships (Solish, Minnes, & Kupferschmidt, 2003). This research suggests that youth with ID may have delayed dating patterns, in comparison to what has been found for typically developing

middle to late adolescents. Delayed dating for these middle to late adolescents with ID is defined as either having no history of romantic activities or relationships or as participating in dating activities that are primarily group-based. Examining the experiences that these adolescents have with friendships from the dating stage framework may yield a better understanding of the development of their romantic relationships.

Cognitive Framework. During adolescence, romantic relationships are new and exciting; this is the time when typically developing adolescents try out unfamiliar behaviours, experiment with different ways of interacting, and acquire new skills (Furman & Simon, 1999). These youths' thoughts about and perceptions of romantic relationships guide their behaviour and serve as a basis for predicting and interpreting others' behaviour in relationships. Conversely, the youths' experiences in romantic relationships play critical roles in shaping their views of these relationships (Collins, 2003). Thus, it is not surprising that romantic views, including conceptualizations of romantic relationships and romantic awareness, become more sophisticated and elaborate as youth mature (e.g., Connolly et al., 1999; Furman & Simon, 1999).

In addition, these romantic views or expectations are also developed by observing others' interactions, such as parents' interactions in marriage, as well as through media exposure where images of heterosexual relationships are pervasive (Furman & Simon, 1999). A knowledge base of different types of romantic relationships, sexual behaviours, and how to initiate romantic relationships, is developed through these sources that lead to specific expectations in romantic relationships.

Although not much is known about the perceptions of romantic relationships that youth with ID have, it is reasonable to expect that their likely limited romantic experiences and their dating stage may be indicative of more primitive romantic conceptualization and awareness of

romantic relationships. By taking into account various sources for these youth in developing romantic awareness, one can better understand how these youth' cognitive frameworks in regards to romantic relationships develop.

  Individual Differences. Researchers have consistently found that participation in romantic activities can vary among individuals of the same age (Collins, 2003). Due to the different development of youth with ID compared to typically developing youth – such as youth with ID having slower cognitive, language, and communication skills (Solish et al., 2010) - it is important to examine the individual variability that may play a role in these youths' romantic features.

 One individual factor that is particularly important for youth with ID is social competence, which may be understood as how socially aware (i.e., sensing social information) and engaged these adolescents are in their social situations. For instance, social competence involves understanding how to behave appropriately with others (Luteijn, Jackson, Volkmar & Minderaa, 1998) as well as processing social information and social problem solving (de Bildt et al., 2005). Thus, social competence may be understood as both a cognitive skill to understand social cues and behavioural in terms of exhibiting this understanding of social cues by acting appropriately with others. This ability is essential to romantic development as social competence predicts individuals' involvement with friendships. Individuals with ID are less proficient than typically developing individuals in recognizing emotions and in responding to others' emotions. Not surprisingly, youth with lower social competence also have fewer mutual friendships (Freeman & Kasari, 1998). Further, social competence has similarly been found to play an important role in romantic relationship quality of typically developing youth. For instance, typically developing adolescents who experience negative romantic interactions and do not pick up on appropriate

social cues in their relationships, also tend to have difficulties within their romantic relationships (Tabares & Gottman, 2003). These problematic patterns stifle communication and create distress for both partners. The present study examined this significant area by exploring the link between adolescents' with ID social competence and romantic features.

Additionally, another individual difference that is important to take into account in individuals with ID is comorbidity with other developmental disabilities, such as ASD. Since ASD is common in youth with ID (LaMalfa et al., 2004; Matson & Cervantes, 2013), it is helpful to examine the differences between youth with ID alone and those with an additional ASD diagnosis. From a clinical perspective, factors such as social competence may vary significantly between youth with ID and those with co-morbid ASD. For instance, significantly more children and adolescents with ASD are friendless, as compared to children and adolescents with ID alone, who are typically reported to having at least one mutual friend (Solish et al., 2010). Moreover, research on adults with ASD, compared to adults without ASD, shows that adults with ASD have less sexual knowledge and experience more sexual victimization, which is partially mediated by their actual knowledge of sexual behaviours (Brown-Lavoie, Viecili, & Weiss, 2014). While studies comparing the romantic differences of adolescents with ID and those with ASD were not identified, the differences in friendships for these youth and the inadequate sexual knowledge that youth with ASD in particular have, suggests that these social differences may generalize to romantic relationships as well. Thus, by taking into account co-morbid ASD, the present study strengthens its generalizability to youth with additional developmental disabilities and their experiences with romantic relationships.

Limitations of Past Research on Youth with ID and Romantic Relationships

While there is some existing research on the romantic relationships of youth with ID,

much of it does not utilize a developmental framework and many important issues are unexplored. Researchers have tended to study groups of individuals with ID of varying ages, from childhood to adulthood, together, rather than based on their different developmental stages. Moreover, much of the existent research has examined parents' or caregivers' perspectives on the relationships of youth with ID and omit the voice of these adolescents. It is important to consider both the parents' and their adolescent children's perspectives, as they may greatly differ in their perceptions. The present study was strengthened in its validity by utilizing an in-person interview during which two open-ended questions and various structured questionnaires were read out loud to eligible adolescent participants. The author was able to explain questions to participants when something was unclear.

Objectives of Proposed Study

Overall, there continues to be a paucity of research on romantic experiences of adolescents with ID. No known study to date has examined the romantic relationships of adolescents with ID from a developmental perspective. Thus, the objectives of the study were to examine the romantic conceptualization and romantic awareness, romantic involvement, and romantic relationship quality of adolescents with mild ID. In addition, the present study sought to examine the relationship between adolescents' contexts (i.e., families and school), as well as individual factors (i.e. social skills and comorbid diagnosis of ASD) and the romantic relationships of these youth.

Hypotheses

The present study evaluated the following hypotheses:

1. Adolescents with ID are able to describe the core features of romantic relationships. They are also able to distinguish the core features of a friend and a romantic partner.

2. Adolescents with ID have delayed romantic involvement, relative to expectations for typically developing same age peers found in the literature.

3. Parent Context: Parent and adolescent participants disagree in overall behavioural autonomy. Parents indicate a later age readiness for various autonomous behaviours, including dating, than the adolescents. As well, gender differences are present; parents rate higher overall behavioural autonomy control for girls than for boys.

   Higher parental autonomy granting is associated with

   a. Higher dating stage for adolescents

   b. Better (or more) romantic awareness

   c. Better (more positive and less negative features) romantic relationship quality

4. School context: Adolescents with ID from co-ed schools, as compared to youth with ID from same-sex schools:

   a. Are at a higher dating stage.

   b. Have better awareness of romantic relationships

   c. Have better romantic relationship quality

   d. Have gender differences, such that adolescent boys with ID do not differ in their romantic experiences, regardless of whether they attend co-ed or same-sex schools, while girls with ID are at a lower dating stage and have less awareness of romantic relationships in same-sex schools than at co-ed schools.

5. School Context: Adolescents with ID receive more romantic education from parents than from formal sex education programs or friends. In addition, relationship education from various sources is associated with:

   a. Higher dating stage

    b.   More romantic awareness

    c.   Better romantic relationship quality

6. Better social competence in adolescents with ID is associated with:

    a.   Higher dating stage

    b.   Better romantic awareness

    c.   Better romantic relationship quality

7. Youth with ID, as compared to youth with ID and ASD, have:

    a.   Better social competence

    b.   Higher dating stage

    c.   Better romantic awareness

    d.   Better romantic relationship quality

Method

Sample

The 31 participants in this study were adolescents between the ages of 16-19 years ($M =$ 17.5 years, $SD = 1.39$ years) with a mild intellectual disability residing within the Greater Toronto Area. The participants were mainly recruited from the Surrey Place Centre (SPC), an interdisciplinary community based agency in Toronto that delivers a broad range of specialized clinical services and programs to enhance the health and well-being of people living with a developmental disability. The majority of participants ($N = 28$) were recruited from SPC, two of the participants were recruited from the Fragile X Foundation, and one participant through word of mouth.

Study inclusion criteria were as follows: (a) have sufficient cognitive skills to participate (having a mild intellectual disability, but not moderate or severe), and (b) have sufficient verbal

skills to answer interview questions.

Thirty-one adolescents (21 males, 10 females) who met the inclusion criteria participated in a brief cognitive assessment followed by completion of face-to-face questionnaires as well as two open ended questions on their conceptualization of boy/ girlfriend. Each of the adolescents' parents also completed some of the same questionnaires, which included information on their child's social and romantic experiences. Although the majority of parent ratings were completed by mothers, some fathers (instead of mothers) also completed the questionnaires.

The youth with ID ranged in their IQ between 55 and 70 (M = 66; SD = 8.36). The participating adolescents identified themselves as predominantly heterosexual (77.4%), with some identifying as bisexual (9.7%) and others questioning (12.9%). Parents also classified their adolescents as predominantly heterosexual (77.4%), although they classified 12.9% of the youth as bisexual and 9.7% as questioning.

The majority of participants were born in Canada (83.9%). Parents' level of education varied, with 26.7% having completed high school, 16.7% with a college degree, 20% being university graduates, and another 20% being post-graduates. School breakdown for each participant was also examined; the majority of youth (60%) attended co-ed public schools with boys and girls. A decision was made to examine these youths' school breakdown by gender (same-sex compared to co-ed schools), rather than class placement, to obtain an initial picture of the role school context plays in romantic relationships of youth with ID. Although classroom placement information was not collected, parents occasionally reported this information, ranging from Paced Learning Program (PLP) classrooms to 2 youth obtaining their education from co-ed residential homes (Cedar Heights Residential Living and MukiBaum Residential Treatment Centre). Notably, gender differences were most prominently seen in the school setting, χ^2 (1,

N=28) = 10.22, p=.001. Based on descriptive statistics, only 2 of the boys attended same-sex schools, while the majority of the girls attended a same-sex MID program (70%; $N = 7$). Further demographic information is presented in Table 1. The mean for behavioural and emotional disturbances, based on the DBC-P scale, was 14.8 (SD = 8.83), above the clinical cut-off of 12. Forty-eight percent of the sample was above the clinical cut-off on the DBC-P. Parents were asked to report whether their child had another diagnosis in addition to ID. Not surprisingly, the majority of youth participants also had a genetic disorder (e.g., Fragile X) or a comorbid mood disorder (77.4%), and 38.7% also reportedly had ASD in addition to ID. The break-down for the additional disorders is shown in Table 2.

Youth with ID and ASD and those with ID without ASD did not significantly differ in their IQ, $t(29) = .66$, $p = .52$. Further, when compared on various demographic differences, these youth did not significantly differ in age, $t(29) = -.68$, $p = .50$; gender, $t(29) = .10$, $p = .92$; or in school setting, $t(26) = .37$, $p = .71$. However, these youth significantly differed in their behavioural and emotional disturbances, $t(29) = 2.62$, $p < .01$, with adolescents who had both ID and ASD having significantly higher levels of behavioural and emotional disturbances than youth with ID without ASD.

Similarly, boys and girls in this study were compared on various variable scores to examine for any differences. Findings showed no significant differences between boys and girls in IQ ($M = 66.71$, $SD = 8.31$ for boys, $M = 64.50$, $SD = 8.71$ for girls), $t(29) = .68$, $p = .50$, in age ($M = 17.86$, $SD = 1.46$ for boys, $M = 16.90$, $SD = .99$ for girls), $t(29) = 1.87$, $p = .07$, in who the child lives with (i.e. both parents, mother, father, etc.) ($M = 3.14$, $SD = 2.89$ for boys, $M = 2.20$, $SD = 1.81$ for girls), $t(29) = .94$, $p = .35$, whether the child was born in Canada ($M = 1.19$, $SD = .40$ for boys, $M = 1.10$, $SD = .32$ for girls), $t(29) = .62$, $p = .54$, parent's level of education

($M = 4.25$, $SD = 1.55$ for boys, $M = 3.90$, $SD = 1.52$ for girls), $t(28) = .59$, $p = .56$, or whether or

not the child is currently on medication ($M = 1.67$, $SD = .48$ for boys, $M = 1.50$, $SD = .53$ for

girls), $t(29) = .87$, $p = .39$.

Measures

Appendix A contains the participant consent forms, Appendices B-F contain parental

questionnaires utilized in the present study, and Appendices G-I contain the youth

questionnaires.

Assessment of IQ. In addition to parents' self-report in regards to their youths' previous

diagnosis of ID, The Wechsler Abbreviated Scale of Intelligence (WASI; Wechsler, 1999) was

utilized to assess the degree of ID for each youth participant. The WASI is a reliable and quick

measure of intelligence. An estimate of FSIQ can be obtained from two subtests: Vocabulary and

Matrix Reasoning.

Behavioural and Emotional Disturbances. The short form of the Developmental

Behaviour Checklist (DBC-P; Taffe et al., 2007) was used to assess behavioural and emotional

disturbance in youth with ID. This questionnaire was completed by parents and has previously

been used to assess children and youth with ID between 4 and 18 years of age. The DBC-P

consists of 24 items and each behavioural description is scored on a 0, 1, or 2 rating (where 0 =

not true as far as you know, 1 = s*omewhat or sometimes true*, and 2 = *very true or often true*).

This questionnaire has an overall Total Behaviour Problem Score, which is an overall measure of

psychopathology in youth with an ID. A score of 12 is considered to show evidence of

psychopathology. The internal consistency for this scale in the present study was satisfactory,

with Cronbach's alpha of .68.

Romantic Conceptualization and Romantic Awareness. Adolescents' conceptualization of

romantic relationships and their knowledge and awareness of these relationships was examined

through two methods. To understand how the youth describe and conceptualize romantic

relationships, the adolescents were asked two open ended questions. Participants were asked to

respond to the following depending on their gender: "What is a boyfriend?" or "What is a

girlfriend?" They were then asked: "What do you think is the difference between a male friend

and a boyfriend?" or "What do you think is the difference between a female friend and a

girlfriend?" Participants' responses to these open-ended questions were transcribed and then

coded based on the established thematic codes from the Connolly and colleagues' (1999) study

that examined these same questions in typically developing youth. Thus, the responses were

coded as follows: passion (intense emotions, physical contact); affiliation (companionship,

dating); intimacy; commitment; and other when responses did not fit into these categories.

Responses in the passion category were separated into two groups to provide a better

understanding of what aspects of passion the youth referred to. The "intense emotions" category

included description of feelings of love, crush, really liking someone, and caring a lot for

someone. The "physical contact" category included descriptions of kissing, hugging, and sexual

activity. The affiliation category was separated into responses that reflected either general

companionship, such as hanging out and references to being friends, or activities specific to

dating, such as going out on dates. Intimacy was coded based on descriptions of trust, self-

disclosure, closeness, and support. Commitment codes included references to long-term alliance

and exclusivity. Responses that fell outside of these categories were coded as "other." These

responses included references to personality descriptors, such as being "shy," "smart," and other

vague descriptions, such as "a gentleman" and "someone you respect." To ensure validity and

reliability, blind double-coding was conducted by a second coder. The final codes were based on

both of the coders' theme agreement upon further discussion of the responses and themes. The average kappa was .95 (with the lowest agreement of 81% for Intense Emotions).

Similarly, the distinctions reported between a romantic partner and a friend were coded into these established codes as well. For example, a response such as "girlfriend you can kiss them, friend can talk to them but can't kiss or touch them" was coded under "physical contact" as the main distinguishing feature. Occasionally the adolescents provided more than one way to distinguish between a romantic partner and a friend, with their responses falling into more than one coding category. The average kappa between the two coders was .88 (with the lowest agreement of 43% for Intense Emotions).

To examine these youths' romantic awareness of romantic relationships, the parents completed three questions from the Romantic Functioning Subscale of The Courting Behaviour Scale (CBS; Stokes et al., 2007). This scale has previously been developed for individuals with ASD, based on research indicating the specific issues and behaviours relevant for this population. The Romantic Functioning Subscale examines parents' reports of their child's knowledge and behaviours related to romantic relationships. The parents reported on their youths' romantic awareness, namely awareness of different types of romantic relationships (coded as "yes" to being aware or "no"), knowledge of sexually related behaviours (coded as "yes" to having the knowledge or "no"), and knowledge of how to initiate relationships (on a Likert scale ranging from 1 – never, to 5 – always, further sub-coded as "yes," if scores fell between 2-5, or "no," for scores that were reported to be at 1, to compute with the other variables). A mean of this subscale was computed in the present study to examine the overall romantic awareness for these youth, with a satisfactory internal reliability of Cronbach's alpha .57.

Romantic Involvement. The Dating Questionnaire (DQ; Connolly et al., 2004) was used to assess the youths' participation in activities underlying romantic stages. While both parents and adolescents were asked to complete this questionnaire, the analyses were conducted primarily on the youths' responses, and the parents' responses were examined for consistency. The DQ contains eight items that assess the amount of experience the adolescent had with same-sex friendships (e.g., "I only spend time with other boys/girls"), cross-sex friendships, (e.g., "I hang around with both boys and girls"), casual dating (e.g., "I go on dates with a girl/boy, but with a group"), and serious dating (e.g., "I go on dates with a girl/boy, just the two of us"). Based on previous research (Connolly et al., 2004; Connolly et al., 2013), the Dating Stage scale was determined through these items to comprise of four stages: (1) same-sex affiliations for adolescents who endorsed same-sex friendships only and did not endorse any mixed-gender or dating items (assigned a score of 0); (2) cross-sex affiliations for adolescents who responded positively to at least one of the mixed-sex items but did not endorse any dating activities or report having a romantic relationship (assigned a score of 1); (3) dating for adolescents who reported at least one dating item but did not have a romantic relationship (assigned a score of 2); and (4) dyadic romantic relationships for adolescents who reported having a romantic relationship (assigned a score of 3). This categorization provides stable groups with stage-like characteristics and acceptable reliability (Connolly et al., 2004). The internal consistency for this scale in the present study was satisfactory, with Cronbach's alpha of .63.

This questionnaire also contains items that tap into the history of dating and relationship experiences and current romantic status. For example, it asks the adolescents if they had a current boyfriend or girlfriend and to indicate how often they see him/her. In addition, the youth were asked whether they were interested in having a romantic relationship. All DQ items are

categorical in format and the adolescents were asked to verbally respond either "yes" or "no" for each item.

Romantic Relationship Quality. The Network of Relationships Inventory (NRI; Furman & Buhrmester, 1985) was adapted (through simplifying questions) to examine these youths' romantic relationship quality. The 33-item NRI questionnaire was read out loud to each participant and the participants were asked to rate on a scale from 1 (little or none) to 5 (the most) the extent to which romantic partners satisfy each of seven social needs (affection, reliable alliance, enhancement of worth, intimacy, instrumental help, companionship, and nurturance of other), and three negative characteristic of relationships (conflict, criticism, and antagonism). The NRI scale has good reliability, with Cronbach's alpha = .80 (Furman & Buhrmester, 1985). In the present study, despite not being utilized in this population, the scale yielded strong internal consistency, with Cronbach's alpha of .89. The NRI is subdivided into various subcales that comprise positive and negative interactions. In this study, the specific subscales examined were "Seeks safe haven," "Seeks secure base," "Provides safe haven," "Companionship/ Quality of time spent together," "Conflict," and "Criticism." Notably, there were only 10 participants in total in the present study who reported having a current romantic partner and, as such, responded to the questions on the NRI. Hence, the power of the analyses is greatly reduced for the romantic relationship quality variables. The reliability for the subscales is generally acceptable, with Cronbach's alpha of .51 for "Seeks safe haven" subscale; Cronbach's alpha of .72 for "Seeks secure base" subscale;.86 for "Provides safe haven" subscale; .64 for "Companionship/ Quality of time spent together" subscale; .81 for "Conflict" subscale; and .94 for "Criticism" subscale.

Family Context - Adolescent Behavioural Autonomy. The Teen Timetable (Feldman & Quatman, 1988) was used to obtain both parents' and adolescents' expectations for behavioral

autonomy across various everyday life management domains. It is comprised of 21 items in total. Adolescents were asked during the interview to decide the age at which they expected to engage in the behaviours described in each item (e.g. "At what age do you expect to be able to…spend money (wages, or allowance) however you want?"). Parents completed the same questionnaire items with a modest change in question format (e.g. "At what age do you expect your son to…"). This measure is on a five-point scale (1 = before age 12, 2 = 12-14 years, 3 = 15-17 years, 4 = 18 or older, 5 = not at all). Thus, higher scores indicate less autonomy granting. Further, the items in this scale were examined using the overall sum of all the items as well as subscales. Based on previous research (Tulviste, 2011), three subscales were examined: Personal and Independence (Items 1, 7, 8, 19); Dating (Items 3, 4, 9, 13, 14); and Responsibility (Items 17 and 21). The present study yielded a strong internal consistency for the overall scale for both parents, Cronbach's alpha = .79, and youth, Cronbach's alpha = .87. The reliability for each subscale varied, with Cronbach's alpha of .70, .44, and .48 for parents' report on the "Personal and Independence," "Dating," and "Responsibility" subscales, respectively. For youths' reported items, the Cronbach's alpha was at .66, .58, and .40 for "Personal and Independence," "Dating," and "Responsibility" subscales, respectively.

School Context – Socio-Sexual Education. One question was asked regarding learning sources for socio-sexual education: "How did your child learn to initiate social relationships?" For this question, the parents were asked to check off all that applied, the options were: parents/ caregivers, peers and friends, social observation, siblings, formal sex education, media, and other. These responses were coded as "yes" or "no" for each relationship learning source.

Individual Differences - Social Competence. The Children's Social Behaviour Questionnaire (CSBQ; Luteijn, Jackson, Volkmar, & Minderaa, 1998) was administered to the

parents to assess the adolescents' social competence. This measure has been normed with youth with Pervasive Developmental Disorders and other developmental disabilities, and aims to assess subtle social skills. The psychometric qualities of CSBQ in youth with ID have previously been found to be good (Luteijn et al., 1998). Two of the six scales were used in this study: "Tendency to withdraw," which examines the adolescent's tendency to withdraw in social situations and little need for contact; and "Not understanding," which examines difficulties in understanding and sensing social information. This scale is reverse-coded; a lower score means more social competence. The present study found a good internal consistency for the overall scale, with Cronbach's alpha score of .73. The two subscales were found to have acceptable internal reliability, with Cronbach's alpha score of .64 for the "Tendency to withdraw" subscale, and Cronbach's alpha score of .56 for the "Not understanding" subscale.

Procedure

The present study was approved by both York University and Surrey Place Centre Research Ethics Board. A prerequisite of participation in the study was parental and adolescent consent. Thus, a written consent form was administered to the parents/caregivers and to adolescents to sign. The researcher went over the consent form in detail with both the parent and the adolescent together prior to their agreement to sign. To thank participants for their involvement in the study, they were each provided with a gift card to a local coffee shop.

Following the consent process, the adolescents participated in a brief cognitive assessment to ensure they meet the inclusion criteria for this study. They were administered the Wechsler Abbreviated Scale of Intelligence (WASI). Following this brief assessment, of the original 38 recruited participants, seven participants were excluded from the study as their IQ fell outside the mild ID range specified.

Upon meeting the eligibility requirements, the adolescents participated in a face-to-face interview in which two open ended questions were asked and questionnaires were read to the youth. Particular attention was given to formulating all questions so that they were easy to comprehend and as straightforward as possible. As well, since an oral interview placed high demands on the respondents' memory, participants were also presented with some visual cues along with the questions (i.e., drawings of a couple on a date). Finally, because acquiescence may be an important threat to the validity of research among these respondents, a "don't know" option was made available for each question. All of the interviews were audiotaped.

In addition to the verbally presented questionnaires with the adolescents, parents or caregivers were asked to complete (on their own) questionnaires examining their perception of their youths' behavioural and emotional functioning, social competence, and romantic experiences and awareness while the youth were being interviewed.

The adolescents' and parents' responses on questionnaires provided to both parties were examined for degree of correlation, with expectation for disagreement in responses between parents and youth with ID. Although the dating stages and current and previous romantic experiences as reported by parents and youth were consistent, sexual orientation was not significantly correlated between the reports. This suggests that either the youth participants did not completely understand this question, or their parents may not be fully aware of their children's sexual orientation. Table 3 shows correlations in these areas. As well, parental autonomy granting, as assessed by the Teen Timetable, was not significantly correlated between parents' and youths' reports.

Planned Data Analysis

All statistical analyses were conducted using the Statistical Package for Social Sciences

(SPSS). A series of chi-square, t-test, and correlational analyses (each utilized where most appropriate) were conducted to explore each hypothesis. Consistent attention to overall total cell sizes was given in chi-square analyses to ensure accurate results. In the event that cells had less than 5 frequencies, a Fisher's exact test was conducted and interpreted. As well, all analyses involving subscales were subjected to Bonferroni corrections to protect against Type I error.

Results

Romantic Relationships

Of the 31 participants interviewed, 48.4% (N = 15) reported having had a previous girlfriend/boyfriend, while 34.5% (N = 10) of youth indicated currently having a girlfriend/boyfriend. In general, adolescents were interested in dating, regardless of their romantic relationship status, with 85% reporting wanting a romantic relationship "right now."

Romantic Features

Hypothesis 1: Romantic Relationships Conceptualization – What is a boy/girlfriend. The hypothesis that youth with ID are able to describe core features of a romantic relationships was partially supported, since all of the youth recognized and described some of the core features of romantic relationships. As seen in Table 4, the majority of participants (58.1%; N = 18) indicated companionship as the defining feature of a boy/ girlfriend. In contrast, another feature of affiliation, dating, was described only by 8 (25.8%) participants. Passion, composed of intense emotions and physical contact, was also described by some; 12 (38.7%) participants indicated intense emotions, and only 5 (16.1%) participants described physical contact as a key feature of a boy/ girlfriend. Other categories were described less frequently. Only 4 (12.9%) participants noted intimacy as a key feature of a boy/ girlfriend, 5 (16.1%) adolescents reported commitment, and 6 (19.4%) participants chose "other" categories to describe a boy/girlfriend. Examples of

"other" responses include "Like a partner;" "A gentleman;" and "When someone is shy."

Adolescent participants also often (58.1%; N = 18) provided responses that fell into more than one category. Examples of participant responses included "Who you love to spend time with. You like to kiss them;" "Like a best friend, someone you know, respect and care for and do what the girlfriend wants. To have sex, to have a kiss on cheek, weird things on bed."

Next, a 2x2 chi-square analysis was conducted with gender and romantic conceptualization coding category. Frequencies for gender and romantic conceptualization coding categories may be found in Table 4. There were no significant gender differences in the way adolescents described boy/girlfriend in any of the coding categories: "intense emotions," (p = .24, two-tailed Fisher's exact test); "physical contact," (p = .15, two-tailed Fisher's exact test); "companionship," (p = .25, two-tailed Fisher's exact test); "dating," (p = .1.00, two-tailed Fisher's exact test); "intimacy," (p = .58, two-tailed Fisher's exact test); "commitment," (p = .30, two-tailed Fisher's exact test); and "other" (p = .07, two-tailed Fisher's exact test).

Hypothesis 1: Romantic Relationships Conceptualization – The difference between a boy/girlfriend and a friend. The hypothesis that the youth with ID can distinguish between romantic partner and a friend was also partially supported. The frequency breakdown may be seen in Table 5. The majority of youth (85.7%) indicated different features between a friend and a boy/girlfriend, although there was a subgroup of adolescents (14.3%) that reflected some confusion in regards to this distinction. That is, this subgroup of youth clearly indicated being "unsure" of this distinction or that a friend and a romantic partner are the "same." Participants most commonly (N = 12; 42.9%) indicated commitment (with a boy/ girlfriend) as the key feature distinguishing a boy/ girlfriend and a friend. Other participants mentioned aspects of passion as follows: 4 (14.3%) participants indicated intense emotions and 6 (21.4%) youth

indicated physical contact as the distinguishing features. Only 2 participants (7.1%) chose companionship as a distinguishing feature (where a romantic partner is a closer companion than "just a friend"), and 5 participants (17.9%) chose dating, indicating romantic outings such as going on dates and out for dinner as something one does primarily with a romantic partner, not a friend. Further, 5 adolescents (17.9%) reported intimacy as a distinguishing feature between boy/ girlfriend and a friend. The coded themes and samples of responses for these themes are provided in Appendix J.

A few of the responses (10%; $N = 3$) reflected a more trusting and intimate relationship with a friend rather than a romantic partner. For instance, one participant noted "A friend...feel protected, don't feel protected with a boyfriend. A friend comfort(s) me [not boyfriend]." These types of descriptions of differentiating between a romantic partner and a friend fall outside of the coding system and comprise a separate category of help and caring, where more care is credited to friendships than romantic partners.

Once again, a 2x2 chi-square analysis was conducted with gender and romantic conceptualization coding category, with the frequencies found in Table 5. Overall, no significant gender differences were found in any of the coding categories: "intense emotions," ($p = .58$, two-tailed Fisher's exact test); "physical contact," ($p = .63$, two-tailed Fisher's exact test); "companionship," ($p = 1.00$, two-tailed Fisher's exact test); "dating," ($p = 1.00$, two-tailed Fisher's exact test); "intimacy," ($p = .30$, two-tailed Fisher's exact test); "commitment," $\chi^2 (1, N = 31) = .79$, $p = .37$; and "other," $\chi^2 (1, N = 31) = .16$, $p = .69$.

Hypothesis 2: Romantic Involvement. Consistent with the hypothesis, relative to same-aged peers, adolescents with ID showed delayed dating patterns. As assessed through the dating stages on the DQ, there was a significant difference in the size of each dating stage group, $\chi^2 (1,$

N = 31) = 27.19, p = .03. Significantly more youth self-classified as having Cross-Sex Affiliation than Dating, ^{2} (1, N = 31) = 6.53, p = .01, or Dyadic Romantic Relationships, ^{2} (1, N = 31) = 14.14, p < .01. The same-sex affiliation group was the smallest overall, with only one participant (female) in this group. In contrast, as shown in Table 6, 41.9% engaged in affiliation with opposite-sex peers, 22.6% engaged in casual dating, and 32.3% reported having dyadic romantic relationships. Descriptive analyses further showed that these youth are predominantly in-between the cross-sex affiliative and casual dating stages (M = 1.84, SD = .93).

In examining gender differences in adolescents' dating stages (which comprise of 4 levels), ordinal chi-square was chosen in order to take into account the skewness of the dating stages and their ordinal nature (Agresti, 1996). The analysis did not yield significant gender differences in adolescents' dating stages, ^{2} (1, N = 31) = 1.94, p = .16.

Family Context

Hypothesis 3: Parent-Child Agreement on Behavioural Autonomy. The hypothesis that parents and adolescents will disagree on how much autonomy adolescents should have, as assessed by the Teen Timetable, was partially supported. As shown by a series of paired *t*-tests, although there was no significant difference between parents' (M = 76.04, SD = 9.28) and youths' (M = 71.16, SD = 11.39) perceptions of overall behavioural autonomy, $t(29)$ = 1.82, p = .08, further analyses were conducted on subscales of behavioural autonomy. Specifically, the *Dating* subscale of autonomy differed between parents' (M = 20.43, SD = 2.22) and youths' (M = 17.79, SD = 3.07) perceptions, $t(28)$ = 3.72, p < .001. Parents rated their adolescent children's readiness to engage in dating activities at a later age than what the adolescents perceived. Parents (M = 11.81, SD = 3.28) and adolescents (M = 11.74, SD = 2.93) did not significantly differ, however, on the *Personal Choice and Independence* subscale, $t(27)$ = .10, p = .92. Similarly, the

Responsibility subscale, $t(29) = .34$, $p = .74$ did not significantly differ between parents (M = 6.59, *SD* = 1.66) and their adolescent children (M = 6.41, *SD* = 1.78). In regards to gender differences, parents did not differ in their rating of overall behavioural autonomy granting for boys and girls, $t(29) = -.36$, $p = .72$, and no gender differences were found in subscales of behavioural autonomy.

Hypothesis 3a: Parental Autonomy Granting and Dating Stage. The hypothesis that parental autonomy granting is significantly linked with dating stage was not supported. Bivariate correlations were conducted on overall parental autonomy granting and dating stage. The results showed no significant correlation between parents' autonomy granting and dating stage, $r(29) = -.02$, $p = .92$. Subscales of parental autonomy granting (Dating, Personal Choice and Independence, and Responsibility) were also examined and did not yield any significance in relation to dating stage: $r(30) = -.16$, $p = .41$; $r(31) = .22$, $p = .24$; and $r(31) = -.09$, $p = .64$, respectively.

Hypothesis 3b: Parental Autonomy Granting and Romantic Awareness. The hypothesis that more parental autonomy granting will be significantly associated with better romantic awareness, as reported by the parents on the three items on the Romantic Functioning subscale of the Courting Behaviour Scale, was supported. Pearson bivariate correlations between parental autonomy granting and overall romantic awareness showed significant relationship, $r(30) = .37$, $p = .04$. Further examination of the subscales showed that the Dating Autonomy subscale in particular was significantly linked with romantic awareness, $r(29) = .50$, $p = .01$, while the Personal Choice and Independence subscale, $r(30) = .14$, $p = .46$, and the Responsibility subscale, $r(30) = .24$, $p = .21$, were not significantly linked with youths' romantic awareness, as reported by the parents.

Hypothesis 3c: Parental Autonomy Granting and Romantic Relationship Quality. The hypothesis that more parental autonomy granting will be significantly associated with better romantic relationship quality, as rated on the NRI by the adolescents, was not supported, despite some high correlations approaching significance. The correlation table for these analyses may be seen in Table 7.

School Context

Hypothesis 4a: School Type and Dating Stage. The hypothesis that adolescents with ID from co-ed schools, as compared to the youth from same-sex schools, are at a higher dating stage was not supported. The results of an ordinal chi-square revealed that there was no difference in dating stages with regard to the type of school (same-sex or co-ed) the youth attended, x^2 (1, N = 28) = .74, p = .39. Youth from same-sex (M = 3.67, SD = 1.12) and from co-ed schools (M = 3.32, SD = 1.11) also did not significantly differ in their interest in the opposite sex, $t(26)$ = -.78, p = .44. Further, chi-square tests revealed that youth from same-sex (55.6%) or the co-ed (47.4%) schools did not significantly differ in their previous romantic status, x^2 (1, N = 28) = .16, p = .69.

Hypothesis 4b: School Type and Romantic Awareness. The hypothesis that school type (co-ed or same-sex) is significantly linked with romantic awareness was also not supported. Independent samples t-test revealed that being at same-sex (M = 1.22, SD = .29) or at co-ed school (M = 1.14, SD = .23) did not make a significant difference in the youths' overall romantic awareness, $t(26)$ = -.81, p = .43.

Hypothesis 4c: School Type and Romantic Relationship Quality. Similarly, independent samples t-tests revealed that school type did not make a significant difference in these youths' romantic relationship quality. Thus, co-ed and same-sex schools did not make a significant

difference in the following romantic relationship quality subscales: Seeking safe haven (M = 3.63, SD = .93 for co-ed and M = 4.33, SD = .47 for same-sex school attendance), $t(8)$ = -1.01, p = .34; Seeking secure base (M = 3.67, SD = .50 for co-ed and M = 4.0, SD = 1.41 for same-sex school attendance), $t(8)$ = -.61, p = .56; Providing safe haven (M = 3.46, SD = 1.45 for co-ed and M = 3.33, SD = 1.41 for same-sex school attendance), $t(8)$ = .11, p = .92; Companionship (M = 4.08, SD = .73 for co-ed and M = 4.2, SD = .71 for same-sex school attendance), $t(8)$ = -.15, p = .89; Conflict (M = 1.79, SD = .82 for co-ed and M = 2.83, SD = .24 for same-sex school attendance), $t(8)$ = -1.72, p = .12; and Criticism (M = 1.54, SD = .91 for co-ed and M = 1.50, SD = .71 for same-sex school attendance), $t(8)$ = .06, p = .95.

Hypothesis 4d: Gender, School Type, and Romantic Relationships. A chi-square test revealed a significant relationship between gender and school, ^{2} (1, N = 28) = 10.22, p < .001. Significantly more males (N =16; 88.9%), compared to females (N = 3; 30%) attended co-ed schools, rather than same-sex schools. Due to low and uneven numbers in comparing males and females based on school setting, no further analyses were conducted with school setting, gender, and romantic relationships.

Hypothesis 5: Sources of Relationship Education. The findings (based on the CBS scale) were consistent with the hypothesis that the youth learn about relationships significantly more from parents than any other sources. Paired t-tests consistently revealed that relationship education from parents (M = 1.13, SD = .35) was used by these youth with ID significantly more than other relationship education: social observation (M = 1.50, SD = .51), $t(29)$ = -3.61, p = .001; formal sex education (M = 1.77, SD = .43), $t(29)$ = -7.08, $p < .001$; peers and friends (M = 1.40, SD = .50), $t(29)$ = -2.50, p = .02; siblings (M = 1.70, SD = .47), $t(29)$ = -6.16, $p < .001$; media (M = 1.50, SD = .51), $t(29)$ = -3.27, $p < .01$; and other (M = 1.90, SD = .31), $t(29)$ = -8.33,

$p < .001$.

Hypothesis 5a: Relationship Learning Sources and Dating Stage. A series of ordinal chi-square analyses were conducted to examine whether the relationship learning sources were associated with dating stage. The frequencies for these results may be seen in Table 8. Contrary to hypothesis, dating stages were not significantly different in youth learning about relationship education through parents, ^{2} (1, N = 30) = .09, p = ..76, social observation, ^{2} (1, N = 30) = .15, p = .70, formal sex education, ^{2} (1, N = 30) = .001, p = .98, peers and friends, ^{2} (1, N = 30) = .31, p = .58, siblings, ^{2} (1, N = 30) = .01, p = .93, media, ^{2} (1, N = 30) = .15, p = .70, and other, ^{2} (1, N = 30) = 2.43, p = .12.

Hypothesis 5b: Relationship Learning Sources and Romantic Awareness. The hypothesis that learning from the various relationship learning sources, compared to not learning from these sources, will be associated with more romantic awareness was partially supported. The descriptive information of youths' romantic awareness and the different relationship learning sources may be seen in Table 9. A series of independent *t*-tests examining whether each of the relationship learning sources made a significant difference in overall romantic awareness revealed that learning about relationships from social observation, $t(28)$ = -2.55, p = .02, and from the media, $t(28)$ = -2.01, p = .05, is associated with significantly more romantic awareness.

Examining each aspect of romantic awareness (awareness of different romantic relationships, knowledge of sexual behaviours, and knowledge of how to initiate relationships) provided more detailed insight into these sources. A 2x2 chi-square analysis between romantic awareness components and the different relationship learning sources revealed that awareness of different romantic relationships was significantly better with receiving relationship education through parents (66.7%), ^{2} (1, N = 30) = 4.45, p = .04, through media (43.3%), ^{2} (1, N = 30) =

3.97, p = .05, and through social observation (43.3%), x^2 (1, N = 30) = 3.97, p = .05, as compared

to the other relationship learning sources. The chi-square analyses also showed that none of the

relationship learning sources made a significant difference in adolescents' knowledge of sexual

behaviours. A series of independent t-tests examining which learning sources were significantly

related to better knowledge of how to initiate relationships showed that knowledge of how to

initiate relationships significantly differed for youth learning about relationships through social

observation (*M* = 3.40, *SD* = 1.06), *t*(28) = 2.21, *p* = .04, and through peers and friends (*M* =

3.50, *SD* = 1.10), *t*(28) = 3.71, *p* < .001, compared to the youth not receiving these particular

relationship education sources. That is, when the adolescents learned from social observation

and/or from peers, they were better able to know how to initiate relationships.

Hypothesis 5c: Relationship Learning Sources and Romantic Relationship Quality. A

series of six independent t-tests between the different relationship learning sources and romantic

relationship quality subscales were conducted to test the hypothesis that these learning sources

lead to better romantic relationship quality. As may be seen in Table 10, none of the relationship

learning sources were found to be significantly linked with romantic relationship quality.

Individual Differences

Hypothesis 6a: Social Competence and Dating Stage. As shown in Table 11, Pearson

bivariate correlations were conducted to examine whether social competence was associated with

adolescents' dating stage. Contrary to hypothesis, dating stage was not significantly linked to the

overall social competence scale, *r*(31) = -.12, *p* = .51, nor to the social competence subscale

Tendency to Withdraw, *r*(30) = -.04, *p* = .83. However, dating stage was significantly correlated

with the Not Understanding subscale, *r*(31) = -.38, *p* = .04. However, according to Bonferroni

correction, the *p* value should be *p* .002, as such this finding needs to be interpreted with

caution.

Hypothesis 6b: Social Competence and Romantic Awareness. The hypothesis that better

social competence is linked to more romantic awareness was also not supported, as seen in Table

11. However, in examining the different aspects of romantic awareness, through bivariate

correlations, the subscale Tendency to Withdraw was found to be significantly associated with

knowledge of how to initiate relationships, $r(29) = -.41, p < .05$. Thus, youth who were rated to

be more withdrawn were also rated by parents to have less knowledge of how to initiate

relationships. None of the other romantic awareness features (knowledge of sexually related

behaviour and awareness of different kinds of romantic relationships) were significantly

associated with aspects of social competence.

Hypothesis 6c: Social Competence and Romantic Relationship Quality. The hypothesis

that social competence is significantly associated with these youths' romantic relationship

quality was partially supported. As seen in Table 11, an element of romantic relationship quality,

"seeking secure base" was significantly correlated with the Not Understanding subscale of social

competence, $r(31) = -.62, p = .05$. Once again, however, when Bonferroni correction was applied

this finding became non-significant.

Hypothesis 7a: ID vs. ID/ASD and Social Competence. Consistent with hypothesis, youth

with ID and youth with ID/ASD showed significant differences in their social competence.

Youth with ID/A*SD* (*M* = 17.33, *SD* = 8.51), as compared to adolescents with ID (*M* = 12.11,

SD = 5.77), were overall less socially competent, $t(29) = 2.04, p < .05$. Closer examination of

subscales of social competence revealed that these adolescents primarily differed in their

understanding of social cues on the Not Understanding subscale (ID: *M* = 1.40, *SD* = .48; ASD:

M = .89, *SD* = .51), $t(29) = 2.84, p < .01$. Adolescents with ID and with ID/ASD did not

significantly differ in their tendency to withdraw from social situations (ID: M = .78, SD = .40;

ASD: M = .51, SD = .34), $t(28)$ = 1.98, p = .06.

Hypothesis 7b: ID vs. ID/ASD and Dating Stage. The hypothesis that youth with ID are at

a higher dating stage than youth with ID/ASD was not supported. An ordinal chi-square was

conducted to examine the difference between adolescents with ID and those with ID/ASD in

their dating stage. Table 12 shows the breakdown of number and percentage distribution within

each group. The analysis revealed that adolescents with ID and those with ID/ASD did not

significantly differ in their dating stage, x^2 (1, N = 31) = 2.57, p = .11.

Hypothesis 7c: ID vs. ID/ASD and Romantic Awareness. Consistent with hypothesis,

independent samples t-test revealed that significantly more youth with ID (M = 1.06, SD = .17),

as compared to youth with ID/ASD (M = 1.39, SD = .31), showed better overall romantic

awareness (with lower scores indicating better romantic awareness), $t(28)$ = 3.77, p < .001.

Further examination of the components of romantic awareness from the Romantic Functioning

Subscale of CBS revealed that significantly more adolescents with ID (94.4%), as compared to

youth with ID/ASD (33.3%), showed awareness of different types of romantic relationships, x^2

(1, N = 30) = 12.80, p < .001. Further, adolescents with ID (M = 3.33, SD = 1.08), as compared

to those with ID/ASD (M = 2.33, SD = 1.23), had significantly more knowledge of how to

initiate relationships, $t(28)$ = -2.35, p = .03. However, there were no significant differences

between youth with ID (88.2%) and those with ID/ASD (75%) in knowledge of sexual

behaviour, x^2 (1, N = 29) = .86, p = .35. The breakdown of number and percentage distributions

within each group for these results may be seen in Table 12.

Hypothesis 7d: ID vs. ID/ASD and Romantic Relationship Quality. Independent samples

t-test did not support the hypothesis that youth with ID, as compared to youth with ID/ASD, have

significantly better romantic relationship quality. The results for these analyses may be seen in Table 13.

Discussion

The present study makes an important contribution to understanding romantic experiences and romantic conceptualizations that youth with ID have from a developmental perspective. Through this approach, the results show the distinct individual factors, such as social competence and comorbid ASD, that play a significant role in these youths' understanding of and experiences with dating and romantic relationships. As well, the results point to the specific parent and school factors that are related to these adolescents' romantic involvement (i.e., dating stage), romantic conceptualization and romantic awareness (as reported by the youth and by their parents, respectively), and romantic relationship quality. Clearly the developmental-contextual theoretical perspective appears to be most helpful in understanding romantic relationships of youth with ID. This study highlighted the relevance of dating and romantic relationships for adolescents with ID and the significant difference in dating readiness that youth and their parents perceive. This study showed how youth with ID conceptualize romantic relationship and distinguish between a friend and a romantic partner. Overall, youth with ID showed interest in romantic relationships but have delayed dating patterns compared to typically developing same-age peers.

Romantic Conceptualization

The present results were consistent with the first hypothesis in that the majority of youth with ID were able to describe and identify some core features of what a boy/ girlfriend is and many differentiated between a romantic partner and a friend. The majority of the youth participants characterized companionship as the defining characteristic of a romantic partner,

while noting that commitment is the distinguishing characteristic between a romantic partner and a friend. These responses are in part echoed by findings on typically developing early adolescents, who also emphasize the importance of affiliation in romantic relationships. However, typically developing young adolescents also differ from the youth with ID in this study in that they describe the distinguishing factor between a friend and a romantic partner as passion (Connolly et al., 1999), rather than commitment. These qualitative differences may be attributed to the attitude that youth with ID have towards relationships in general. The study by Pottie and Sumarah (2004), for instance, demonstrates that adults with ID engage in more friendship maintenance behaviours than their non-disabled companions. Thus, it may be that youth with ID also hold very high standards for being faithful and committed in a romantic relationship, more so than even their friendships. Alternatively, since this study examined mid to late adolescents with ID, it may be that their perceptions of relationships are more mature than typically developing young adolescents. Further research into the qualitative differences of their relationships is needed to understand how relationship conceptualizations relate to the actual relationships that these adolescents with ID may have. Notably, there were some adolescent participants who were unable to distinguish between a romantic partner and a friend, which has not been seen with typically developing youth. This suggests that there is a need to examine this subgroup of adolescents with ID who have this confusion and for educating these youth about the difference between romantic relationships and friendships.

Dating Stage

It is clear through the results that romantic relationships are important and desired by these youth, as was indicated through the overwhelming majority (85%) wanting a romantic partner "right now." Overall, exclusively same-sex friendships are not the norm for these

adolescents. However, adolescents with ID in this study had lower dating stage means (1.84) compared to typically developing adolescents in the same age-range (16-18 years), who score dating stage means of 2.3-2.4 (Connolly, Nguyen, Pepler, Craig, & Jiang, 2013). At the same time, the dating stages of adolescents' with ID are higher than those of same-age typically developing "late bloomer" – or later romantic starting - adolescents, who score dating stage means of 1.3-1.4 (Connolly et al., 2013). Rather, adolescents with ID appear to be similar to typically developing early adolescents (12-13 years), who also score dating stage means in the same range (Connolly et al., 2013) and also engage in significantly more affiliative activities than dating activities (Connolly et al., 2004). Thus, older adolescents with ID may be more similar to young typically developing adolescents in their dating stage development. Longitudinal research may be helpful in confirming whether these adolescents' trajectory of dating is the same as those of typically developing peers as they move into emerging adulthood. Longitudinal research in this way may support our understanding of how these youths' dating stages look over time and how stable or fluid these stages are for youth with ID.

The dating stage findings are important as they contrast the idea that individuals with ID tend to be isolated and engage in more solitary activities (Solish et al., 2010). Although many of the youth participants' activities were not explicitly focused on dating, the majority had some experience in mixed-sex affiliations. However, it is possible that some of these youth participate in affiliations with mixed-sex peers indirectly (i.e. observation), while others may be more active. Since research shows that mixed-gender groups increase romantic interest as well as romantic involvement (Connolly et al., 2004), it is possible that these mixed-sex experiences contribute to the process of romantic development.

Family Context: Parental Autonomy Granting

While overall perceived readiness for autonomy did not significantly differ between youth with ID and their parents, a subscale measuring dating autonomy did significantly differ between the parents and adolescents. The youth with ID felt they were ready for dating activities at an earlier age than what their parents perceived. This suggests that autonomy granting may be more restricted for these youth in relation to social activities with peers, and particularly dating. This finding adds to the literature the degree to which parents and youth with ID agree on topics of dating, suggesting that conflict about dating readiness may arise for families with children with ID during the adolescent period. This finding is, in part, consistent with research on typically developing adolescents (Feldman & Quatman, 1988; Daddis & Smetana, 2005); showing that there is a significant difference in youths' and parents' agreement on age readiness for autonomous behaviours, though it is clear that dating behaviours in particular are a source of disagreement in the present study. Importantly, the dating autonomy subscale was related to these youths' romantic awareness. This finding is consistent with previous research on typically developing adolescents, showing that awareness of relationships develops through adolescents' social experiences (Furman & Wehner, 1994). Since dating autonomy clearly plays an important role in adolescents' and parents' expectations, as well as in the adolescents' romantic awareness, it is important to explore this concept further in future studies.

The hypothesis that romantic relationship quality is significantly related to parental autonomy granting was not supported. This was surprising since autonomy granting typically allows youth to have more time with their friends, with whom they learn concepts such as intimacy and companionship, required for better quality of relationships (Furman & Simon, 1999). However, since these youth tend to spend more time with their parents (e.g., Walker-Hirsch, 2007), they may not need autonomy granting to develop better romantic relationship

quality. That is, it may be that these youth learn some of the same relational skills within their relationships with parents, rather than with friends. It was also unexpected that parental autonomy granting was not related to youths' dating stage and romantic awareness, since youth with ID, as compared to typically developing peers, tend to be more overprotected and are granted less autonomy (Holmbeck et al., 2002; Walker-Hirsch, 2007; Clark et al., 2004), which has been linked with less social opportunities to interact with peers (Walker-Hirsch, 2007).

School Context: Relationship Education

Consistent with the hypothesis, the present study found that the majority of adolescents with ID primarily learn about relationships through parents. This is consistent with research suggesting that children and youth with ID tend to spend more time with parents (e.g., Walker-Hirsch, 2007) and young adults with ID rely more on parents for socio-sexual education (Bucknall, 2005; Grant & Fletcher-Brown, 2004). The issue with learning about relationships and sexuality primarily from parents is that often parents are hesitant to discuss these issues with their children for fear of encouraging sexual activity (Grant & Fletcher-Brown, 2004; Walker-Hirsch, 2007), or they often feel unprepared to address these topics with their youth (Allen & Seery, 2006; Isler et al., 2009). Indeed, the present study found that while parents were able to educate their adolescents with ID about different types of romantic relationships, their youths' understanding of sexual behaviours or how to initiate relationships was not significantly linked to parental education. This suggests that these parents may not be speaking with their adolescent children on these topics, as some research suggests (e.g., Isler et al., 2009), or they are unable to convey this understanding in a way that is understood by these youth.

Also consistent with research (e.g., Lesseliers & Van Hove, 2002; Isler et al., 2009), according to parents, only a minority of youth received formal sexual education regarding

relationships at their schools. Alternatively, it is possible that the parents may not be informed on whether their youth are receiving relationship education at school. Research suggests that while some youth with ID receive inadequate relationship education, others experience inadequately taught relationship education (Cheng & Udry, 2005; Swango-Wilson, 2009). It appears that the current programs that do exist for these youth may not be sufficient in conveying to these adolescents an appropriate understanding of sexual behaviour or knowledge of relationships. This study found that formal sex education was not significantly linked with romantic awareness in adolescents with ID. These findings are consistent with other research (e.g., Griffiths, 2003; Swango-Wilson, 2009) that suggests that the socio-sexual education provided to youth with ID is based on very little empirical evidence and tends to be incomplete, omitting the full range of topics to allow for a comprehensive understanding of sexuality. Thus, more evidence-based Formal Sexual Education programs are clearly needed to teach these youth with ID what is safe and appropriate in relationships.

This study also found that social observation and media play a significant role in adolescents' overall romantic awareness. Moreover, in examining aspects of romantic awareness, social observation and peers and friends were most significantly linked to knowledge of how to initiate relationships. These findings are similar to previous research on relationship learning sources, which found that learning about relationships from media and from peers and friends results in significantly higher romantic awareness than from other sources (Stokes et al., 2007). These findings are important in that they highlight the need to provide social opportunities for youth with ID and to encourage them to pay attention to social cues around them. These findings also suggest that simply learning about relationships through social observation may be a powerful tool for adolescents with ID. As well, these findings highlight the need to provide

adolescents with ID with healthy role models and appropriate media access, which will allow them to learn more about relationships.

Individual Differences: Social Competence

In contrast to other research (e.g., Stokes & Kaur, 2005), social competence was not significantly linked with dating stage or romantic awareness. It may be that since the participants in this study had mild ID, they were less likely to have the significant social impairments that are found in individuals with moderate or severe ID that would impact their awareness and understanding of relationships. Notably, dating stage was significantly linked with the Not Understanding subscale of the overall social competence scale. This finding suggests that there may be a specific component of social competence that plays a salient role in these youths' dating stage development. As well, another subscale from the social competence scale, the Tendency to Withdraw, was correlated with these adolescents' ability to initiate relationships. This suggests that in teaching social skills to these adolescents, knowledge of relationships and behaviours in relationships should be treated as separate concepts to convey specific skills in initiating relationships.

Individual Differences: Comparison of Youth with ID and Youth with ID/ASD

Youth with ID and youth with ID/ASD differed in their social competence. This finding is consistent with another study on children and youth with ID/ASD and their social functioning (Solish et al., 2010). In addition, adolescents with ID had better romantic awareness compared to youth with ID/ASD. This is problematic as the majority of adolescents in this study desired to have a romantic relationship "at this time," regardless of ID/ASD status, yet social skills and awareness play an important role in developing friendships and romantic relationships (e.g., Stokes et al., 2007). A study on children and adolescents with ID/ASD shows that youth who

have poor social functioning do not have the foundation required to acquire the skills or experience necessary for more complex intimate and romantic relationships (Stokes et al., 2007). As such, they show a developmental delay, whereby they may gain higher levels of social and romantic functioning with age but this process may occur at a slower rate than that found in normal developmental trends (Stokes et al., 2007). Although the present study found no significant differences in dating stage between youth with ID and those with ID/ASD, as well as no romantic relationship quality differences within these adolescents' relationships, further research is needed to better understand the role that romantic awareness differences play in these youth' romantic experiences. As research by Brown-Lavoie and colleagues (2014) suggest, inadequate sexual knowledge in individuals with ASD is linked to increased risk in sexual victimization. Thus, future research should examine the role that romantic awareness in adolescents with ID and adolescents with ID/ASD plays in these youth' risk for sexual victimization.

Strengths

This is the first study of its kind to specifically address the romantic conceptualization, romantic awareness, romantic involvement, and romantic relationship quality of youth with ID from a developmentally appropriate perspective. Adolescents and adults are developmentally different, leading to some distinct qualities of adolescents' relationship views and experiences. For instance, while in typically developing adult romantic relationships, marital and long-term partners are key figures in established relationships, these serious and committed relationships are not likely to be common in typically-developing adolescent relationships (Furman & Simon, 1999). Thus, the developmental framework approach takes into account the unique romantic views and experiences that adolescents with ID have. The results of this study highlight the

important though very much overlooked area in disability research with adolescents. These results also show some very important issues that require follow-up, prevention, and intervention. By examining the specific sources of relationship learning that youth with ID have and their connection with these youths' romantic awareness and romantic activities, this study makes an important contribution towards highlighting what the current relationship education provided by parents, formal sex education programs, and other important learning sources.

Additionally, the existent studies to date examining relationships in youth tended to "package," or place together, both disabilities and age-groups, despite the research suggesting some important social development differences and the unique developmental period of adolescence. The present study took into account the importance of examining outcome variables between youth with ID and youth with ID/ASD as well as in focusing on adolescents in particular. Beyond the current results, one of the most important aspects of this study is the fact that people with ID were given the opportunity to express themselves in their range of knowledge, expectations, and experiences regarding romantic relationships.

Limitations

There are a number of limitations of this study that must be noted. Firstly, the sample size of the current study was low, making more complex analyses and further division of disabilities and disorders not possible. Moreover, analyses on the romantic relationship quality variable was limited due to only 10 participants reporting on their romantic relationships with their romantic partner. Similarly, when examining gender differences, differences in school contexts, and romantic relationship quality of participants who were dating at the time of the study, the numbers were low in each group. The low sample size limits the generalization of the results and the power of the analyses, which may have resulted in Type II error in the present study. For

instance, various analyses resulted in a trend that approximated p value of .05 but significant conclusions could not be established despite the clear trend. A larger sample size in future studies would improve the power of the analyses and, thus, reduce the possibility of Type II error. Conversely, by analyzing the various subscales in this study with the purpose of an in-depth understanding of various components of the scales and how they relate to these youths' romantic relationships, Type I error chances may have been increased. To address Type I error, Bonferroni correction was utilized. The Bonferroni correction sets the significance cut-off at *a/n* (Gelman, Hill, & Yajima, 2012). Thus, by putting the p value of significance below .05, chance of Type I error is reduced in the present study. Notably, while reducing Type I error, Bonferroni correction is considered to be a conservative test that is vulnerable to Type II error (Gelman et al., 2012).

Another key limitation in this study was the lack of a comparison group of typically developing adolescents. Although youth with ID were compared to findings on typically developing adolescents from previous research, the study lacked a matched comparison group of typically developing adolescents from same schools and communities. Further, the sample in this study was primarily recruited from a clinical setting (SPC) and findings may be different in youth with ID from community settings.

Similarly, the cross-sectional design of this study placed limitations in some conclusions, such as understanding how these adolescents with ID progress through their dating stages over time. As well, although some of the instruments used in this study have been standardized with the ID population, other measures were modified for the purposes of the study. Efforts were made to maintain good reliability and validity in these measures. For instance, the measures were adapted to use simple clear language to support youth with ID in understanding the questions.

Further, the results of this study are limited to youth with mild ID and primarily those interested in heterosexual relationships. Adolescents with moderate or severe ID may display very different behaviours and desires towards romantic relationships. Indeed, research shows that individuals with mild ID tend to have more friendships (Stokes et al., 2007; Freeman & Kasari, 2010) and are more sexually experienced (Cheng & Udry, 2005) than youth with other levels of ID. Furthermore, future research would benefit from adaptive functioning information on these youth to better understand their level of functioning. Although these youths' parents indicated a previous diagnosis of ID and the youth were assessed using the WASI, adaptive functioning is an important measure in understanding what these youth do in their day-to-day lives.

Additionally, the present study lacked data on the type of special education placement the youth participants attended. While special educational placement This limitation is of importance because youth who are integrated into inclusive classrooms may have increased opportunities for social interactions (Wiener & Tardif, 2004), which may in turn impact their romantic development. At the same time, researchers have found that simply having physical proximity in integrating youth with ID with peers does not ensure that youth with ID will actually be included socially in peer activities and interactions (Solish et al., 2003). As such, the broad examination of school type (i.e. same-sex or cross-sex school) attendance was useful in the present study in preliminary understanding these youths' romantic development from the developmental-contextual perspective.

Similarly, the present study did not take into account two of Collins' (2003) romantic features (partner selection and relationship content). Taking these two additional romantic features into account may have furthered the understanding of these youths' romantic experiences. For instance, where girls from same-sex schools meet their romantic partners is an

important question to explore due to the limited contextual opportunities to meet the opposite-sex partner within the school. Thus, future research should include the other romantic features (i.e., partner selection and relationship content) of Collins' (2003) model.

Clinical Implications and Future Directions

The present study shows the relevance of romantic relationships for adolescents with ID and dispels some myths around individuals with ID and romantic relationships. Even in the 21st century, there remain various unfounded beliefs about the romantic development of people with ID. For instance, some myths imply that people with ID are "eternal children," and, hence, need to be protected from sexual experiences (Griffiths, 2007). These beliefs continue to influence how some people in society treat individuals with ID with respect to their sexuality (Griffiths, 2007). Yet, the current study shows that youth with ID are similar to typically developing adolescents in that they attach significant value to romantic relationships. While research has long acknowledged that social participation, friendships, and emotional well-being are core components in measuring quality of life, sexuality and romantic relationships have been largely overlooked. These issues need to be addressed to enhance the quality of life for youth with ID.

Adolescents with ID in this study conceptualized romantic relationships as serious and stable, characterizing these relationships as part of companionship and commitment. Nevertheless, these youth vary in their understanding of romantic relationships, with some having a poor understanding of the difference between a romantic relationship and a friendship. Moreover, youth with ID/ASD in particular showed lower social competence than the youth with ID. Yet, these adolescents did not differ in their desire for a romantic relationship or in their romantic involvement. Since these relationships are clearly salient for adolescents with ID and those with ID/ASD, there appears to be a need for open dialogue on this topic between parents

and their adolescent children, as well as in schools and in clinical settings. The present research suggests a need to support these youth around relationship education and social competence to promote healthy relationships. For instance, the present study showed that parents and youths did not consistently agree on the youths' sexual orientation. Other researchers (e.g., Cheng & Udry, 2005) have also found that youths with ID are less likely to understand sexual orientation. Thus, this topic is important to include in sexual education for these youths. Further, although relationship education is an important factor to consider in formal sex education programs for youth with ID, the present study showed that the majority of these youth learn about relationships primarily from parents, suggesting a need for parent education on this topic as well. Parent education has been shown to be an important factor in the development of a positive sexual self-identity in youth with disabilities (Wiegerink et al., 2006). Thus, training and support for family members is needed on how to educate their youth with ID on topics of romantic relationships and sexuality. These issues are important to consider in their implications for adaptations of the new Ontario sex education program in September 2015 for youth with ID. While the new sex education program mandate holds that sexual health education in schools should seek to be "inclusive of the needs of all students, including youth with disabilities," it also acknowledges that individuals with disabilities do require special accommodations for their specific learning styles and needs (SIECCAN, 2015). The findings in the present study may be useful for the new sex education program. For instance, the program for youth with ID may be enriched through parents' involvement and education, as well as using multimodal teaching, such as supplementing orally presented material with visual aids to support these youths' learning.

Although adolescents with ID/ASD and adolescents with ID were compared, youth with other diagnoses, such as Down syndrome or Fragile X syndrome, may present very differently.

For example, adolescents with Fragile X syndrome exhibit more gaze avoidance than youth with Down syndrome (Murphy, Abbeduto, Schroeder, & Serlin, 2007). This may result in youth with Fragile X syndrome sharing affect less than youth with Down syndrome. Further, studies also show that typically developing youth have more positive attitudes towards youth with ID than youth with physical disabilities (i.e. cerebral palsy; Laws & Kelly, 2005). This research suggests that social development may be impacted by the type of disability the youth have. Thus, more exploration of other developmental disabilities is needed to better understand the role that different disorders may play in these youths' social development and, in turn, lend new insights into interventions aimed at improving these youths' social competence. Finally, future research should also give consideration to comorbid mental illness that youth with ID may have. The present study found youth with ID/ASD to have significantly more mental health and social difficulties than youth with ID alone. This is consistent with past research that found deficits in social competence to be significantly associated with mental health difficulties, such as depression and anxiety (Gray, Piccinin, Hofer, Mackinnon, Bontempo, Einfeld, Parmenter, & Tonge, 2011). Mental health plays an important role in romantic relationships. For instance, some studies show that romantic involvement is associated with greater depressive symptoms (e.g., Davila, Steinberg, Kachadourian, Cobb, & Fincham, 2004; Davila, 2008), and that negative romantic interactions (e.g., conflict, criticism) are associated with symptoms of depression (La Greca & Harrison, 2005). Thus, comparing romantic relationships of youth with ID with and without mental illness may be an important next step in furthering our understanding of this topic.

Conclusions

In summary, this study made it clear that romantic relationships are salient in the lives of adolescents with ID. This research has empirically identified issues of concern that have not yet been addressed in the literature and provided some understanding as to how adolescents with ID conceptualize romantic relationships, what their romantic awareness is like, their romantic activities, and the important role that parents, school, and individual factors (social skills and comorbid disability) play in romantic relationships. This study suggests the importance of addressing the youths' environment and the need for evidence-based relationship education and for youth with ID to have access to cross-sex peers to promote and support healthy romantic experiences. The ground work has been built in the present study for understanding the complex interplay between contextual and individual factors and the experiences with and understanding of heterosexual relationships among adolescents with ID.

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Tables Appendix

Table 1

Number and Percentage of Demographic Characteristics in Each Category

Characteristics	Males (N=21)		Females (N=10)		Total (N=31)	
	N	%	N	%	N	%
Ethnicity						
European-Canadian	11	55	6	60	17	56.7
Asian-Canadian	2	10	3	30	5	16.7
African/Caribbean-Canadian	3	15	0	0	3	10
Other	4	20	1	10	5	16.7
Living Arrangements						
Both natural parents	11	52.4	6	60	17	54.8
Mother and step-father	1	4.8	1	10	2	6.5
Mother only	5	23.8	2	20	7	22.6
Both natural parents, joint custody	1	4.8	1	10	2	6.5
Other	3	14.3	0	0	3	9.7
School Type						
Not in school	2	10	0	0	2	6.7
Public school (boys and girls)	15	75	3	30	18	60
Independent/private school (boys and girls)	1	5	0	0	1	3.3

Special Education school for youth with ID (same-sex)	0	0	7	70	7	23.3
Other	2	10	0	0	2	6.7

Table 2

Number and Percentage of Youth with Additional Disorders in Each Category

Disorder	Males (N=21)		Females (N=10)		Total (N=31)	
	N	%	N	%	N	%
ASD/PDD	8	38.1	4	40	12	38.7
Down Syndrome	2	9.5	2	20	4	12.9
Fragile X	2	9.5	0	0	2	6.5
Williams Syndrome	2	9.5	0	0	2	6.5
Mood Disorder	1	4.8	1	10	2	6.5
ODD/CD	0	0	1	10	1	3.2
ADHD	3	14.3	0	0	3	9.7
Other (i.e. neuromuscular limitations, Trisomy 9, Epilepsy, sensory processing disorder)	2	9.5	3	30	5	16.1

Table 3

Correlations of Parents' and Youths' Reports on Romantic Relationships

Variables	Correlation
Dating Stage	.58**
Had a romantic partner in the past	.65**
Have a romantic partner right now	.61**
Sexual Orientation	-0.17
Parental autonomy granting	0.17

**p = .01

Table 4

Coding Categories for what is a Boyfriend/Girlfriend: Number and Percentage in Each

Category

Category	Males (N=21)		Females (N=10)		Total (N= 31)	
	N	%	N	%	N	%
Passion						
Intense Emotions	10	47.6	2	20	12	38.7
Physical Contact	5	23.8	0	0	5	16.1
Affiliation						
Companionship	14	66.7	4	40	18	58.1
Dating	6	28.6	2	20	8	25.8
Intimacy	2	9.5	2	20	4	12.9
Commitment	2	9.5	3	30	5	16.1
Other	2	9.5	4	40	6	19.4

Table 5

Coding Categories for Difference between a Boyfriend/Girlfriend: Number and Percentage in

Each Category

Category	Males (N=21)		Females (N=10)		Total (N=31)	
	N	%	N	%	N	%
Passion						
Intense Emotions	2	9.5	2	20	4	12.9
Physical Contact	5	23.8	1	10	6	19.4
Affiliation						
Companionship	1	4.8	1	10	2	6.5
Dating	3	14.3	2	20	5	16.1
Intimacy	2	9.5	3	30	5	16.1
Commitment	7	33.3	5	50	12	38.7
Don't know	3	14.3	2	20	5	16.1
Other	2	9.5	1	10	3	9.7

Table 6

Dating Stage Participation in Adolescents with ID

Dating Stage	Males (N=21)		Females (N=10)		Total (N=31)	
	N	%	N	%	N	%
Same-gender activities only	0	0	1	10	1	3.2
Mixed-gender affiliative activities						
Hang around with boys and girls	19	90.5	5	50	24	77.4
Go to clubs, groups, or sports activities with boys and girls	14	66.7	5	50	19	61.3
Go to dances or parties with boys and girls	15	71.4	8	80	23	74.2
Dating activities						
Go out with group of boys and girls at night	7	33.3	1	10	8	25.8
Go out with a boy (girl) and a couple of girls (boys)	5	23.8	2	20	7	22.6
Go on dates with a boy	7	33.3	1	10	8	25.8

(girl) in a group						
Girls and boys go on dates, just the two of us	10	47.6	2	20	12	38.7
Have a boy/girlfriend right now	8	42.1	2	20	10	34.5

Table 7

Correlations between Parental Autonomy Granting and Romantic Relationship Quality

Variables	Parental Autonomy Granting		Personal and Independence Subscale		Dating Autonomy Subscale		Responsibility Subscale		
	r	*p*	*r*	*p*	*r*	*p*	*r*	*p*	*N*
Seeks safe haven	-0.49	0.15	-0.6	0.07	-0.57	0.09	0.06	0.87	9
Seeks secure base	-0.36	0.3	-0.18	0.61	-0.31	0.39	-0.62	0.06	9
Provides safe haven	0.16	0.67	0.29	0.42	0.03	0.93	0.04	0.91	9
Companionship	-0.14	0.69	-0.25	0.49	-0.51	0.13	-0.03	0.93	9
Conflict	0.16	0.66	-0.07	0.85	-0.11	0.76	0.46	0.18	9
Criticism	0.39	0.27	0.22	0.54	0.22	0.55	0.26	0.47	9

Table 8

Numbers and Percentages for Youths' Dating Stages within Relationship Learning Sources

		Relationship Learning Sources						
Dating Stage		Parents	Social Observation	Formal Sex Ed	Peers and Friends	Siblings	Media	Other
Same-sex Friendship	N	1.00	0.00	0.00	1.00	0.00	0.00	0.00
	%	1.00	0.00	0.00	100.00	0.00	0.00	0.00
Mixed-sex Affiliation	N	11.00	8.00	3.00	6.00	5.00	8.00	0.00
	%	91.70	66.70	25.00	50.00	41.70	66.70	0.00
Dating	N	5.00	2.00	2.00	4.00	0.00	2.00	1.00
	%	71.40	28.60	28.60	57.10	0.00	28.60	14.30
Dyadic Romantic Relationships	N	9.00	5.00	2.00	7.00	4.00	5.00	2.00
	%	90.00	50.00	20.00	70.00	40.00	50.00	20.00

Table 9

Chi-Square and T-test for Romantic Awareness and Relationship Learning Sources –

Comparison of Youth Receiving and not Receiving these Learning Sources

Relationship Learning Sources	Overall Romantic Awareness		Romantic Awareness					
	M (SD)	t	ADR %	^{2}(1)	KSB %	^{2}(1)	KIR M	t
Parents/ Caregivers	1.15 (.27)	-1.78	66.7	4.45*	72.4	0.2	3 (1.23)	0.75
Social Observation	1.07 (.14)	-2.55 *	43.3	3.97*	44.8	1.93	3.4 (1.06)	2.21*
Formal Sex Education	1.10 (.16)	-0.99	20	1.07	17.2	0.002	3.43 (1.27)	1.23
Peers and Friends	1.11 (.23)	-1.9	46.7	1.3	51.7	0.86	3.5 (1.1)	3.71**
Siblings	1.07 (.22)	-1.47	26.7	2.18	24.1	0.17	3 (1.12)	0.19
Media	1.09 (.20)	-2.01 *	43.3	3.97*	44.8	1.93	3.27 (1.28)	1.52
Other	1.33 (.33)	0.92	3.3	2.13	3.4	1.62	3 (1.73)	0.1

Note: ADR = Awareness of different romantic relationships (yes/no); KSB = Knowledge of sexually related behaviour (yes/no); KIR = Knowledge of how to initiate relationships (1=never, 2=rarely, 3=sometimes, 4=often, 5=always).
*p < .05, **p < .001

Table 10

Independent Sample t-Test between Relationship Learning Sources and Romantic Relationship Quality

			Relationship Learning Sources					
Romantic Relationship Quality		Parents	Social Observation	Formal Sex Ed	Peers and Friends	Siblings	Media	Other
Seeks safe haven	M	3.78	3.27	4.00	3.67	3.83	3.33	4.00
	SD	0.94	0.98	0.47	1.02	0.58	1.00	0.47
	t	0.11	-2.01	0.40	-0.52	0.18	-1.69	0.40
	p	.91	.07	.70	.62	.86	.13	.70
Seeks secure base	M	3.70	3.73	4.17	3.71	3.75	3.73	4.00
	SD	0.70	0.55	0.24	0.71	0.32	0.55	0.00
	t	-0.40	0.00	1.04	-0.13	0.06	0.00	0.61
	p	.70	1.00	.33	.90	.95	1.00	.56
Provides safe haven	M	3.30	3.60	4.50	3.00	3.92	3.53	4.67
	SD	1.37	1.64	0.24	1.43	1.07	1.57	0.00
	t	-0.95	0.37	1.28	-1.67	0.91	0.22	1.54
	p	.37	.72	.24	.13	.39	.83	.16
Companionship	M	4.07	4.01	4.67	4.10	4.33	4.27	4.67
	SD	0.72	0.64	0.47	0.81	0.82	0.49	0.47
	t	-0.34	-0.15	1.37	-0.03	0.87	0.75	1.37
	p	.74	.89	.21	.98	.41	.48	.21
Conflict	M	2.11	2.01	2.33	2.05	2.33	2.00	2.00
	SD	0.82	0.86	0.94	0.85	0.82	0.94	1.41
	t	1.29	0.24	0.60	0.26	1.02	0.00	0.00
	p	.23	.82	.57	.80	.34	1.00	1.00
Criticism	M	1.59	1.80	2.00	1.76	2.08	1.80	2.00
	SD	0.86	1.10	1.41	0.92	1.10	1.10	1.41
	t	0.65	1.01	0.87	1.39	1.95	1.01	0.87
	p	.53	.34	.41	.20	.09	.34	.41

Table 11

Bivariate Correlations between Social Competence and Romantic Features

Romantic Features	Overall Social Competence		Tendency to Withdraw		Not Understanding	
	r	*p*	*r*	*p*	*r*	*p*
Dating Stage	-0.18	0.33	-0.11	0.58	-0.38*	0.04
Romantic Awareness	0	1	0.19	0.32	0.30	0.11
Knows how to initiate social relationships	-0.27	0.15	-0.41*	0.03	-0.32	0.09
Knowledge about sexually related behaviour	-0.21	0.27	-0.07	0.73	0.05	0.79
Aware of different kinds of romantic relationships	0.06	0.75	0.08	0.68	0.29	0.12
Romantic Relationship Quality						
Seeks safe haven	0.49	0.16	0.55	0.1	0.32	0.37
Seeks secure base	-0.50	0.15	-0.33	0.36	-0.62*	0.05
Provides safe haven	0.28	0.43	0.18	0.62	0.37	0.29
Companionship	0.03	0.93	0.24	0.51	-0.27	0.46
Conflict	0.24	0.51	0.41	0.24	0	1
Criticism	-0.13	0.72	0.06	0.88	-0.36	0.31

*p < .05

Table 12

Romantic Features: Numbers and Percentages for Youth with ID/ASD and Youth with ID

Romantic Features	ID/ASD (N = 12)		ID (N = 19)		Total (N = 31)	
	N	%	N	%	N	%
Dating Stage						
Same-Sex	1	8.3	0	0	1	3.2
Cross-Sex	6	50	7	36.8	13	41.9
Dating	3	25	4	21.1	7	22.6
Dyadic Romantic Relationship	2	16.7	8	42.1	10	32.3
Romantic Awareness						
Knows how to initiate social relationships						
Never	3	25	0	0	3	10
Rarely	5	41.7	5	27.8	10	33.3
Sometimes	2	16.7	5	27.8	7	23.3
Often	1	8.3	5	27.8	6	20
Always	1	8.3	3	16.7	4	13.3
Knowledge about sexually related behaviour	9	75	15	88.2	24	82.8
Aware of different kinds of romantic relationships	4	33.3	17	94.4	21	70

Table 13

Independent Samples t-Test for Youth with ID/ASD and Youth with ID and Romantic

Relationship Quality

Romantic Relationship Quality	ID/ASD (N = 2) M (SD)	ID (N = 8) M (SD)	t (df)	p
Seeks safe haven	4.17 (.71)	3.67 (.94)	0.69 (8)	0.51
Seeks secure base	3.5 (.71)	3.8 (.69)	-0.53 (8)	0.61
Provides safe haven	4.5 (.24)	3.17 (1.40)	1.28 (8)	0.24
Companionship	4 (.47)	4.13 (.75)	-0.22 (8)	0.83
Conflict	2 (1.41)	2 (.80)	0 (8)	1
Criticism	1 (.0)	1.67 (.89)	-1.01 (8)	0.34

Note. Greater means represent more positive romantic qualities, lower means for
conflict and criticism represent less of the negative romantic qualities.

Appendix A

Participant Consent Forms

Information letter/Consent form for parent(S)/primary caregiver(S)

You are invited to participate in a research project entitled "The Development of Dating and Romantic Relationships in Adolescents with an Intellectual Disability." Please read this form carefully, and feel free to contact the researcher for any questions you might have. This study has been reviewed and approved for compliance to research ethics protocols by the Human Participants Review Subcommittee of York University and Surrey Place Centre.

Researcher(s):
Marina Heifetz, M.A., Graduate Student, Psychology.
Dr. Jennifer Connolly, Supervisor, Psychology.

Other Contact Information:
Psychology Graduate Program Office.
Manager of Research Ethics for York University.

Purpose and Procedure:
The purpose of this research is to study the development of dating and romantic relationships in young people with an intellectual disability. Although people with an intellectual disability show an interest in dating, not much is known about their experiences with romantic partners. We would like to see what is happening romantically for youth with an intellectual disability. Further knowledge in this area of research will help parents, practitioners, and researchers to better understand these youths' development of romantic relationships and to support the development of meaningful and healthy relationships. Your child is being invited to participate in a brief cognitive assessment followed by an interview to discuss their interests in and experiences with friendships and dating. Prior to starting the interview, a brief (about 10-15 minutes) cognitive assessment will be conducted with your child to ensure their eligibility in this study. The interview, which will then take place if your child is eligible, will take about 45 minutes and will take place at a place and time most convenient for you. You, as the caregiver(s), will also be asked to complete a demographic data sheet, adaptive behaviour questionnaire, and a relationships questionnaire that examines your perception of your child's romantic interests and experiences. This may take about 10-15 minutes to complete. All identifying information will be removed from the data collected for this study.

Potential Benefits:
The results of this study will contribute to an understanding of the role of romantic relationships in the lives of young people with an intellectual disability. This study will help develop educational programs aimed at promoting healthy relationships for these youths.

You will receive one $5 Tim Hortons gift card at the conclusion of your participation in the study to share between yourself and your child. This is to thank you for your participation. This gift card will be provided even in the event that you decide not to complete the study.

Potential Risks:

There are no known risks associated with taking part in this study. However, asking participants about romantic relationships might stir intense feelings. There is also a possibility that participants may disclose something risky that happened to them (e.g., unprotected sexual behaviour). If these things do occur, support will be available. As well, debriefing will be conducted with each participant to ensure their well-being following the study.

Confidentiality:

Any information gained from your child's and yours participation in this study will remain confidential and all identifying information will be removed from the data collected. You will not be able to know your child's answers and your child will not be able to know your answers. However, should your son/daughter tell us something that we judge to be concerning or indicates that they may be acting unsafely, professional action will be taken and participants will be given appropriate resources to contact for further help. As well, although the data from this research project will be published and presented at conferences, the data will be reported in a summarized form, so that it will not be possible to identify individuals.

All data will be stored in locked files in a locked research office at York University. Data access will be limited to researchers involved in this study. All study materials will be retained for seven years after data collection is completed. At that time all paper documents will be securely shredded.

Right to Withdraw:

Your own and your child's participation is voluntary, and both of you can choose to answer only those questions that you are comfortable with. Your child will be made aware of this throughout the interview. There is no guarantee that your child will personally benefit from being in this study. The information that is shared will be held in strict confidence and discussed only with the research team. If you prefer not to participate, that is fine.

Results of the Study:

A summary of the findings will be provided to participating families and schools.

How can I join the study or ask questions about it?

If you have any questions concerning the research project, please feel free to contact us at any point at the number and e-mail provided.

If you have any questions about the ethics review process or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University.

Marina Heifetz will call you to discuss the study shortly after you receive this information letter/consent form. You can also contact Mrs. Heifetz by e-mail or by phone.

Consent to Participate:

I have read and understood the description provided; I, and my child, have had an opportunity to ask questions and our questions have been answered. I consent for my child to participate in the brief assessment and the research project, understanding that I may withdraw my consent at any time. My child also consents to participate in the brief assessment and this study and understands that he/she may withdraw from this study at any time. I also consent to the interview being audio-recorded.

Participant's Name	Date

1) Brief Assessment Approval:

Parent's/Caregiver's Signature	Date

2) Interview Participation Approval:

Parent's/Caregiver's Signature	Date

Youth's Signature	Date

Marina Heifetz, M.A.	Date

Researcher, Graduate Student

Information Letter/Consent form for youth

You and your parents are invited to take part in a study.
We want to learn more about what things you do with friends.

What you have to do:
- First, you must meet with Mrs. Heifetz. She will tell you more about this project.
- You can ask Mrs. Heifetz questions about this project.
- Only if you want to, you will be asked some questions about what you do with friends.
- This talk will last for about 30 minutes.
- You can take a break at any time.

Your Rights:
- You can say <u>no</u> to this study.
- You can stop any time by saying "stop."
- You do not have to answer questions if you don't want to.
- This will not change how Surrey Place may help you.

How will this help me?
- You may talk about your friends or people you may really like.
- All your feelings are okay and Mrs. Heifetz will be there to listen to what <u>you</u> have to say.
- This project will help us teach other doctors and your parents about the things teens like to do with their friends.

Is this private?
- Your answers will not be told to anyone and will be kept in a safe place.
- Your parents will be asked some questions about you. Their answers will be kept private too.
- Your parents will not know your answers and you will not know their answers.

Results of the Study:
You can ask us for a copy of the project when it is finished.

Consent:

I understand what is written here about this study. All my questions were answered.

If I have questions later, I can call or e-mail:

Mrs. Marina Heifetz (Researcher)

Dr. Jennifer Connolly (Supervisor)

I agree to help with this study.
I also agree to the interview being recorded.
I get a copy of this consent form.

_____
Participant's Name

_____   _____
Participant's Signature   Date

_____   _____
Marina Heifetz, M.A.   Date
Researcher

Appendix B

Demographics Questionnaire

Please do not write your name or any identifying marks. This questionnaire is confidential.

Please complete this for _____.

1. How old is your child? _____ Years _____ Months

2. The child lives with:

    Both natural (biological) parents   Mother and step-father

    Father and step-mother   Mother only

    Father only   Both natural parents, joint custody

    Adoptive Parents   Group home

    Other: _____

3. You are your child's…

    Mother   Father   Step-mother   Step-father   Other/Guardian

4. What is the primary language spoken at home? _____

5. In addition to an Intellectual Disability, does your child have:

    Autism Spectrum Disorder (ASD)/ Pervasive Developmental Disorder (PDD)

    Down Syndrome

    PKU

    Fragile X Syndrome

    Williams Syndrome

    Rett Syndrome

    Cerebral Palsy (CP)

    Fetal Alcohol Syndrome (FASD)

    Mood Disorder

    Anxiety Disorder

    Oppositional Defiance Disorder (ODD)/ Conduct Disorder (CD)

    Attention Deficit Hyperactivity Disorder (ADHD)

    None of the above

    Other: _____

6. Is your child currently on medication?

    Yes   No

If "YES", please specify the name of the medication(s):

_____

7. Is your child currently:

      In secondary school   Undertaking apprenticeship

      Employed   Unemployed

      Other_____

8. What type of school setting does your child attend?

      Not in school

      Public school with boys and girls

      Independent/ Private school with boys and girls

      Independent/ Private school with just boys/girls

      Home School

      Other _____

9. Check the box that shows how you identify your child by race.

      European-Canadian (White)

      Asian-Canadian (e.g., Chinese, Korean)

      Native-Canadian (e.g., Native Indian)

      South-Asian Canadian (e.g., East Indian, Pakistani)

      African/Caribbean-Canadian (Black)

      Latin American-Canadian (e.g., Hispanic)

      Other: _____

10. Was your child born in Canada? (check one)

      Yes   No

If "NO":   A) How long has your child lived in Canada? _____ (years)

           B) What country was your child born in? _____

11. Please select the highest level of education you completed:

      Grade 8 or less   Some high school, but did not graduate

      Graduated from high school   Graduated from community or technical college

      Graduated from university   Obtained a post graduate or professional degree

                                           (e.g., Masters, Ph.D., M.D. etc.)

      Other: _____

Appendix C

Developmental Behaviour Checklist

(DBC-P)

For each item below that describes your child now or within the <u>past six months</u>, please circle

the **2** if the item is **very true** or **often true**. Circle **1** if the item is **somewhat** or **sometimes true**

of your child. If the item is **not true** of your child circle the **0**.

0 = not true   1 = somewhat or sometimes true   2 = very true or often true

1. Becomes overexcited	0	1	2
2. Chews or mouths objects or body parts	0	1	2
3. Confuses the use of pronouns (e.g., uses *you* instead of *I*)	0	1	2
4. Doesn't show affection	0	1	2
5. Grinds teeth	0	1	2
6. Has nightmares, night terrors, or walks in sleep	0	1	2
7. Impatient	0	1	2
8. Inappropriate sexual activity with another	0	1	2
9. Jealous	0	1	2
10. Kicks, hits others	0	1	2
11. Laughs or giggles for no obvious reason	0	1	2
12. Preoccupied with only one or two particular interests	0	1	2
13. Refuses to go to school, activity center, or workplace	0	1	2
14. Repeats the same word or phrase over and over	0	1	2
15. Smells, tastes, or licks objects	0	1	2
16. Switches lights on and off, pours water over and over, or similar repetitive behaviour	0	1	2
17. Stubborn, disobedient, or uncooperative	0	1	2
18. Says he/she can do things that he/she is not capable of	0	1	2
19. Sees, hears something that isn't there, hallucinations	0	1	2
20. Tells lies	0	1	2
21. Tense, anxious, worried	0	1	2
22. Underreacts to pain	0	1	2
23. Upset or distressed over small changes in routine or environment	0	1	2
24. Wanders aimlessly	0	1	2

Appendix D

Children's Social Behaviour Questionnaire

Please circle the number that best describes your child's behaviour.

	Not at all	**Sometimes**	**Often**
1. Has little or no need for contact with others.	0	1	2
2. Makes little eye contact.	0	1	2
3. Does not seek comfort when he/she is hurt or upset.	0	1	2
4. Dislikes physical contact, for example does not want to be touched or hugged.	0	1	2
5. Does not respond to initiatives by others, for example does not play along when asked to.	0	1	2
6. Does not begin to play with other children.	0	1	2
7. Acts as if others are not there.	0	1	2
8. Lives in a world of his/her own.	0	1	2
9. Does not show his/her feelings in facial expressions and/or bodily posture.	0	1	2
10. Does not look up when spoken to.	0	1	2
11. Cannot be made enthusiastic about anything; does not particularly like anything.	0	1	2
12. Does not appreciate it when someone else is hurt or sad.	0	1	2
13. Takes things literally, for example does not understand certain expressions.	0	1	2
14. Does not understand jokes.	0	1	2
15. Does not fully understand what is being said to him/her, that is, tends to miss the point.	0	1	2
16. Is exceptionally naïve; believes anything you say.	0	1	2
17. Frequently says things which are not relevant to the conversation.	0	1	2
18. Talks confusedly; jumps from one subject to another in speaking.	0	1	2
19. Only talks about things that are of concern to him/her.	0	1	2

Appendix E

Courting Behavior Scale and Dating Questionnaire

Please mark (X) the most appropriate response

1. Apart from members of your family, does your child socialize with others?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

2. Does your child show interest in social relationships with people outside the family?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

3. Apart from members of your family, does your child socialize with members of the opposite sex?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

4. Does your child show interest in social relationships with members of the opposite sex?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

5. Does your child know how to initiate social relationships (e.g., friendship, work colleague)?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

6. Does your child have any meaningful social relationships (e.g., close friends)?

   Never　　　Rarely　　　Sometimes　　　Often　　　Always

7. How did your child learn to initiate social relationships? (Please mark all that apply)

   From you (parents/caregivers)　　By social observation　　From formal sex education

   From their peers and friends　　From their siblings　　From the media (e.g., TV, movies, magazines, etc.)　　Other _____

8. Do you think your child has any knowledge about sexually related behaviour?

   Yes　　　　　No

9. Is your child aware of the different kinds of intimate/romantic relationships (e.g., dating, marriage, etc.)?

   Yes　　　　　No

10. Choose "YES" or "NO" to describe how your child spends time with girls and boys.

• She only spends time with girls	YES	NO
• She hangs out with both boys AND girls	YES	NO
• She goes to dances or parties where there are boys AND girls	YES	NO
• She goes to clubs, groups or sports activities where there are boys AND girls	YES	NO
• She goes out with a group of boys AND girls at night	YES	NO
• She goes out with another boy and a couple of girls	YES	NO
• She goes on dates with a boy, but with a group	YES	NO
• She goes on dates with a boy, just the two of them	YES	NO

11. Who do you think your child would like to date:

a) a boy

b) a girl

c) either a girl or a boy

d) not sure

12. Does your child desire to have a romantic relationship?

Yes   No

13. When your child pursues a romantic interest, is that person usually:

A stranger	An acquaintance	A work colleague
A friend	A celebrity	An ex-boyfriend

Other _____

14. Has your child ever had a boyfriend?

Yes   No   Don't know

15. Does your child have a boyfriend right now?

Yes   No   Don't know

If "YES":

16. What's his name? _____

17. How old is he? _____

18. How long have they been dating? _____

19. Where did they meet? _____

20. Have you ever met this boyfriend? _____

21. Does the boyfriend go to:

   The same school

   A different school

   Does not go to school

   Don't know

22. How often does your daughter spend time with her boyfriend?

   Once a day

   A few times a week

   Once a week

   A few times a week

Appendix F

Teen Timetable

Choose the age that you think your child can do these things at.

1. At what age do you expect your son/daughter to choose hairstyle even if you don't like it?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

2. At what age do you expect your son/daughter to choose what books and magazines to read?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

3. At what age do you expect your son/daughter to go to parties at night with boys and girls?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

4. At what age do you expect your son/daughter to not have to tell you where they are going?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

5. At what age do you expect your son/daughter to decide how much time to spend on homework?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

6. At what age do you expect your son/daughter to drink coffee?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

7. At what age do you expect your son/daughter to choose what clothes to buy by themselves?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

8. At what age do you expect your son/daughter to watch as much TV as they want?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

9. At what age do you expect your son/daughter to go out on dates?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

10. At what age do you expect your son/daughter to smoke cigarettes?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

11. At what age do you expect your son/daughter to take a part time job?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

12. At what age do you expect your son/daughter to make their own doctor appointments?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

13. At what age do you expect your son/daughter to go on a trip with friends without any adults?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

14. At what age do you expect your son/daughter to be able to come home at night as late as they want?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

15. At what age do you expect your son/daughter to decide what clothes to wear?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

16. At what age do you expect your son/daughter to go to rock concerts with friends?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

17. At what age do you expect your son/daughter to stay home alone?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

18. At what age do you expect your son/daughter to drink beer?

    Before 12 years   12-14 years   15-17 years   18 or older   Not at all

19. At what age do you expect your son/daughter to watch any TV show or movie they want?

Before 12 years   12-14 years   15-17 years   18 or older   Not at all

20. At what age do you expect your son/daughter to spend money however they want?

Before 12 years   12-14 years   15-17 years   18 or older   Not at all

21. At what age do you expect your son/daughter to stay home alone if they are sick?

Before 12 years   12-14 years   15-17 years   18 or older   Not at all

Appendix G

Dating Questionnaire

Please answer these questions about dating.

1. What is a boyfriend?

    _____

    _____

    _____

    _____

2. What do you think is the difference between a male friend and a
   boyfriend?

    _____

    _____

    _____

    _____

Dating means:

- Spending time with someone you like or you have a crush on.
- Boys and girls can spend time together in many ways.
- For example, you can go out to a movie or a party.
- It may be with just one person or with a small group of people.

3. Choose "YES" or "NO" to describe how you spend time together with girls and boys. You can say "don't know" if you are unsure.

• I only spend time with girls   YES NO

• I hang out with both boys AND girls   YES NO

• I go to dances or parties where there are boys AND girls   YES NO

• I go to clubs, groups or sports activities where there are boys

AND girls   YES NO

• I go out with a group of boys AND girls at night   YES NO

• I go out with another boy and a couple of girls   YES NO

• I go on dates with a boy, but with a group   YES NO

• I go on dates with a boy, just the two of us   YES NO

5. When you think of someone you'd like to date, do you want to go out with:

a) a boy

b) a girl

c) either a girl or a boy

d) not sure

> Sometimes we like someone because of
>
> how they look or how they make us feel, this is called attraction.

6. What makes you attracted to someone?

_____

_____

_____

_____

_____

_____

_____

7. Things we want in a boyfriend are sometimes things we want in a friend.

a. What are some things that you <u>do</u> with a **FRIEND**?

- Going out for a meal: Yes   No

- Shopping: Yes   No

- Watching TV at home: Yes   No

- Going out to the movies: Yes   No

- Playing games: Yes   No

- Hanging out in the park: Yes   No

- Sports: Yes   No

- Sleepover: Yes   No

- Talking on the phone: Yes   No

- Dancing: Yes   No

- Other: _____

---

b. What are some things that you would <u>want</u> to do with a **FRIEND**?

_____

- Going out for a meal: Yes   No

- Shopping: Yes   No

- Watching TV at home: Yes   No

- Going out to the movies: Yes   No

- Playing games: Yes   No

- Hanging out in the park: Yes   No

- Sports: Yes   No

- Sleepover: Yes   No

- Talking on the phone: Yes   No

- Dancing: Yes   No

- Other: _____

_____

_____

8. How much do your parents **try to know** <u>what you do with boys</u>?

1	2	3
don't try to know	try a little to know	try a lot to know

9. How much do your parents **really know** <u>what you do with boys</u>?

1	2	3
don't know	know a little	know a lot

10. Have you ever had a boyfriend?

      Yes   No

11. Do you have a boyfriend right now?

  Yes   No

(If No, go to #21)

___

12. What's his name?

_____

13. How old is he?

_____

14. How long have you been dating?

_____

15. Where did you meet him?

_____

16. Have your parents ever met your boyfriend?

□ No
□ Yes

17. Does your boyfriend go to:

□ the same school.
□ a different school.
□ does not go to school.
□ don't know.

18. Were you friends with your boyfriend (or last boyfriend, if you don't have a boyfriend right now) before you started dating?

□ yes, we were friends for _____ months before we started dating.
□ no, we were not friends before we started dating.
□ I have never had a boyfriend.

19. Tell us how you spend time with *your boyfriend*:

(pick one below) You can say "don't know" if you are unsure.

When we spend time together, it's usually with big group of friends.

When we spend time together, it's "just the two of us"

We are planning to get engaged, married, or live together.

20. How often do you spend time with your boyfriend:

Once a day

A few times a week

Once a week

Once a month or less

21. What are some things that you <u>do</u> with a **BOYFRIEND**?

- Walking around :   Yes   No

- Dancing: Yes   No

- Shopping: Yes   No

- Going out for a meal: Yes   No

- Going out to the movies: Yes   No

- Watching TV at home: Yes   No

- Sports: Yes   No

- Playing games: Yes   No

- Talking on the phone: Yes   No

- Romantic things, like

holding hands and kissing Yes   No

- Other: _____

_____

22. Would you like to have a boyfriend?

  Yes   No

23. Why do you want to have a boyfriend?

_____

_____

_____

24. What are some things that you would <u>want</u> to do with a **BOYFRIEND**?

- Walking around :   Yes   No

- Dancing: Yes   No

- Shopping: Yes   No

- Going out for a meal: Yes   No

- Going out to the movies: Yes   No

- Watching TV at home: Yes   No

- Sports: Yes   No

- Playing games: Yes   No

- Talking on the phone: Yes   No

- Romantic things, like

holding hands and kissing   Yes   No

- Other: _____

_____

Appendix H

Network of Relationships Inventory

Not at all	A little	Sometimes	Pretty often	All the time
1	2	3	4	5
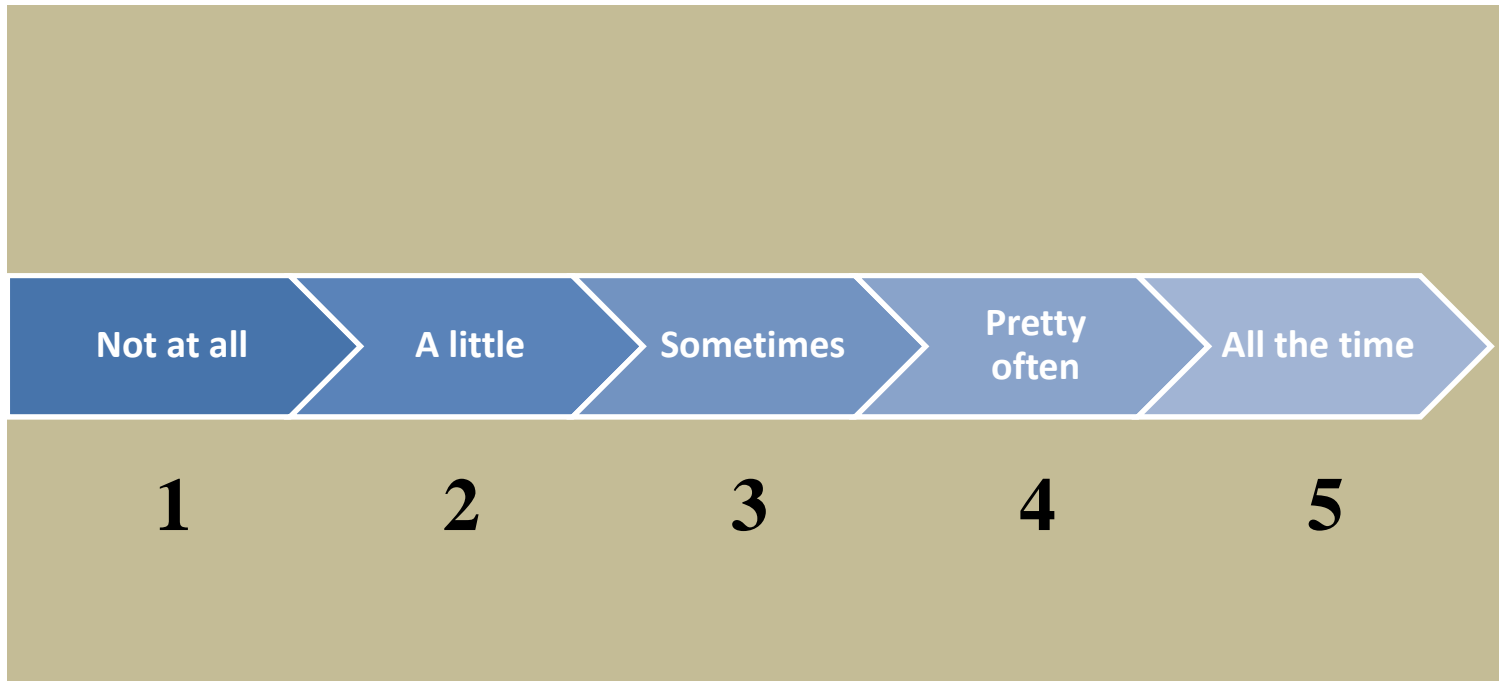
When people are upset,

sometimes they like to

seek out people to make them feel better.

1. When you are upset, how much do you seek out your _____?

   A. Parents

   | Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

   B. Close friends

   | Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

   C. Boy/girlfriend (if have one)

   | Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
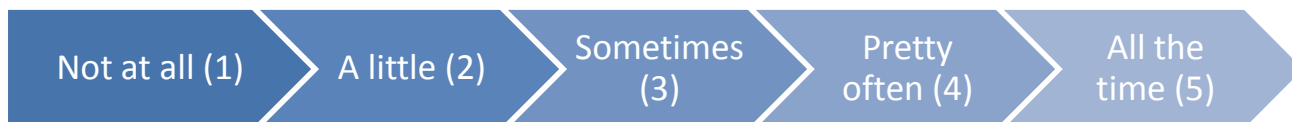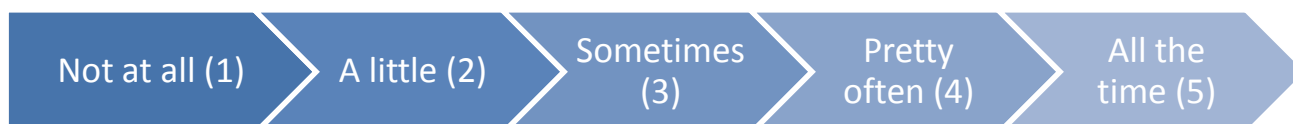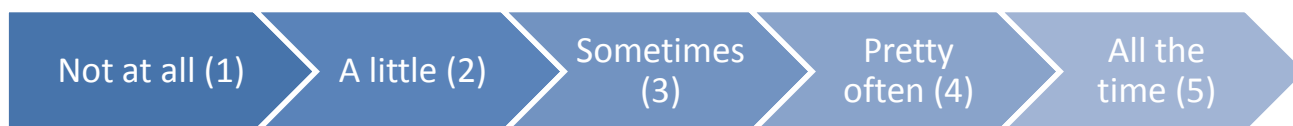
2. When you are angry or sad about something, how much do you seek out your _____ for comfort and support?

   A. Parents

   | Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

   B. Close friends

   | Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
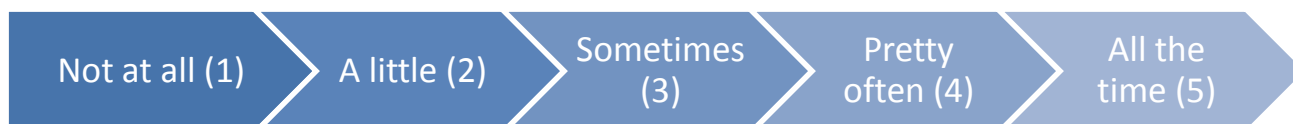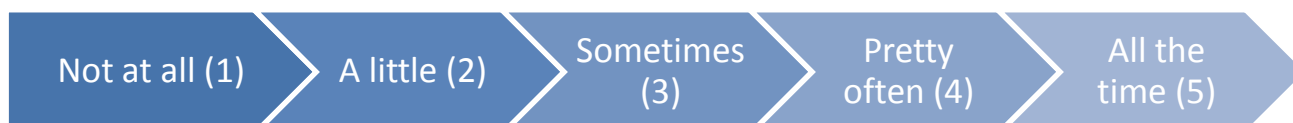
3. When you are worried about something, how much do you turn to your

   _____?

   A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

   B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

   C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
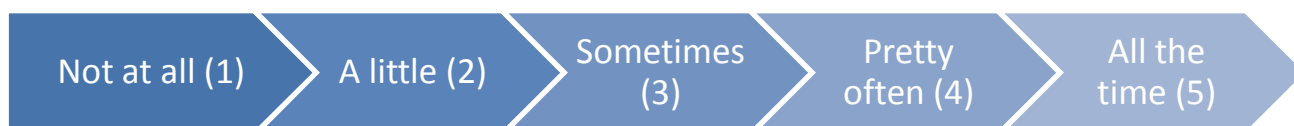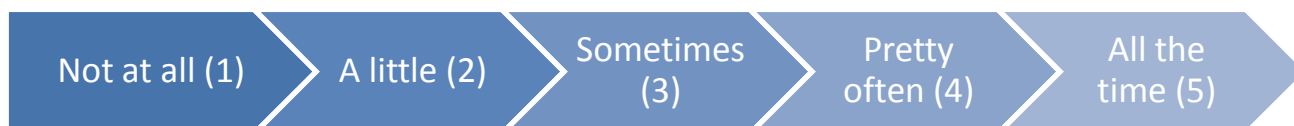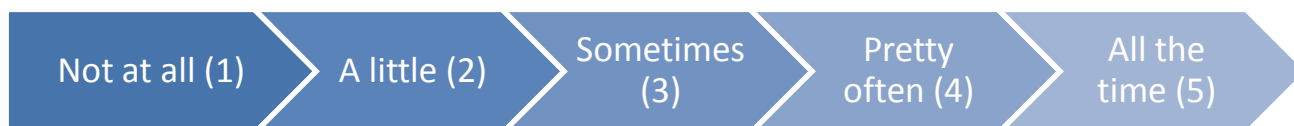
4. How much do your _____ encourage you to try new things that you'd

   like to do but are nervous about?

   A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
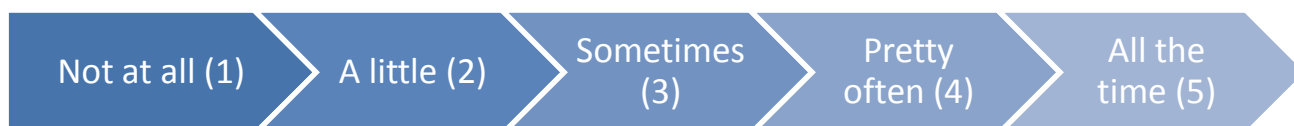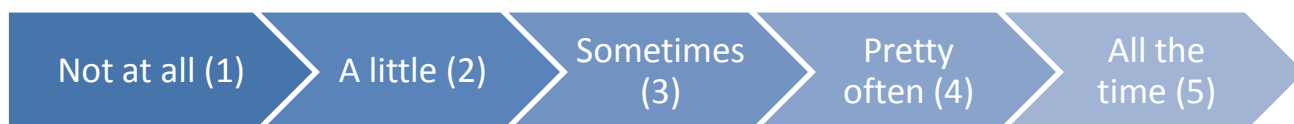
5. How much do your _____ encourage you to follow your goals and

future plans?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
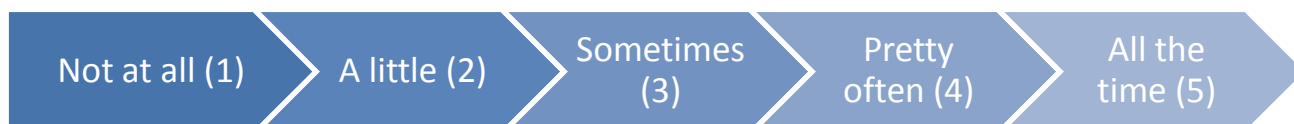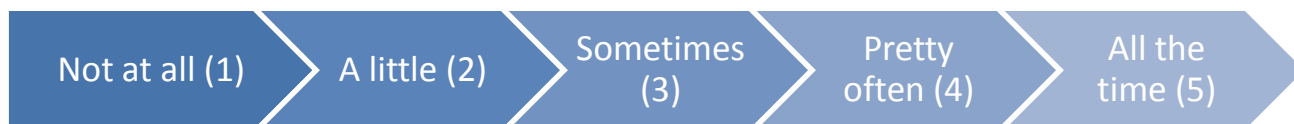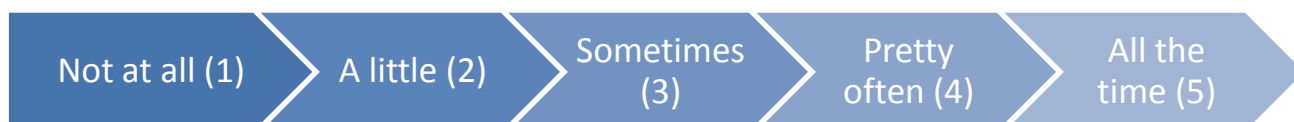
6. How much do your _____ show support for what you like to do?

    A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
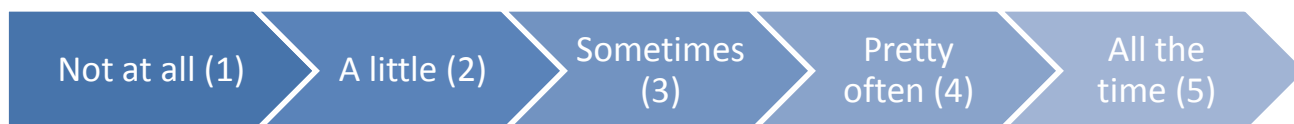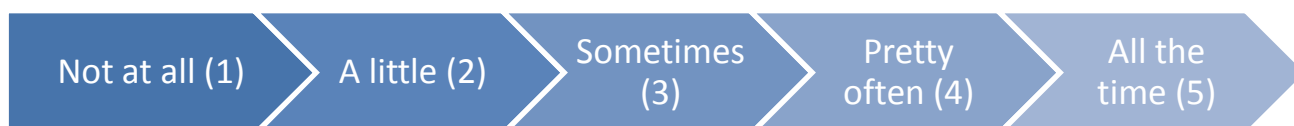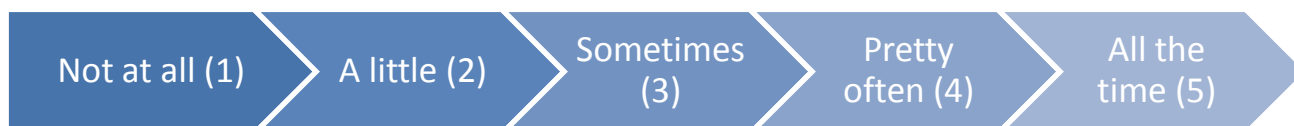
7. How much do your _____ turn to you for comfort and support when angry

or sad about something?

    A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
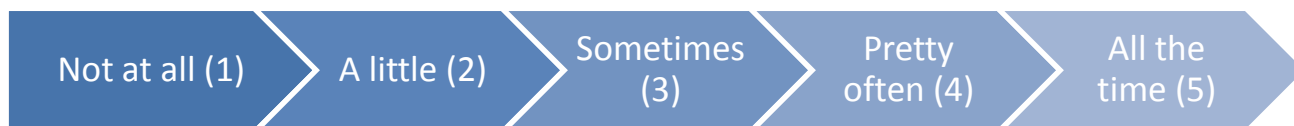
8. How much do your _____ turn to you when worried about something?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
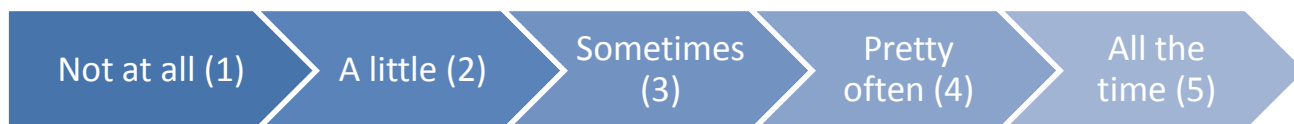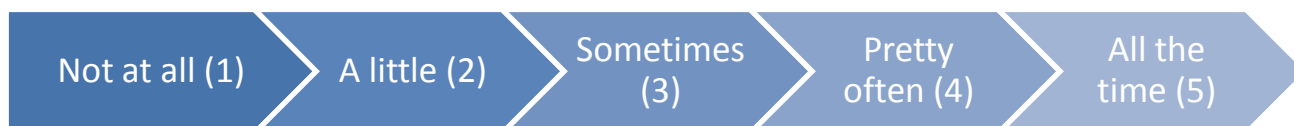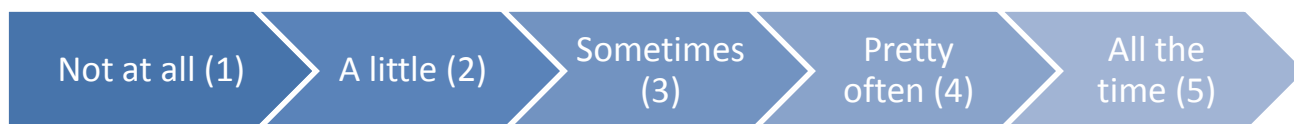
9. How much do your _____ seek you out when upset?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
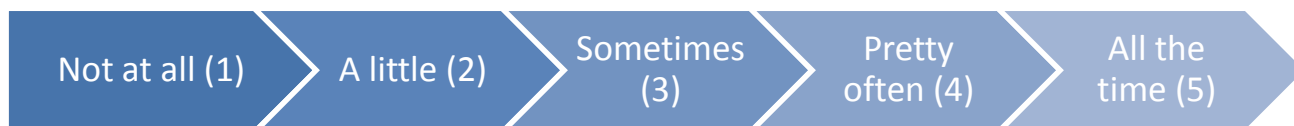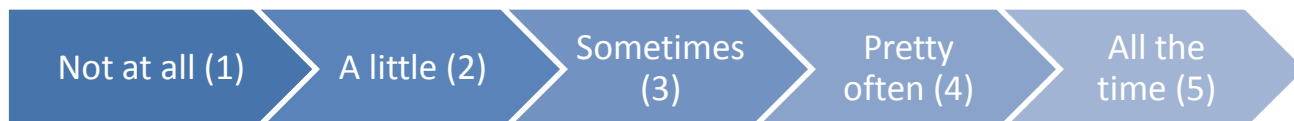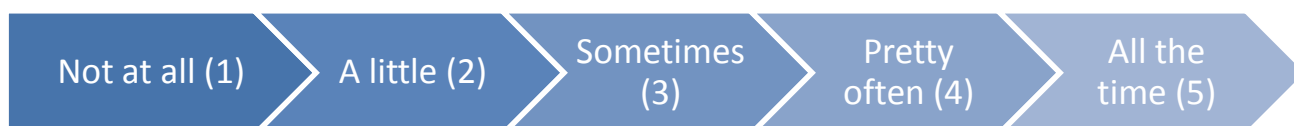
10.   How much do you and your _____ spend free time together?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
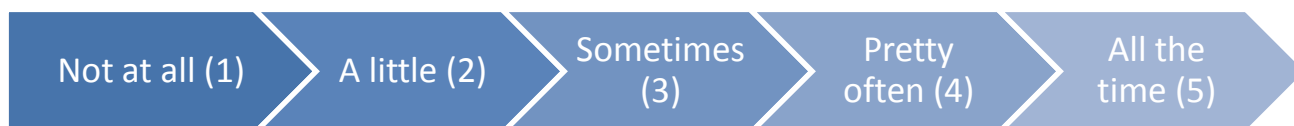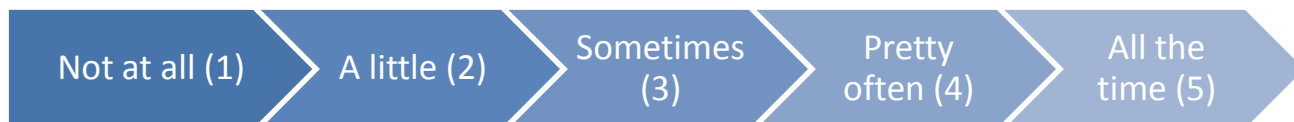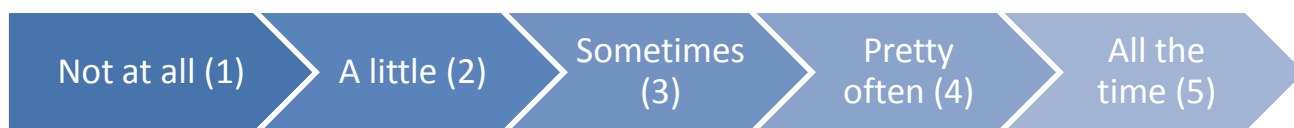
11. How often do you and your _____ go places and do

fun things together?

    A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
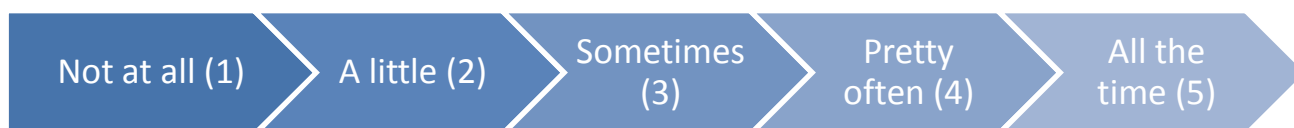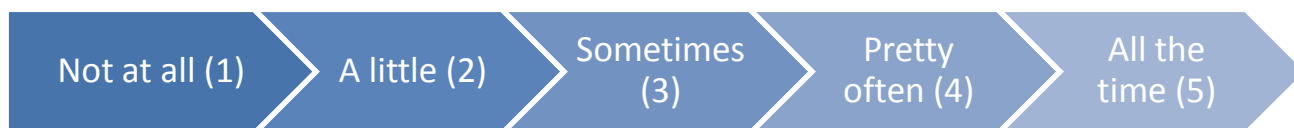
12. How much do you and your _____ hang out and have fun?

    A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

    B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
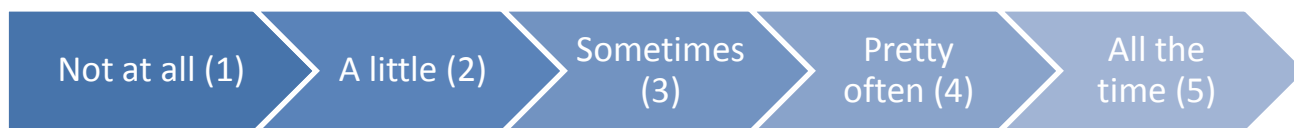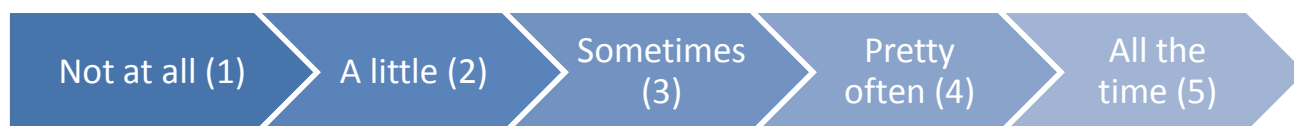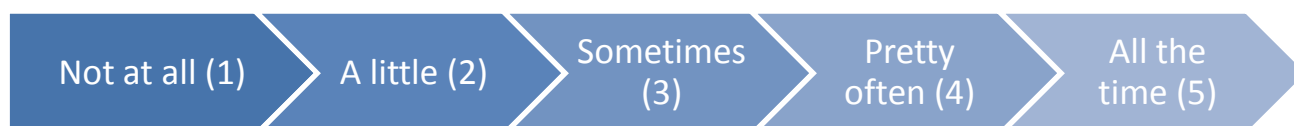
13. How much do you and your _____ get mad at each other?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
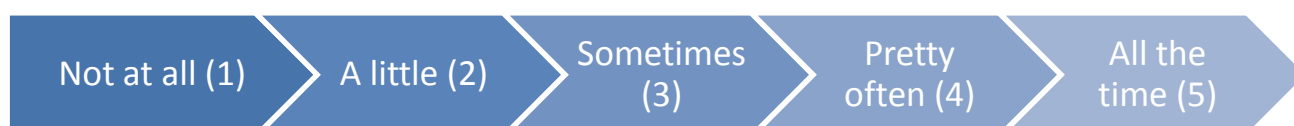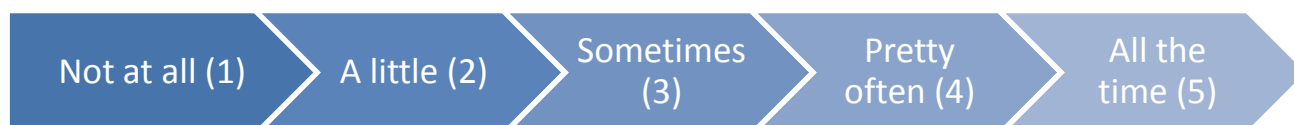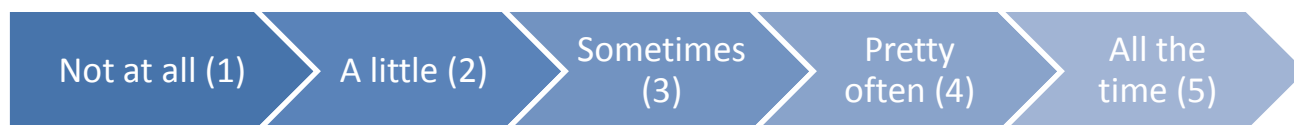
14. How much do you and your ___ disagree?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
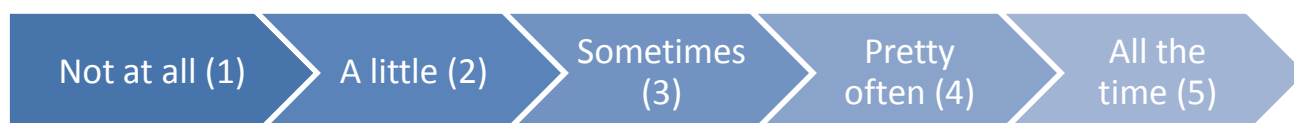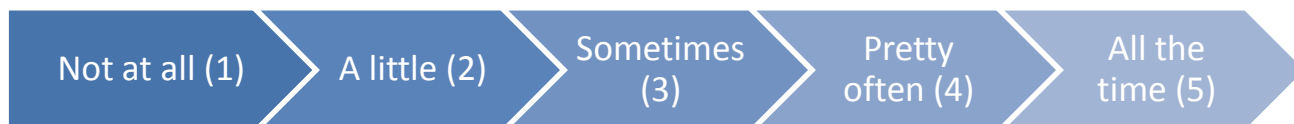
15.   How much do you and your ___ argue with each other?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
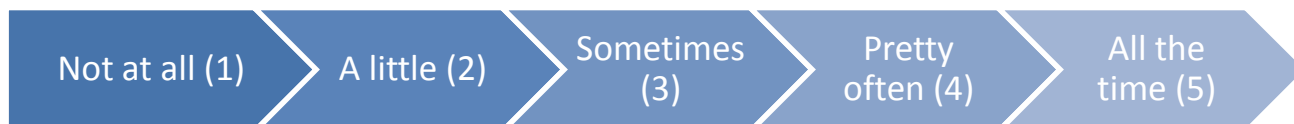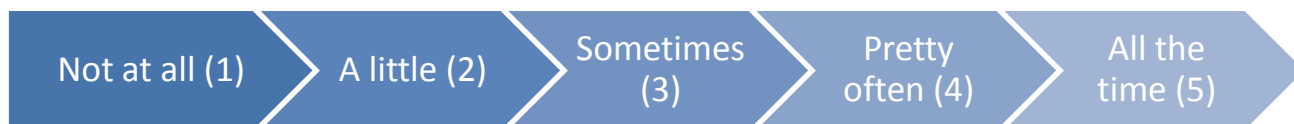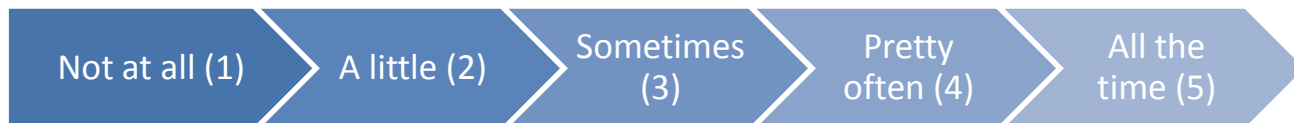
16.   How much do you and your _____ say mean things to

each other?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
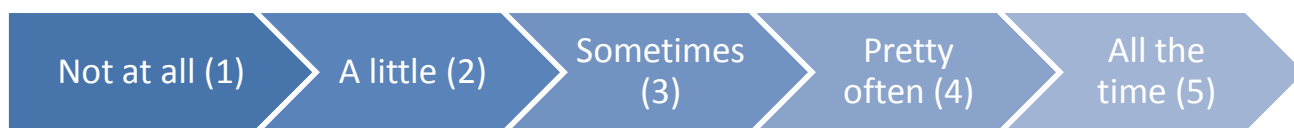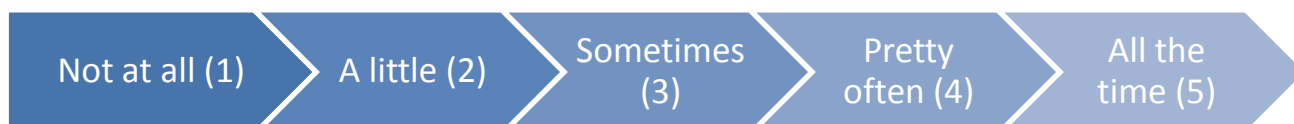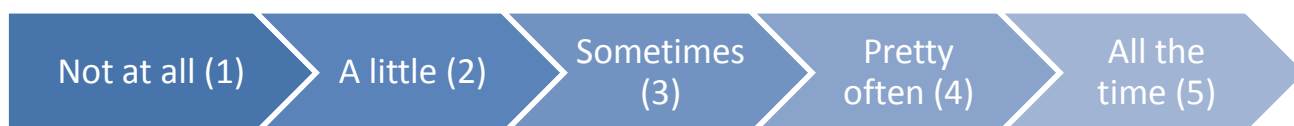
17. How often do you and your _____ blame each other

(For example, say "it's all your fault") and make each other feel bad?

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
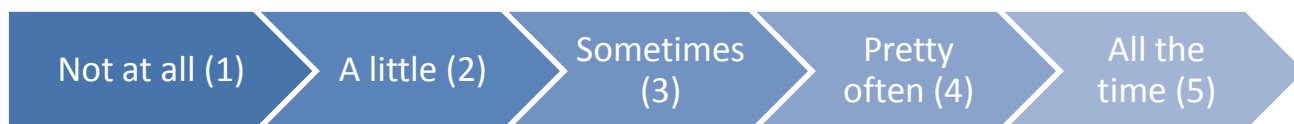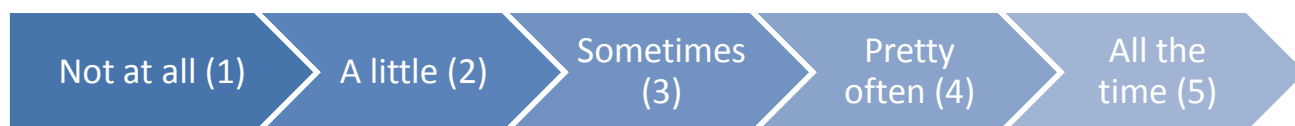
18.   How much do you and your _____ criticize each other?

(For example, say "you did this wrong")

A. Parents

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

B. Close friends

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |

C. Boy/girlfriend (if have one)

| Not at all (1) | A little (2) | Sometimes (3) | Pretty often (4) | All the time (5) |
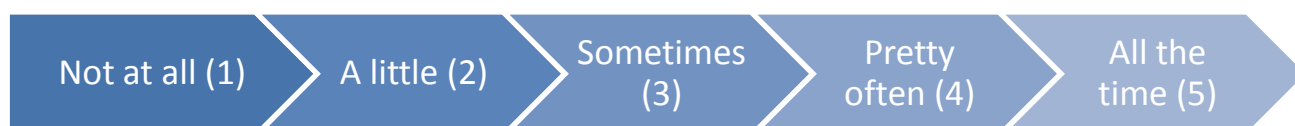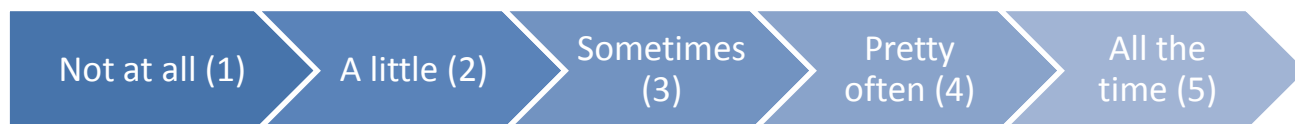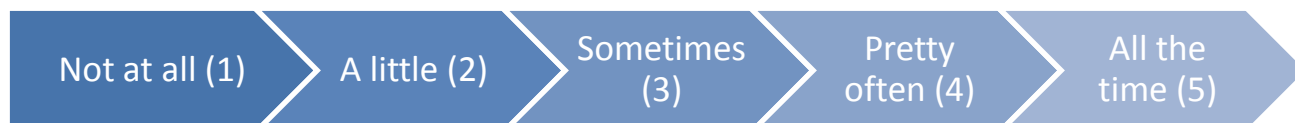
Appendix I

Teen Timetable

Before 12 years (1)	12-14 years (2)	15-17 years (3)	18 or older (4)	Not at all (5)
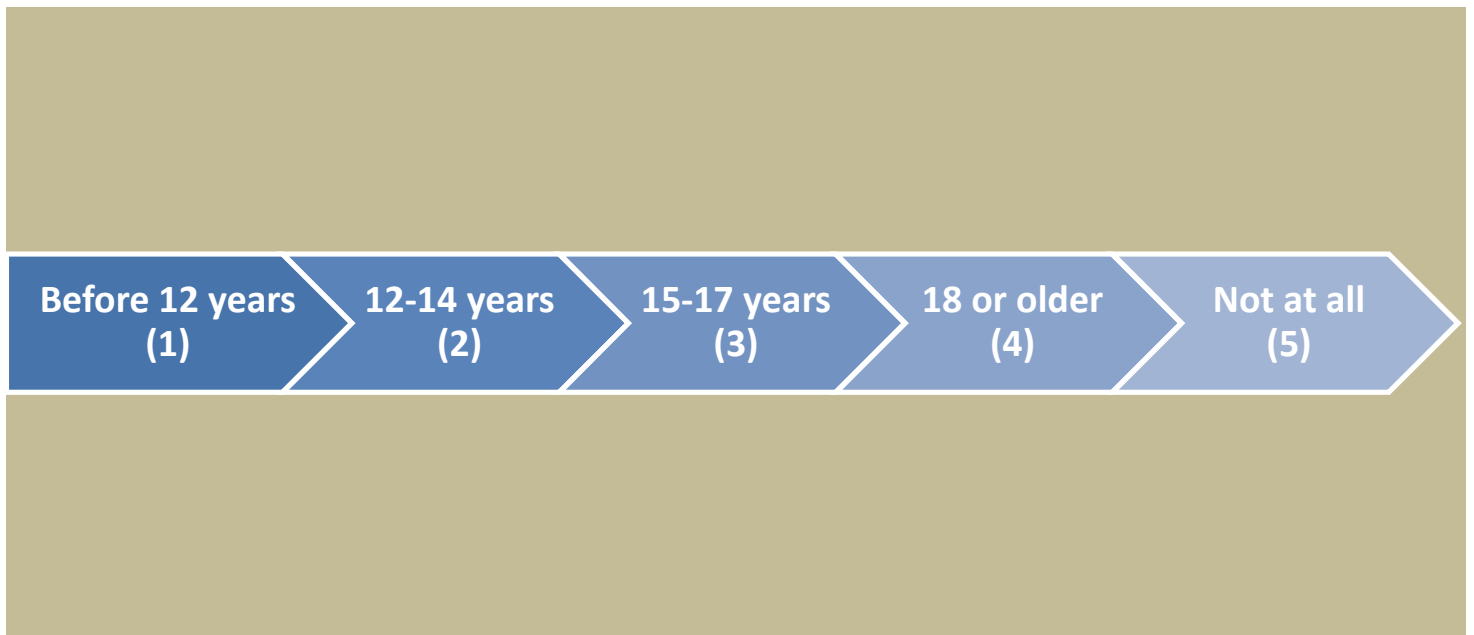
Choose the age that you think you can do these things at.

1. At what age do you think you can choose your own hairstyle even if your parents don't like it?
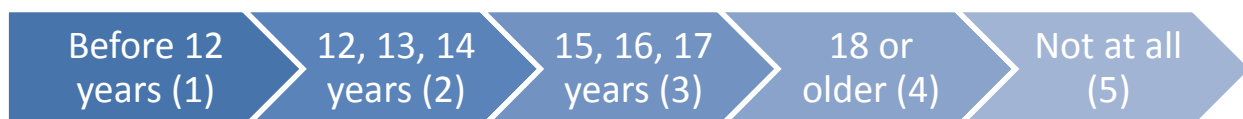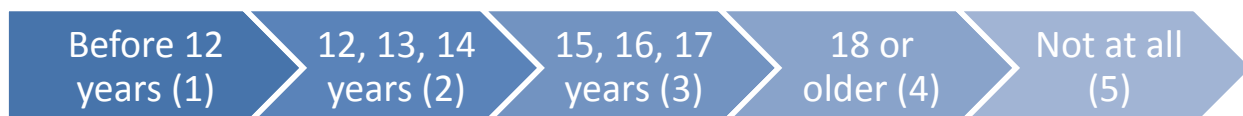
| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |

2. At what age do you think you can choose what books and magazines to read?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
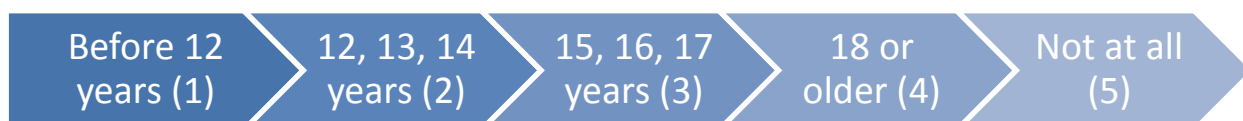
3. At what age do you think you can go to parties at night with boys and girls?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
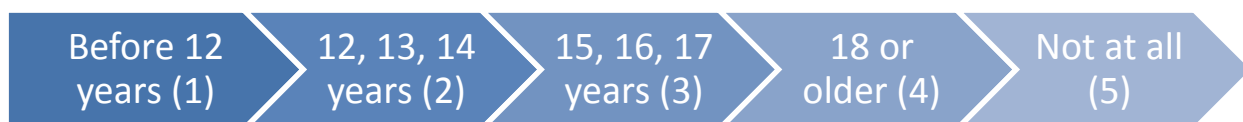
4. At what age do you think you do not have to tell your parents where you are going?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |

5. At what age do you think you can decide how much time to spend on homework?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
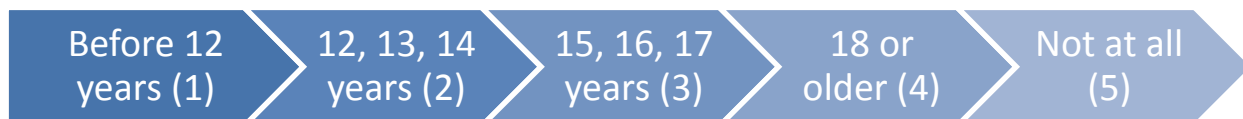
6. At what age do you think you can drink coffee?
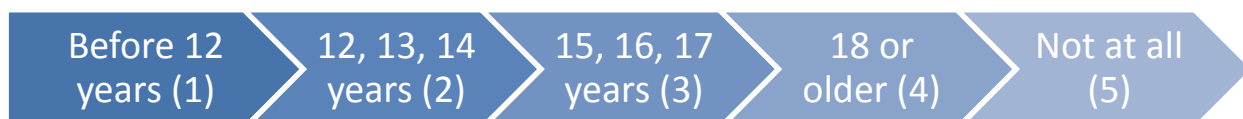
| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |

7. At what age do you think you can choose what clothes to buy?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
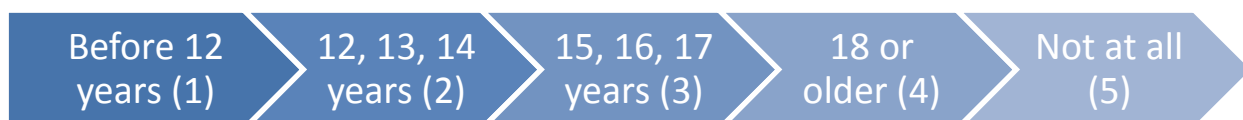
8. At what age do you think you can watch as much TV as you want?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
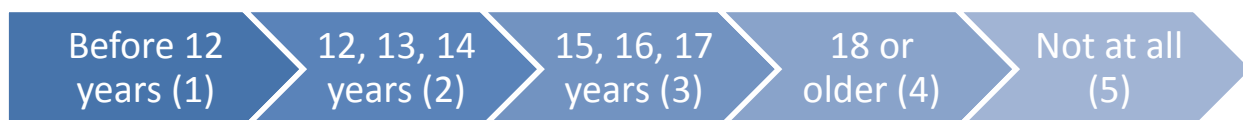
9. At what age do you think you can go out on dates?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
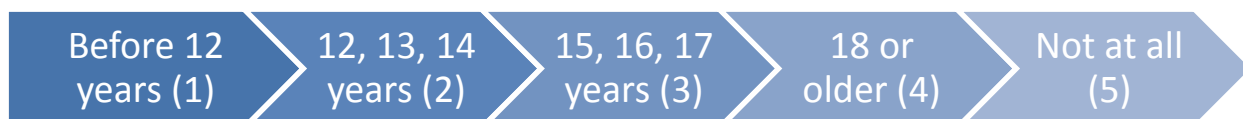
10. At what age do you think you can smoke cigarettes?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
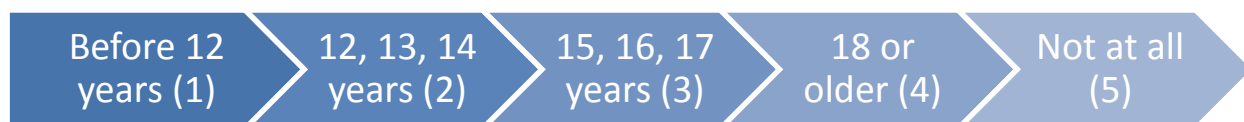
11. At what age do you think you can get a part-time job?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
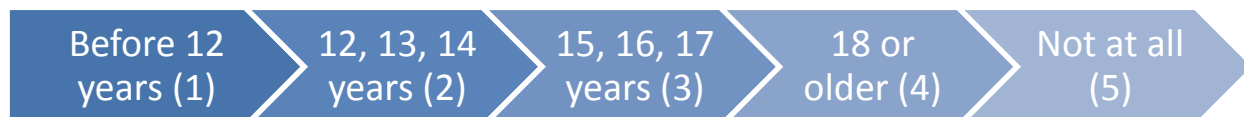
12. At what age do you think you can make your own doctor appointments?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
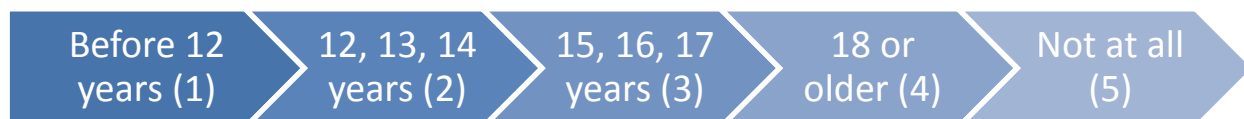
13. At what age do you think you can go on a trip with friends without any adults?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
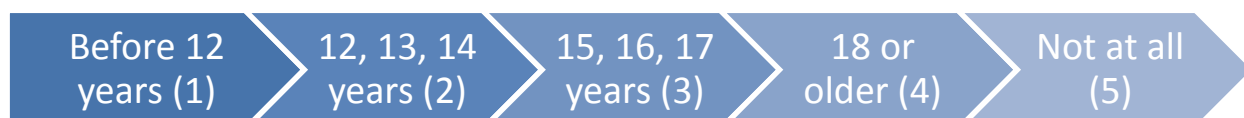
14. At what age do you think you can come home at night as late as you want?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
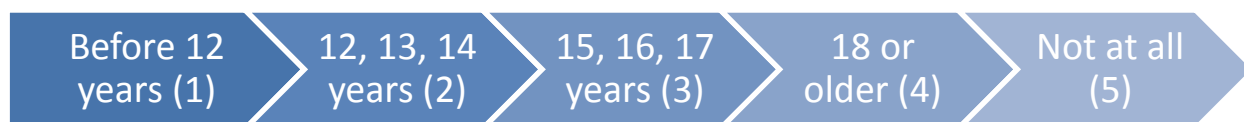
15.   At what age do you think you can decide what clothes to wear?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
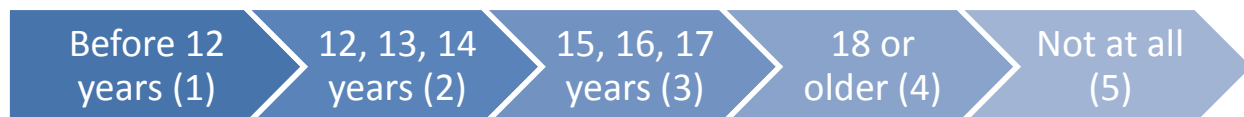
16.   At what age do you think you can go to rock concerts with
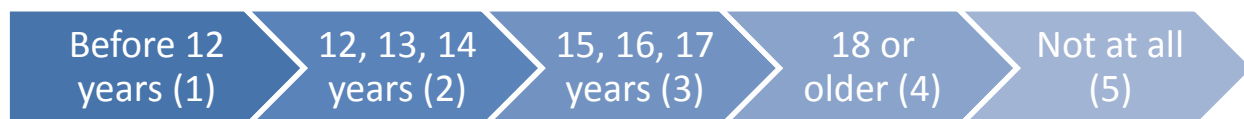
friends?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |

17.   At what age do you think you can stay home alone?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |

18.   At what age do you think you can drink beer?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
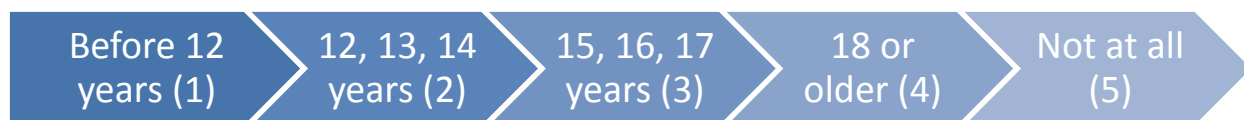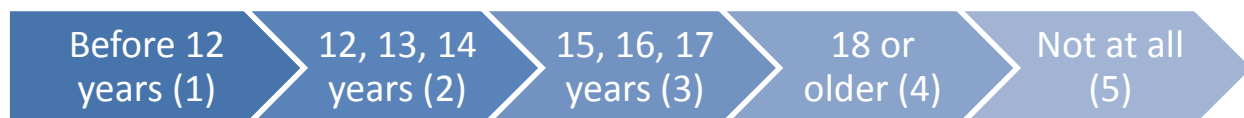
19.   At what age do you think you can watch any TV show or movie

you want?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
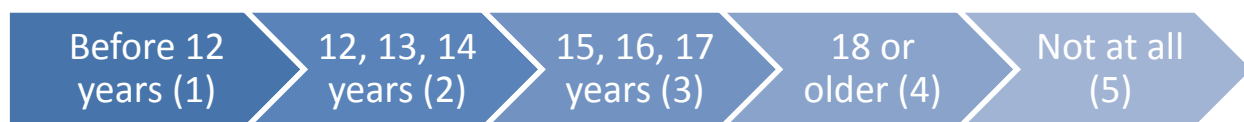
20.   At what age do you think you can spend money however you

want?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
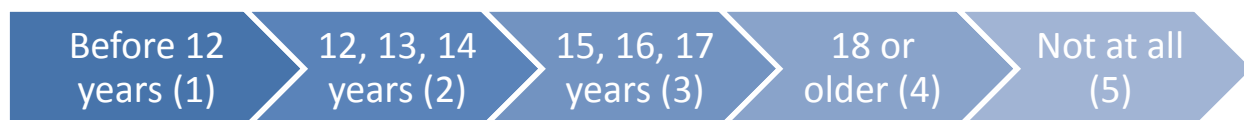
21.   At what age do you think you can stay home alone if you are

sick?

| Before 12 years (1) | 12, 13, 14 years (2) | 15, 16, 17 years (3) | 18 or older (4) | Not at all (5) |
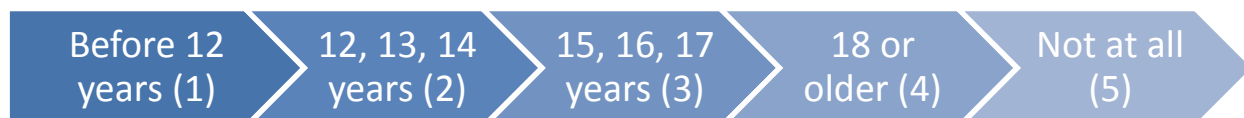
Appendix J

Romantic Relationship Conceptualizations

What is a boy/girlfriend?

Organizing Theme	Sample Response
Passion	A girl who you love…hugging, kissing
	You like to kiss them
	When you really really really love very much
Affiliation	Like a best friend, someone you know
	A girl who you love and like to spend time with
	Someone you can date with either of the same sex or opposite
Intimacy	Someone you enjoy conversations with
	You can turn to him if have problems
	Somebody who you're close to, you can share your emotions with, your hopes and dreams, and you can share your love for them... and how you feel about them.
Commitment	He is always with me
	Don't do anything wrong [with boyfriend], like cheating.
	Someone you marry, have children [with]

What is the difference between a female/male friend and a girl/boyfriend?

Organizing Theme	Sample Response
Passion	Kissing is only with girlfriend, not friend
	With a girlfriend you have sex, [not with a friend]
	Friend is just a friend, hanging out, not holding hands. Boyfriend is someone you hold hands with, cuddle…
Affiliation	one of them like a classmate (friend) and one of them like a fiance (girlfriend)
	Can go to a park with friends, boyfriend go out for dinner, see a movie.
	… You can go on dates with your girlfriend
Intimacy	
	Female friend...you can't be intimate with them, well usually can't... with a girlfriend you can. And...with female friend you are not able to always express yourself emotionally. And with a girlfriend you can without always having fear of being judged or looked down on
	Boyfriend helps you and understands more [than a friend]
Commitment	
	A girlfriend you marry her, take her out for dinner... don't do with a friend (marriage)
	girlfriend like a wife, when you're married... husband and wife, friend see each other at school