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FATHER-DAUGHTER ATTACHMENT AND SEXUAL BEHAVIOR IN AFRICAN-
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2009

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FATHER-DAUGHTER ATTACHMENT AND SEXUAL BEHAVIOR IN AFRICAN-
AMERICAN DAUGHTERS

A Dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at Virginia Commonwealth University.

by

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Abstract

FATHER-DAUGHTER ATTACHMENT AND SEXUAL BEHAVIOR IN AFRICAN-AMERICAN DAUGHTERS

By Karen Hill-Holliday, Ph.D., R.N.

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2009

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Although a relationship has been found in some studies between paternal attachment and female sexual behavior, knowledge of this relationship in African Americans has been limited. The purpose of this research was to determine if there was a relationship between father-daughter attachment, parent teen sexual risk communication and early sexual activity, condom use, history of sexually transmitted infection, global/sexual self-esteem and teen pregnancy in African-American females.

An anonymous consent and survey was administered online to N=113 African American college women (age 18-21) attending a southeastern university. Measurements

included the Parent Attachment Questionnaire (Father), Rosenberg's Self-Esteem, Sexual Self-Esteem Inventory (short scale), the PTSRC and a sexual history. Findings of high levels of father attachment were found in this mostly middle class sample but neither attachment nor parent teen sexual risk communication was related to age of vaginal/oral initiation, condom use or sexually transmitted infections. However, attachment was predictive of global self-esteem. In addition, those with a high level of attachment were 1.0 times more likely to also have a positive pregnancy test history when maternal support for the father–daughter relationship was low. No relationship was found between sexual self-esteem and paternal attachment or between sexual self-esteem and condom use. Paternal monitoring was associated with older ages of vaginal initiation.

Conclusion: Higher paternal attachment coupled with paternal monitoring may facilitate global self-esteem and be a protective factor against early sexual initiation (vaginal). Fathers are in need of education as to how to stay connected with daughters and to engage in direct and indirect sexual risk communication. Nevertheless, prevention strategies utilizing fathers could be effective in delaying onset of sexual activity.

This document was originally created in Microsoft Word 2000 and later modified in Microsoft Word 2007 (compatibility mode). SPSS 17.0 statistical software was used for analysis and N-Query 6.0 was utilized for power analysis.

CHAPTER 1 Introduction

For many years, the rate of adolescent pregnancy has been an issue of great public concern galvanizing the media, private organizations and the government to launch initiatives to combat the problem. Data for 2004 from the U. S. Centers for Disease Control and Prevention (CDC) showed a nationwide decline in teen pregnancy (Centers for Disease Control, 2005). Although this decline was encouraging, the trend seems to be shifting. Statistics for 2006 indicate a change in the 14 year decline in teen pregnancy (from 1991-2006). With the exception of the younger teens (age 10-14), the 2006 U.S. pregnancy rate for teenage girls, age 15-17 and 18-19, rose three and four percent respectively (Martin, Hamilton, Sutton, Kirmeyer & Sutton, 2009). In fact, the United States has a higher teen pregnancy and abortion rate than any other industrialized nation (Abma, Martinez, Mosher & Dawson, 2004). A good relationship with one's parents can be a protective factor against adolescent pregnancy and other high-risk behaviors, but the spotlight of child-parent research typically focuses on the maternal-child relationship (Diflippo, 2002; Scott, 1993).

The purpose of this research was to determine if there is a relationship between father-daughter attachment and early sexual activity, condom use and teen pregnancy in African-American late adolescent (also known as emerging adulthood) females.

The National Vital Statistics Report for 2006 reported that 41.9 per every 1,000 births were to adolescents aged 10 to 19 years old (National Vital Statistics Report, 2006). In African-Americans, 36.6 percent of all babies born were to females in this age group as compared to 19.4 percent for Caucasians (Martin et. al, 2009). The risks to adolescents who are pregnant can be considerable.

Adolescents who give birth are more likely to have high-risk pregnancies. Only one-third of adolescent mothers graduate from high school and only 1.5 percent have a college degree by the age of 30; therefore, they are more likely to live under lower socioeconomic conditions and be dependent on public assistance (National Campaign to Prevent Teen Pregnancy, 2007). For example, the Missouri Rural Adolescent Project tracked pregnancy outcomes of urban and rural adolescents in that state. During the years 1992-1996, there were 54,000 births to adolescents less than 19 years of age (Anderson, Smiley, Flick & Lewis, 2000). Both adolescents from rural and urban areas experienced more complications such as poor maternal weight gain, low neonatal weight at birth and inadequate prenatal care (Anderson et al., 2000).

The offspring of teen mothers are also more likely to experience complications. According to the National Campaign to Prevent Teen Pregnancy (2007) babies born to adolescents are more likely to be premature, to have learning difficulties and to become teen parents themselves. When this is added to the costs of adolescent pregnancy and child bearing, which is estimated to be nine billion dollars (National Campaign to Prevent Teen Pregnancy, 2007), it becomes obvious that preventing teen pregnancy remains a public health issue. Even in cases where pregnancy does not occur, the consequences of teen

sexual activity can be costly.

Compared to older adults, sexually active adolescents (10 to 19-year-olds) and young adults (20 to 24-year-olds) are at a higher risk for acquiring sexually transmitted infections (STI) (Centers for Disease Control, 2002). This risk is reflected in reports stating that although they represent only 25 percent of the sexually active population, 15 to 24-year-olds make up 50 percent of all new STI cases (Weinstock, Berman & Cates, 2004).

Female adolescents who contract an STI are at risk for developing pelvic inflammatory disease, ectopic pregnancy and infertility. In the cases of the human papilloma virus (HPV) and Human Immunodeficiency Virus (HIV) the risks are life threatening. Certain types of HPV have been linked to cervical cancer and HIV leads to acquired immune deficiency syndrome (AIDS), which has significant morbidity and mortality rates (American Cancer Society, 2005; Centers for Disease Control, 2002). Furthermore, females age 13 to 19 years of age now constitute a higher proportion of reported HIV infections (42.3 percent) and reported AIDS cases (57 percent) than among any other age group (Centers for Disease Control, 2002).

Although more fundamental factors such as; socioeconomic status, access to care and health care seeking behavior are important, race is a risk factor that is associated with increased incidence of STI's (Centers for Disease Control, 2007). In every case, be it HIV, teen pregnancy or STIs, the incidence is higher among African-Americans. African-American adolescent females are more likely to engage in early sexual activity, become pregnant and contract STIs (including HIV) than are their Caucasian counterparts

(National Institute of Health, 2000; Youth, Risk, Behavior Survey, 2007). Recent statistics about (STI's) indicates that African-Americans were disproportionately infected (Centers for Disease Control, 2005).

For example, in 2007 47% of all reported cases of Chlamydia infections for African Americans occurred in females age 10- 24 as compared to 31% of the reported cases in 10-24 year old Caucasian females (Centers for Disease Control, 2007). The rate of Gonorrhea for African-American women age 15-24 is 14 times that of Caucasian women in the same age group (2,955.7 per 100,000 compared to 200.6 per 100,000 respectively). In addition, a higher percentage of African-American adolescents (when compared to Caucasians) had sexual intercourse before age 13 (16.3 percent vs. 4.4 percent) and had more than four sexual partners (28 percent vs. 11 percent) and used condoms less often (31 percent of the time vs. 37 percent of the time) (Youth Risk Behavior Survey, 2007). Consequently, solutions to reverse these trends are of great importance.

The research on prevention has noted that two-parent families and positive parental relationships may serve as two of several factors that are protective against high-risk behavior including early sexual activity and teen pregnancy (Oman, Vesely, McLeroy, Harris-Wyatt, Aspy et al., 2002; Rucibwa & Modeste, 2002; Stein, Milburn, Zane & Rotheram-Borus, 2009; Wallace & Fisher, 2007; Werner-Wilson & Smith, 1991; Werner-Wilson, 1998). However, since 1970, the rate of out of wedlock births has steadily increased for women ages 15 to 44 and reached record levels in 2005 (Hamilton, Martin & Ventura, 2006). Of all reported births that year, 37 percent were to unmarried women (Hamilton et. al., 2006). Among African Americans, the number of children born to single

women in 2001 was 68 percent (United States Census Bureau, 2005). Even children born into a two-parent family may experience a change in family structure. According to Kreider (2005), the first ten years of a marriage are at the highest risk to end in divorce. The average length of a first marriage ending in divorce in 2001 was eight years (Kreider, 2005). Therefore, if this trend continues, the number of children living in single head of households (for at least some portion of their childhood) is likely to increase.

The implication of this trend is the subject of much discussion from the White House to the state houses of America. In the case of African-American children, the effects of living in a female head of household are unclear. Single motherhood has been reported as a sign of collapse in the black community (Alexander, 1998). On the other hand, there is supporting evidence that the African-American, single, female-headed family may not be detrimental to psychological functioning (Alexander, 1998) nor is it a precursor to high-risk sexual behavior (Cunningham, 2000). This is especially true if emotional support is found with other adults. The presence of a caring family member (which is often a grandparent, aunt or uncle) can decrease parental burden by assisting with childcare, providing monetary aid and guidance resulting in less depression and behavioral problems during adolescence (Hamilton, 2005). Nevertheless, because most reports cite children from single-parent households (both African-American and Caucasian) as being at risk for high-risk behavior, this family structure remains the focus of much attention.

In fact, most parent-based intervention strategies targeting adolescents focus on the mother-daughter relationship (Diflippo, 2002; Kirby, 2002; Overbeek, 2003; Scott, 1993). This relationship is of interest because it is believed to have a strong impact on girls during

adolescence (Hansson, O'Connor, Jones & Blocar, 1981; Kaplan, 1995; Malik, 1993; Manlove, 1997; Miller-Johnson Winn, Coie, Maumary-Gremaud, Hyman, Terry et al., 1999; Olson & Worobey, 1984; Townsend, 1987).

Recent research has begun to consider the possible connection between a girl's relationship with her father and teen pregnancy (Piffner, McBurnett & Rathouz, 2001; Ivey, 1999), as well as other high risk sexual behavior during adolescence (Gilliam, 2007; Rink, Tricker & Harvey, 2007; Ellis, Dodge, Ferguson, Horwood, Pettit & Woodward, 2003; Franke-Clark, 2002; O'Byrne, 1997; Koehler, 1982; Moore & Gullone, 1981; Kristal, 1978; Gerson, 1974). These studies utilized several theories which support the importance of a father-daughter relationship and indicate that adolescent daughters are less likely to become pregnant or to become sexually active at an early age when their fathers are involved in their lives. Although it is not the foundation of the aforementioned studies, attachment is one theory often used to support the potential impact of parents in the lives of their children.

Attachment is thought to be necessary for successful parenting and normal child development (Ainsworth, Blehar, Waters and Wall, 1978; Bowlby 1969; Rubin 1984 Mercer 1994). This theory involves the formation of an affectionate bond between parent and child which develops over time and is life-long. When first theorized by Bowlby (1969) and Ainsworth et al., (1978) the focus was on mother-infant attachment with the father in the periphery. However, by 1981, Bowlby realized that there could be other attachment figures in addition to the mother (Bowlby 1988). Although there are developmental changes in adolescence,

parental attachment continues to have a powerful influence on adolescent well being (Ainsworth, 1989). Attachment Theory has been widely accepted, yet, it has been criticized in regard to its application to African-Americans.

The original work of Bowlby (1969) and Ainsworth et al. (1978) recruited all Caucasian samples from two-parent families in which the mother was the primary care provider. It is common in African-American families for extended family to be involved in childcare - especially when the mother is single (Wilson, 1989). Another area of concern is the way in which attachment is assessed (Jackson, 1996). The quality of attachment, as put forth by Ainsworth et al. (1978), is based on the infant response when separated from the mother and left with a stranger. It is expected that the infant will explore her environment when the mother is present, become anxious when they are separated and be pleased upon mother's return. Consequently, infants who have multiple caregivers may not fit this pattern and appear to be insecurely attached because they may not fear strangers. The spectrum of attachment behavior can be much broader and should be considered within a cultural context (Jackson, 1996).

In the case of African Americans, consideration must be given to the social and economic adversity related to racism that predates slavery and continued after emancipation (Brown, Cohon & Wheeler, 2002). These adversities necessitated maternal employment outside the home. Flexible family forms developed as a coping strategy and ensured the survival of the family (Brewester & Padavic, 2002; Brown et al., 2002). These flexible forms include the providing of childcare

support to working parents by extended family members (grandparents, aunts, uncles, etc.) and even close family friends. Therefore, attachment classifications focusing solely on child-parent attachment may not be applicable to all African-American parents and their children.

Conversely, the formation of human bonds, irrespective of measurement or classification issues, is not disputed in African Americans and several studies have utilized Attachment Theory as the underlying framework when investigating high-risk behavior during adolescence in ethnically diverse samples (Parker & Benson, 2005; Williams & Kelly, 2005; Arbona & Power, 2003; Coley, 2003). Quality of attachment between parents and adolescents has been positively related to self-esteem (Paterson, Pryor, & Field, 1995), which is the general feeling and attitude towards oneself and is also known as global self-esteem (Smith, Johnson & Findlay, 1994). In a study by Paterson, et al., (1995) self-esteem was negatively related to high risk behavior including early sexual initiation, adolescent sexual activity and teen pregnancy (Bowling & Werner-Wilson, 2000; Dormire & Yarandi 2001).

Yet, in a sample of never-pregnant and pregnant adolescent females, African-American girls who were pregnant reported higher levels of self-esteem than their Caucasian counterparts (Smith et al., 1994). In the never pregnant sample, levels of self-esteem were not significantly different between the Caucasian never-pregnant and African-American never-pregnant girls. However, these findings were not supported by Hockaday, Jasper-Crase, Shelley and Stockdale (2000), who found positive self-esteem, along with high educational expectations, in a sample of non-pregnant teens but not in their pregnant

peers (Hockaday et al., 2000).

These differences in self-esteem may be attributed to the way in which self-esteem is measured. Most studies assessing self-esteem use a measure of global self-esteem, but Rosenberg, Schooler, Schoenbach, and Rosenberg (1995) contend that a measure of self-esteem specific to the domain of interest may be more appropriate. Although rarely mentioned in the literature, a daughter's relationship with her father may impact her sexual self-esteem (Ragland, 1977). Consequently, a measure of sexual self-esteem (which reflects feelings about oneself as a sexual being) was included in the design of this study.

Another factor that can influence the development of father-daughter attachment is the degree of maternal support for that relationship. It appears that when mothers do not encourage the father-child relationship, paternal attachment is difficult to establish.

As a result, the research on father-daughter relationships and female sexual activity is limited in the literature and has consisted of predominately Caucasian samples (Bowling and Werner-Wilson, 2000; Dormire and Yarandi, 2001). These studies have stated that women who reported open communication with their fathers and described them as accepting (O'Byrne, 1997) and emotionally available, attentive and consistently fair in discipline had a large, number of casual, non-sexual relationships, but few sexual relationships when compared to women who described their fathers as distant (inattentive, non-responsive, coldly harsh) (Kristal, 1978; Mercer, 1994; Bowling & Werner-Wilson, 2000).

Research Questions

What is the relationship between father-daughter attachment, age of sexual initiation and pregnancy in African-American daughters who are emerging into adulthood? Does father-daughter sexual risk communication impact the occurrence of pregnancy, frequency of condom use and number of sexually transmitted infections in late adolescent African-American daughters? Is there a relationship between father-daughter attachment and self-esteem? Is perceived maternal support by daughters related to father-daughter attachment? Finally, is paternal monitoring related to age of sexual initiation?

Operational Definitions

African-American: An individual having origins in any of the Black racial groups of Africa. It includes people who indicate their race as “Black, African American or Negro,” or provide written entries such as African American, Afro American, Kenyan, Nigerian or Haitian (United States Census Bureau, 2000).

Father attachment: affectionate bond formed with a child in response to a history of consistent, sensitive, responsive care by a caregiver (in this case the father). In addition to caring, it consists of acceptance, monitoring for cues of distress or danger and providing a secure base or refuge in times of perceived behavior. These patterns of interaction may lead to an internal working model set of expectations about the availability of attachment figures and the likelihood of receiving support from them as well as from others (Ainsworth et al., 1978).

Sexual activity: Defined as vaginal, oral, or anal intercourse.

Early sexual initiation: Vaginal, oral or anal intercourse prior to the age of 14 years.

Late adolescence (Emerging Adulthood): Age 18 to 21 years. This stage is

hallmarked by several features including: determining a firmer sense of identity and independence (Erikson, 1956), increased cognitive ability to think in the abstract (Piaget, 1969), focus on future career or vocation (Erikson, 1956) and intensified attention to romantic/sexual relationships (Freud as cited in Bowlby, 1969).

Adolescent pregnancy: A positive pregnancy test occurring during adolescence which is the period between the ages of 13-18 years.

Perceived maternal support for paternal attachment: Maternal support was any maternal action, verbal and nonverbal communication that encourages the development and maintenance of a relationship between a father and daughter.

Perceived maternal support was the daughter's perception of her mother's support for the development and maintenance of father-daughter attachment.

Father: The primary male figure who performed parenting duties or acted as a male role model during childhood. It included a biological father or other male relative, adoptive father, foster father or maternal romantic partner.

Self-esteem: An attitude toward the self that can be positive or negative.

It is defined as general feelings of psychological well-being. General self-esteem may include specific self-esteem which is most relevant to behavior and is reflective of one's feelings about a particular characteristic or skill (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995).

Sexual Self-Esteem: Sexual Self-Esteem is a type of specific self-esteem related to sexual behavior. It consists of the emotional reaction to subjective appraisals of feelings as well as sexual thoughts and behavior (Zeanah & Schwarz, 1996).

Summary

Although a relationship has been found in some studies between paternal attachment and female sexual behavior, knowledge of this relationship in African Americans has been limited, especially during the stage of late adolescence also known as emerging adulthood. The risk for African-American females who are sexually active has been noted. Earlier studies have investigated the parental relationship as one of many protective factors against early sexual initiation, adolescent pregnancy and high risk sexual behavior with a focus on the mother-daughter relationship. However, the father-daughter relationship as a protective factor has not been taken into consideration. Also disregarded has been the role of maternal support in the development of paternal attachment.

In addition, much of the literature has centered on Caucasian females from two-parent families. This study concentrated on the father-daughter relationship as it impacts African-American heterosexual females focusing on the following outcomes: Age of first intercourse, condom use, pregnancy, self-esteem and sexually transmitted infections.

CHAPTER 2 Review of Literature

The bulk of the research on females and adolescent pregnancy focuses on either parents as a unit or on the adolescent girl's relationship with her mother or peers (Diflippo, 2002; Kirby, 2002; Overbeek, 2003; Scott, 1993). Understanding of the father-daughter relationship on female adolescent sexuality is lacking in comparison. The purpose of this research was to examine how father-daughter attachment impacts sexual behavior in African-American female adolescents. In this literature review, the investigator will begin by discussing basic attachment theory and paternal attachment in adolescence. Also, the influence of a father on a daughter's adolescent sexual activity was explored. Lastly, the role of attachment in building self-esteem was considered.

Attachment Theory

In 1969 Bowlby coined the term "attachment theory" to describe the tendency of human beings to make affectional bonds to particular individuals in their environment (Bowlby, 1978). Bowlby came to believe that the human child has a propensity to form attachments partly to promote survival and then later to meet a basic human need for an emotional connection with others that is independent of physical essentials (Holmes, 1993). Attachment behavior was defined by Bowlby (1978) as:

Any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually perceived as stronger and or wiser. While especially evident during early childhood, attachment behavior is held to characterize human beings from the cradle to grave. It includes crying (which elicits care), following, clinging and protest should the child be left alone with strangers. It is most obvious whenever the person is fatigued or sick and is assuaged by comforting and care giving (p. 7).

Mary Ainsworth, who studied under Bowlby, added the dimension of the secure base to attachment theory (Bretherton, 1992). Ainsworth stimulated an infant's response to an unfamiliar situation by placing mother-infant dyads in a laboratory setting. She then observed the infant's after being left alone with the mother, as well as after being left alone with a stranger. This became known as the Ainsworth's Strange Situation (Main, Hesse & Kaplan, 2005). Ainsworth believed that the infant response was a reflection of the type of parent-child relationship in practice (Main et al., 2005).

These early studies of attachment primarily centered on caring and sensitivity to infant signals, mother-infant communication and the secure base (Bowlby, 1988). Caring is the major role of parents and involves not just the giving of physical and emotional care but how that care is delivered (Bowlby, 1988). Sensitivity to infant signals relates to whether or not the mother is attuned to infant needs and how she responds.

Communication entails the amount and quality of verbal interaction. Lastly, the secure base (considered a fundamental component of parenting by Bowlby) refers to whether or not the infant was free to explore the environment and was welcomed upon return

(Bowlby, 1988).

These variables were an integral component of the three patterns of attachment first described by Ainsworth et al., (1978): Secure, Insecure Anxious Resistant and Insecure Avoidant. In secure attachment, children explore the environment freely in mother's presence because they are secure in her availability. Being left alone with or without a stranger elicits distress which is alleviated upon mother's return. The self-worth of the secure child is validated and grounded in supportive, affectionate and attentive parents. The child's expectations are that the world at large will respond to her with the same response received from her parents (Ainsworth et al., 1978; Kilman, Carranza & Vendemia, 2006).

The second pattern of attachment is insecure anxious resistant. In the strange situation, separation from the mother led to extreme distress and crying that lasted longer than the secure infant (Ainsworth et al., 1978). When the mother of the insecure anxious resistant infant returned, she was unable to easily soothe her child (Ainsworth et al., 1978). These infants seemed angry and simultaneously desired and resisted maternal proximity. Infants in this pattern are uncertain as to the availability and responsiveness of the attachment figure (Ainsworth et al., 1978). Experience has taught this child that parents are available irregularly and are responsive on some occasions but not others. Communication is fragmented and impersonal, and monitoring is inconsistent (Main, Kaplan & Cassidy, 1985). The older anxious resistant child is frequently described as overly attention seeking, impulsive, in need of constant reassurance and easily frustrated (Bowlby, 1988). She is also uncertain in trusting others and is more likely to fear rejection

and avoid intimacy (Main et al., 1985).

Insecure avoidant is the third attachment pattern. These infants did not explore the environment when the mother was present, may not have cried when alone and may have either ignored or barely acknowledged her return. Infants in this group also sometimes appeared angry at the mother and in some cases bit or hit the mother upon her return (Ainsworth et al. 1978). The infant in this pattern does not expect to have her needs met inside or outside of the home (Bowlby, 1988). These three classifications have been reported to be universal; (Ainsworth et al., 1978) however, they were based in research conducted with an all Caucasian sample of middle-class, infant-mother dyads and some researchers have found dissimilar findings in African-American infants (Jackson, 1996).

Higher percentages of African-American infants have been reported as being insecurely attached in studies low-income families, many of whom had experienced pregnancies with difficult deliveries or extended hospital stays (Lyons-Ruth, Connel, Grunebaum & Botein, 1990; Jackson, 1996). Bakermans-Kranenburg, vanIjzendoorn & Kroonenberg (2004) suggested three separate processes may be responsible for these differences beyond health history. First, measures of attachment may be culturally biased--resulting in low scores in ethnic groups. Second, the process and precursors of secure attachment may be different depending on cultural context. Lastly, differences in attachment may be related to an unknown variable.

Operating on the first possibility, Jackson (1996) developed an alternative to the Strange Situation Procedure whereby infants were assessed in their homes. These alternative assessments were conducted in 13 three minute video-taped sessions. The

sample consisted of 27 African-American infants from two-parent, middle class homes. None of the infants had a history of existing health problems and both parents were used in the assessment (Jackson, 1996). This was deemed important due to the more balanced child-caring activities of many African-American families (McAdoo, 1981). In addition, for the 'stranger' portion of the assessment, an African-American female student was used.

The procedure was similar to the Strange Situation, as previously described, with the exception of a separate scale for exploration and sociability. Ainsworth combined exploration and sociability with the stranger as one format used to evaluate observations (Jackson, 1996). The results indicated that attachments to both parents were not significantly different and that exploratory behavior was increased in response to parental presence (just as in Ainsworth's study), but that obvious signs of distress were not evident in most cases when left alone with a stranger (Jackson, 1996). Also, more exploration and sociability was demonstrated by the infants and less attention and proximity seeking behavior was directed to the mother upon her return. This would be considered evidence of insecure attachment under Ainsworth et al., (1978) but Jackson (1996) submitted that it could be a sign of a secure self. The infant is secure enough to explore in the presence of a stranger; thus she did not fear her. Perhaps this was because in her past, numerous individuals have been responsive to her needs; consequently, she has an expectation of care. Lack of stranger fear could also be a culturally desirable behavior encouraged by African-American parents who are more likely to work outside the home and share child care activities with extended family members (Jackson, 1996). Also, from an attachment perspective, if the point of infant distress signals is to elicit care, then increased sociability

may promote those actions in adults who are not primary attachment figures, thus, widening the net of possible caretakers and insuring survival.

Despite classification concerns, Attachment Theory remains influential because it encompasses the propensity for humans to form bonds from cradle to grave (Bowlby, 1969). This is mainly due to Bowlby's theory that attachment in childhood leads to internal working models for future relationships. What follows is a brief discussion of this basic tenet of Attachment Theory:

Patterns of attachment become internal working models (or representations) of future relationships. Internal working models mirror how the child feels about herself and her parents. They guide appraisals of behavior and experiences in the outside world and are not limited to attachment figures (Bretherton, 1985). Barring major changes in the parent-child relationship such as death, abandonment, illness or abuse, attachment patterns are believed to persist at an unconscious level (Main et al., 1985; Bowlby, 1988; Ammaniti, vanIjzendoorn, Speranza, 2000).

But what happens to attachment in adolescence? Bowlby (1988) expected that there would be normal shifts in the parental attachment relationship brought on by the onset of puberty. Secondary attachment figures such as same age peers, coaches and teachers can become influential in the lives of adolescents but parents remain important figures (Ainsworth, 1989). Where the secure base and sensitivity to infant signals are of the utmost importance in infancy and early childhood, there is no longer a need for parents to stand close by in order for adolescents to explore the world. Yet, parents must continue to act as a secure base, being alert and willing to step in to handle problems as necessary

(Goldberg, 2000, p. 35). This new attachment system is a ‘supervision partnership’, which provides discipline, guidance, and monitoring of behavior (Goldberg, 2000, p. 35) within the context of a caring environment (Bowlby, 1988).

Another part of this new attachment system is the potential change in internal models. It is possible, due to development of extra familial attachments, as well as distancing from parents, that internal models created during infancy and childhood can be revised through relationships with others. Adolescents engage in continuous negotiation between being attached to significant others and being autonomous (Ammaniti et al., 2000). This balancing act is often assessed in the college environment. For many adolescents, going away to college is their version of the strange situation (Freeman & Brown, 2001). It may be the first time that they are separated from parents by a significant distance and are totally in charge of managing their academic, financial and personal lives. It is also a period in which separation and individuation have been deemed important (Mattanah, Hancock & Brand, 2004).

Separation-individuation (S/I) is “the absence of negative feelings about the process of separation, including feelings of anxiety, guilt or rejection when separating (from parents)”. (Mattanah et al., 2004). It is viewed as a normal part of development beginning with separation from parents, peers and significant others and ending with individuation (an autonomous, coherent self) (Mattanah et al., 2004). Attachment style with parents has been related to the degree of successful transition to college. Previously developed internal models are expected to influence the ability to adjust to a new environment, make peer bonds, seek help when needed and respond to academic demands

(Mattanah et al., 2004). Students with secure parental attachment have reported less depression, greater social integration and better academic achievement in college than those who are not (Freeman & Brown, 2001). But for African Americans, S/I can take a different path than it does for Caucasians.

African Americans are typically raised with strong kinship ties, in which separation is not deemed necessary in order to establish autonomy (Kenny, Gallagher & Alvarez-Salvat, 2002). This may be related to historical experiences with racism causing African American parents to exercise more control and protection for a longer period of time than Caucasian parents (Gnaulati & Heine, 2001). In a study with 300 college students (20.3 percent African American, mean age 19.6, $sd=1.29$), Gnaulati & Heine (2001) administered the Separation-Individuation Test of Adolescence (SITA). The SITA is a questionnaire, which measures adolescent separation-individuation (Gnaulati & Heine, 2001). The authors found that African Americans differed from Caucasian in that they had a heightened reliance on significant others for direction, reduced attachment to teachers and an increased leaning towards anticipating rejection. This could be interpreted as a lack of ability to form internal working models that allow for separation (Gnaulati & Heine, 2001). However, Brewer (1997), in talking about S/I and poor African Americans, provides an alternative explanation.

As a people, African Americans have received negative appraisals (invert and overt) from the dominant society; consequently, the connections established within the cultural group take on special meaning (Brewer, 1997). These connections are part of a larger African-worldview embraced by African descendents from the United States. This

world view contends that man is one with nature. Less focus is placed on competition and independence, which is so prevalent in Caucasian society, in favor of what is best for the family and the community (Carter & McGoldrick, 1988). Thus, the results found by Gnaulati & Heine (2001) may well represent a protective and normal response to being a member of a disenfranchised group. In addition, a criticism of this study is that additional measures of S/I such as academic achievement and emotional well-being were not administered. Such additional measures would have provided a more comprehensive picture of college adjustment.

In gauging the effect of parental relationship and internal models formed in childhood, researchers have also considered emotional well-being and social competence. Rice, Cunningham, & Young (1997) tested a model that proposed a connection between parental attachment, emotional adjustment and social competence in a sample of 630 college students (65 percent African American and 35 percent Caucasian). The authors reported no significant differences between African American and Caucasian students on parental relationship (Rice et al., 1997). Both groups reported positive bonding with parents on the Parental Bonding Instrument by Parker, Tupling & Brown (1979) with an average score of 28.7 for African Americans and 28.5 for Caucasians on a 0 to 36 scale range. For African-American and Caucasian women, bonding to both parents predicted social competence and emotional well-being. Whereas for men, attachment to father was a more important predictor of social competence than was attachment to mother.

In summary, through parental attachment and the development of internal working models or representations, children develop a state of mind which integrates both cognitive

and affective experiences into a coherent whole (Bowlby, 1988). They learn to either trust or mistrust their primary care givers first, and then the world in general. These representations tend to be stable over time and are repeated in future relationships (Main et al., 2005).

In adolescence these representations take on special significance as teenagers make their way in the world. The process by which this occurs may be different for African Americans who maintain strong family ties while progressing toward independence and who may demonstrate cultural differences based on historical (and most likely personal) experiences as a minority group. Lastly, theories of parent-child relations must be viewed within the cultural experience of that family.

Paternal Attachment

The original work of Bowlby (1969) centered on maternal-infant attachment. At that time, he conceded that mother-infant dyads were prevalent and that few fathers were available as primary care providers (Bowlby, 1988). As a result, even forty years later, research has focused on the impact and role of mothers in child development (Bowlby, 1988; Pierelumbert, Milkjovitch, & Plancherel, 2000; Bost, Shin, & McBride, 2006; Schwartzman, 2006; Vaughn, Veríssimo, & Coppola, 2006; Mills-Koonce, Gariépy, Propper & Al-Yagon, 2007).

Nonetheless, Ainsworth (1978) noted that fathers often serve as secondary attachment figures when mothers are not available, and had similar patterns of attachment. However, the degree of father involvement in parenting is variable

across families (Williams & Kelly, 2005) and cultures (Lewis & Lamb, 2003).

For example, divorce typically increases the role demands placed on one or both parents and lessens the amount and quality of contact that children have with each parent (Kilman, Carranza & Vendemia, 2006). Therefore, residential status for fathers can be an important consideration in whether or not they have a positive or negative impact on their children. Jones & Benda (2004) investigated which assets and deficits were related to alcohol use in adolescents.

Their sample consisted of a random stratified sample of 350 Midwestern high school students. The deficits of interest were socioeconomic status, childhood trauma (to assess for maltreatment), depression, hopelessness and problems with father and peer associations. The measured assets were parental attachment, parental monitoring of behavior, spiritual well-being and resilience (Jones & Benda, 2004). Study results found that even though both parents can serve as protective factors, the father's residential status was the strongest predictor of alcohol use during adolescence. Adolescents of non-resident fathers were nine times more likely to use alcohol. Alcohol use also increased when there was less emotional attachment to father, less spirituality and a history of physical or sexual abuse (Jones & Benda, 2004).

On the other hand, Jordon and Lewis (2005) considered the effect of three groups of fathers (residential biological, non-residential biological and father figure which included foster, step and adoptive fathers) on alcohol use by 1,200 African-American adolescents. There was a difference in alcohol use based on whether or not the biological

father lived with the adolescent. Residential biological fathers had closer relationships with their adolescents, which correlated negatively with alcohol use; whereas adolescents living with a father figure reported less involvement and closeness and more use of alcohol (Jordon & Lewis, 2005). In the case of non-residential fathers, they also had an impact. These fathers argued less with their adolescents and were more likely to be involved in school activities, as well as attend social and cultural events with their adolescents than were father figures (Jordon & Lewis, 2005). Furthermore, nonresidential fathers used various methods to maintain contact (letters, phone calls, e-mail). Consequently, nonresidential fathers were just as involved as residential fathers (Jordon & Lewis, 2005).

Besides residential status, cultural expectations of men as providers may deter the development of secure paternal attachment. Bowlby (1969) held that development of attachment behavior was time intensive and promoted through care-giving activities. This may be difficult for men who are preoccupied with the strong societal expectations to contribute to the economic base of family life (Paquette, 2004). As a result, these men may have less energy or time to devote to care-giving (Bowman, 1990). This pressure is not unwarranted. Father unemployment or underemployment can tip the scale between being poor and not being poor. This may be particularly true for African Americans who continue to make less money than their Caucasian counterparts (United States Commission on Civil Rights, 1990).

During the first quarter of 2009, the median weekly income for Black men working full-time was \$569, 69% of the weekly income for Caucasian men working full time (\$649.00) (Department of Labor, 2009). In addition the unemployment rate for African-

American men is twice that of Caucasian men. In 2008, the unemployment rate was 11.4 for Black males age 16 and over compared to 5.5 for Caucasian males in the same age group (Department of Labor, 2009). Parental income has been positively linked to childhood nutrition, school performance, peer-victimization and behavioral problems (Barker, Boivin, Brendgen, Fontaine, Arseneault, Vitaro et al., 2008; Brooks-Gunn, Britto, & Brady, 1999). This enhances the stress for Black men to provide financially for their families.

Those men who are involved with their young children (despite the pressures of earning a living) tend to exhibit most of their influence through play time. They excite surprise and encourage their children to take risks within the context of a secure environment (Paquette, 2004) and the effect of these interactions can be enduring. In a longitudinal study conducted by Grossman, Grossman & Waters (2005), 49 children from traditional two-parent families were followed for 16 years. Toddler play interaction with father, as well as emotional support and sensitivity, was found to be a strong predictor of secure attachment at ages 10 and 16 years (Grossman et al., 2005). This continues in adolescence where play, recreation and goal-oriented activities are more common than care-giving for fathers (Lamb, Frodi, Frodi & Hwang, 1982).

In contrast, Williams and Kelly (2005) explored the differences between mother and father adolescent relationships and possible behavioral correlates. Data were collected from 116 middle school students, as well as from their parents and teachers. The authors found that fathers spent 20 percent less time with their adolescent children than did mothers and were less involved in parenting; consequently, there was more secure

attachment to mothers (Williams & Kelly, 2005). This was especially true of non-residential fathers who were less involved in parenting and whose adolescents reported less secure paternal attachment (Williams & Kelly, 2005). These findings are supported in the literature, which often reports more secure maternal attachment, as compared to paternal attachment in adolescence (Lamb, 1982; Lieberman, Doyle & Markiewicz, 1999).

On the other hand, Williams and Kelly (2005) also asked if father-adolescent attachment, security and involvement predict externalizing behaviors (hyperactivity, aggression, impulsivity, delinquency) and internalizing behaviors (depression, anxiety, shyness, eating disorders).

Father-adolescent attachment accounted for only 2.9 percent of the variance for internalizing behavior. However, for externalizing behavior, the paternal factors were significant and explained a greater percentage of the variance than maternal factors (5 percent vs. 14 percent) (Williams & Kelly, 2005).

This leads to the possibility that fathers whose parenting promotes secure attachment will have children with greater feelings of security and affectional ties (Weiss, 1991; Kennedy & McCormick 2000, DiFlippo, 2002; Miller, 2002). Specifically, paternal practices that include high involvement, communication, caring and monitoring have been associated with coping and resourcefulness (Brack, Gay & Matheny, 1993), greater academic achievement (Melby & Conger, 1996) less depression (Kenny, Gallagher & Alvarez-Salvat, 2002; Sheeber, Davis & Leve, 2007), increased autonomy (Kenny & Gallagher, 2002), less substance abuse and delinquency (Bronte-Tinkew, Moore & Carrano, 2006) and better peer relationships (Lieberman, Doyle & Markiewicz, 1999).

The possible impact of fathers on peer relationships was also supported in a longitudinal study conducted by Main et al., (2005). This 20-year project began with 49 infant-parent dyads (Main et al., 2005). Security of attachment was measured at ages 1, 6 and 19. Sensitive and challenging support of exploratory play by father was significantly related to the development of close relationships at 19 years (Main et al., 2005). In addition, the results of stepwise regression were used to determine the one strongest predictor of secure attachment representation. Two predictors were noted - one for each parent: non-rejection by the mother at age 10 (child reports acceptance, sensitivity and openness) and the father's Sensitive, Challenging and Interaction Play (SCIP) score at age six. The SCIP was developed as a measure of parents' support of exploration during playtime and their ability to find and encourage age appropriate challenges. Together, these variables accounted for 36 percent of the variance in attachment security at age 22 (Main et al., 2005).

The literature supports Bowlby (1988) and Ainsworth (1978) in their assertion that fathers are capable of establishing meaningful attachment bonds. These bonds seem to have their greatest impact in peer relationships and high-risk behavior such as illegal drug use, alcohol abuse and delinquency. As far as other high-risk behavior, such as sexual activity, is concerned, much has been written about the mother-daughter relationship (Bunting & McCauley, 2004; James, Dodge & Dittus, 2003; Kirby, 2002; Rogers & Lee, 1992; Scott, 1993; Townsend, 1987). The literature is sparse on the father's effect on pregnancy and onset of sexual activity in adolescent females. An exception to this is in the area of father-daughter incest.

Childhood Sexual Abuse

Incest, also known as childhood sexual abuse (CSA), can be defined in slightly different ways depending on the reporting organization or agency. Each state determines a definition which must be in keeping with federal guidelines rooted in the Child Abuse Prevention Treatment Act (CAPTA) which was a part of the Keeping Families and Children Safe Act of 2003 (Child Welfare Information Gateway, 2006). The CAPTA defines sexual abuse as “the employment, use, persuasion, inducement, enticement or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or rape”. In the case of caretakers or familial relationships, statutory rape, molestation, prostitution, incest or any other form of sexual exploitation of children is included in the statute (Child Welfare Information Gateway, 2006).

In 2005, (the latest year for which full federal data is available) 83,810 incidents of sexual abuse were investigated nationwide. This included all forms of sexual abuse both familial and non-familial. Yet, incest in particular remains a taboo subject. This is possibly due to the shame and guilt reported in these cases (Herman, 1981). Much of the shame extends from the fact that fathers and stepfathers are the accused perpetrators of incest in 11 percent of the cases (National Center for Victims of Crime, 2004). Accusing a father of incest can result in removal of the victim and all other children from the home, along with the arrest of the father. Consequently, guilt and shame extend not just from the incestuous acts themselves, but from the emotional and financial destabilization of the family (Herman, 1981). Rather than report abuse, it is much more likely that a child victim will

conceal the incest for several years and may not ever report it (Peretti & Cox-Rodriguez, 1992). Consequently, statistics on incest are believed to be grossly underreported (National Center for Victims of Crime, 2004) but the effects of being a survivor of incest can be lasting.

Women who have experienced incest report many long-term effects. These include depression, anxiety, anger, decreased self-worth, sleep disturbances, a general distrust of others and genitourinary problems (Peretti and Cox-Rodriguez, 1992). In addition, sexual abuse has also been linked to high-risk sexual behavior. Saewyc, Magee & Pettingell (2004) used data from the 1992 (n=29,187) and 1998 (n=25,002) Minnesota Student Surveys to determine the association between a history of sexual abuse and teen pregnancy involvement as well as other sexual and high-risk behavior. For both years, a total of 2,001 girls (7.8 percent) reported incest and 2,823 (10.9 percent) reported both incest and non-familial sexual abuse. The abused girls had a significantly higher proportion of pregnancy than the non-abused girls (26 percent vs. 11 percent in 1992 and 22 percent vs. 10 percent in 1998).

In addition, for each type of risk behavior examined, females with a sexual abuse history (both incest and non-familial) had a significantly higher occurrence than non-abused girls. This was true for never using birth control (30 percent vs. 20 percent), multiple sex partners (52 percent vs. 35 percent), using no condom at last intercourse (56 percent vs. 48 percent), running away from home (34.0 percent vs. 13.0 percent), history of a sexually transmitted infection (10 percent vs. 5 percent), and use of alcohol or drugs before sex (34 percent vs. 27 percent). However, after logistic regression, only the odds of

having a pregnancy after experiencing sexual abuse was higher for abused girls regardless of the type of abuse (1.36 for incest and 1.77 for non-familial abuse, $p < .001$) (Saewyc et al., 2004). Girls who had reported incest only were no more likely than non-abused girls to report multiple sexual partners, to never or rarely use birth control, to use alcohol or drugs before sex, or to have a sexually transmitted infection (Saewyc et al., 2004).

A more recent study by Lemieux and Byers (2008) examined the relationship between CSA and various indicators of sexual well-being. A sample of 272 college women were divided into groups based on their type of abuse experienced i.e., fondling or penetration. Women who had experienced CSA involving penetration or attempted penetration were more likely to be revictimized in adulthood and to engage in casual, unprotected sex or to become voluntarily abstinent. This group also reported lower sexual self-esteem, fewer rewards from having sex and more personal costs related to sexual activity (Lemieux & Byers, 2008).

Parental abuse of any kind prevents the formation of meaningful attachment bonds to parents, but when it is incest perpetrated by the father it appears to have a direct effect on sexual and nonsexual behavior (Herman, 1981). Instead of being a secure base, the abusive father creates feelings of confusion concerning messages of love, affection and family roles, leading to a disruption of normal childhood development (Peretti & Cox-Rodriguez, 1992). These feelings often carry into adolescence and adulthood with multiple long-term effects. Because CSA has also been correlated with high-risk sexual activities participants in this study were asked two questions concerning sexual abuse history, i.e. is there a history of CSA and who the person responsible was.

Father Absence and Sexual Behavior in Girls

In general, parents directly and indirectly influence the sexual attitudes and behavior of adolescents (Werner-Wilson, 1998) and are just one of the many factors leading to early sexual behavior for both males and females (Kirby, 2002; Rucibwa, 2003; Werner-Wilson, 1998). This ability to influence a daughter's behavior is impacted by accessibility (i.e., does the father, particularly biological, reside with the daughter). A number of studies on father absence reported that girls who did not live with their biological father, from birth to age 5, experienced early menarche, earlier initiation into sexual activity and increased teen pregnancy rates. Of note, is that the presence of a stepfather or maternal partner in the home did not deter these events (Bogaert, 2005; Ellis, Bates, Dodge, Fergusson, Horwood, Petit et al., 2003; Quinlan, 2003) .

Quinlan (2003) suggests that separation between biological parents, before the age of five, is more likely to lead to multiple caregivers (due to increased maternal workload) and less responsive maternal time and attention. Male partners can also be a drain on maternal attention. From an evolutionary standpoint, less parental care signals the end of childhood and promotes early maturation (Quinlan, 2003). From an attachment perspective, it leads to the development of an insecure internal working model for attachment relationships and insecure attachment has been associated with fluctuating sexual behavior and multiple partners in adulthood (Feeny, 1993).

Hetherington (1972) explored the effect of parental separation and father absence on daughters. In this study, father absence was due either to divorce or death. The sample consisted of 74 Caucasian girls from lower and middle class families (age 13 to 17) who

were observed at a recreational center interacting with peers as well as during an interview with both male and female interviewers. In addition, measures of personality, internal-external control and anxiety were administered and the mothers of the participants were interviewed. The participants were evenly divided between intact two-parent families, fathers absent due to death (prior to age 5 and after) and early divorced (before and after age 5). None of the father-absent girls had males living in the home, nor did they have siblings. The divorced girls had minimal contact with their fathers (Hetherington, 1972).

Participants from both of the father-absent groups (both death and divorce) showed more instrumental dependency (the tendency to seek help and to be dependent upon female adults). But the girls from the father-absent group due to divorce differed from the girls in the father-absent group due to death. The father absent group due to divorce demonstrated more attention seeking from male adults and initiated more proximity seeking and physical contact with male peers than did the other girls (Hetherington, 1972). In addition, they more often gained access to the “male areas” of the recreation center and spent less time in the areas designated for girls. When compared to the other participants, the participants from the divorced group also reported more heterosexual activity and more negative feelings toward their fathers (Hetherington, 1972). When the father-absent groups were divided into those who had experienced early or late loss of father, as well as the reason for the separation (divorce or death), some significant differences were noted on four measures: instrumental dependency on female adults, seeking attention and praise from male adults, initiation of physical contact and nearness to male peers and gaining access to male areas. The girls from early divorced families demonstrated more of these behaviors

than girls who had experienced any other timing of loss (Hetherington, 1972).

During the interviews with male and female interviewers, no significant differences were found between the divorced and widowed groups when the interview was conducted by a female. However, the early divorced girls chose to sit closer to the male interviewer and exhibited more open posture such as smiles, eye contact, shoulder lean toward interviewer and arm and leg openness. Both early and late divorced girls reported more heterosexual activity and conflict with fathers and viewed fathers as less competent than mothers (Hetherington, 1972). On the other hand, the participants from the father-absence-due-to-death group (the widow group) avoided the male areas of the recreation center in preference for the female areas. They demonstrated less open posture with the male interviewer and tended to move away from the interviewer. They smiled less when with the female interviewer and talked less than any other group during the male interview (Hetherington, 1972).

It was also noted that in the areas of personality, there were no differences in the three groups based on ratings of female relationships. All three reported feeling secure around female adults and peers and were equally close to their mothers, although the divorced group reported more mother-daughter conflict. Insecurity around male adults and peers was reported by both groups of father-absent girls with the divorced group reporting greater father-daughter conflict. Additionally, participants from the intact families and widow group reported higher self-esteem than those in the divorced group (Hetherington, 1972).

One problem with Hetherington's study is that the girls who frequented male areas

of the center were not asked why they continuously visited those sections. Their reasons could have been due to the availability of equipment or activities that were more in line with personal interest or hobbies and not because it was a male area, per se. In addition, the sample in this study was Caucasian, which raises the question as to whether or not different results would occur in an African-American sample.

A similar study was conducted by Eberhardt & Schill (1984) of a sample of African-American girls. They wanted to determine if similar trends found by Hetherington (1972) existed in a lower socioeconomic sample of 90 adolescent females age 14 to 17. Participants in the father-present group (n=53) had to have lived for at least one year with their father. Participants from the father absent group (n=37) had to have lived without a father in the home for at least one year and have had minimal contact with him since separation. Of this group, ten experienced absence due to death and 27 due to divorce, desertion or separation.

The participants were administered the Female Sexual Permissiveness Scale which determines sexual attitudes and behavior. The attitudinal questions beliefs and values regarding premarital sex and the behavioral questions reflect actual sexual behavior. Significant positive correlations were found between sexual attitudes and behavior in both groups but unlike Hetherington's (1972) study, there was no significant difference in sexual behavior between father-absent and father-present girls (Eberhardt & Schill, 1984). Eberhardt & Schill (1984) then considered within the 24-item sexual permissiveness scale, if there were incidences in which there was an inconsistency between attitude and proposed behavior. T-tests were performed to determine if there were differences in the

number of times when attitude was more permissive than behavior, as well as the number of times when behavior was more permissive than attitude. Although there was no significant group difference between the number of times in which attitude was inconsistent with behavior, the father-absent group behavior was significantly more permissive than their attitude when compared to the father-present group (Eberhardt & Schill, 1984). Finally tests were conducted to determine if there were any differences in the father-absent group based on the presence of a brother (18 years or older) in the home. They found no statistically significant differences.

Eberhardt & Schill (1984) concluded that, in this sample, African-American, father-absent girls were not more sexually permissive than father-present adolescents. Yet, the findings in the father-absent group of behavior being more permissive than attitude reflects a possible disconnect concerning the attitudes of the participants and their behavior. The researchers either did not collect or did not report a sexual history (e.g., age of sexual initiation, condom use, pregnancy). Data of this kind would have provided a clearer picture of the discrepancy between attitude and behavior in this sample of father-absent and father-present girls.

In spite of Eberhardt & Schill's (1984) study, the bulk of the literature is in line with Hetherington's findings that father-absence is associated with increased sexual activity for African-American girls (Abma et al., 2004; Carlson, 2006; Wu & Thomson, 2001). Yet, the formation of a father-child relationship is not a forgone conclusion even when the father is present and wishes to maintain contact. In cases where the father is not absent, the formation of paternal-child attachment may be more difficult, especially for

single fathers, if the maternal relationship is not conciliatory. Aquilino (2006) found that children born to single fathers are less likely to develop strong paternal attachments, especially when the child has no memory of having ever lived with her father. This makes visitation rights central for fathers who do not reside with their children. Nonresidential fathers may be particularly more dependent on maternal support in order to establish a parent-child relationship. Mothers can act as gatekeepers and must “buy in” to the value of fathers in the lives of their children, regardless of their relationship with the father (DeLuccie, 1996). Even with regular visitation, a nonresidential father may still have limited say in the raising of his children.

In a review of welfare reform which was designed to increase the amount of child support from nonresidential fathers, Lin & McLanahan (2001) found that 20 percent of the mothers (N = 612) were opposed to fathers having input as to how the child was raised, even if he is paying child support and has visitation rights. This view was significantly related to the ending of the romantic relationship between the parents. Once the romantic relationship ended, these parents had an increase in interpersonal conflict related to paternal rights and involvement (Lin & McLanahan, 2001).

Biological fathers who are married to the mother of their children may also be dependent on maternal support for their degree of involvement. In another study, self-reported surveys and interviews were administered with 30 married couples of 2-year-old children concerning both parents' views of their roles in childcare and parenting activities. The maternal belief about the father's role was the strongest predictor of paternal involvement (McBride, Brown & Bost, 2005). The father's perceived belief about his role

as a father and the amount of actual father involvement was mediated by the mother's belief of what the paternal role entails (McBride et al., 2005). Therefore, without maternal support, a daughter may not develop a connection with her father and reap the potential long-term benefits of that relationship.

Despite research supporting father involvement, there is little in the literature on African-American daughters and their relationships with their fathers. Many studies do not differentiate between sons and daughters or are predominately Caucasian samples. Within the research that does exist, some central themes emerge regarding monitoring, communication and quality of the relationship between fathers and daughters. These paternal actions or behaviors seem to influence their daughter's sexual decision-making and will be discussed in the following section.

Parental Monitoring

Parental monitoring has been defined as the degree to which parents are aware of their adolescent child's activities and whereabouts outside of school (Crosby, 2003). Parental monitoring has been correlated with fewer behavioral problems (Kapi, Veltanista, Kavadias, Leka & Bakoula, 2007) and decreased female sexual activity (DiClemente & Wingood, 2001; Cottrell, 2003; Hayman, 2002) and remains an important variable in nationwide statistics related to adolescent pregnancy. An example of this is a study by Borawski, Ievers-Landis, Lovegreen and Trapl (2003). They conducted a survey in an urban sample of 360 adolescents (36 percent African-American and 50 percent female) about where sexual activities take place. They found that an average of three hours a day of unsupervised time with peers was associated with an increase in sexual activity. This

finding is in line with sexually transmitted disease data collected by Crosby (2003) in a sample of 217 African-American female adolescents (mean age 16.0, SD 1.2 years). The adolescents who perceived infrequent parental monitoring were 1.8 times more likely to contract Chlamydia and 2.4 times more likely to acquire Trichomonas over an 18 month period.

The aforementioned studies speak to when some adolescents are engaging in sexual activities, but where is the activity taking place? Cohen, Farley, Taylor, Martin and Schuster (2002) conducted a cross-sectional survey in a 98 percent working class, African-American sample (n=2,034; 1,065 males and 969 females) from six public high schools in an urban school district. Of those who were having sexual activity, 56 percent reported that it transpired on a weekday, usually in a home setting—either their home, their partner’s, or a friend’s—and that these activities usually took place after school (Cohen et al., 2002). The majority of these incidences (35 percent) occurred before 6 p.m. Of note is that although the majority of the families were female head of households (43 percent vs. 27 percent), there was no difference in unsupervised time between one and two parent families (Cohen et al., 2002). In both family types, adolescents who had 30 or more unsupervised hours a week were more likely to be sexually active (Cohen et al., 2002). For girls, the degree of parental trust was an important part of monitoring. In the Borawski et al. (2003) study, parental monitoring was correlated with parental trust ($r = .23, p < .01$) and the degree of parental trust was a protective factor for girls against sexual activity as well as for marijuana, alcohol and tobacco use. Yet parental trust of the environment, not the daughter, may play a factor in parental monitoring for girls from

disadvantaged backgrounds.

African-American parents of lower socioeconomic status reportedly demonstrate more restrictive monitoring of girls, which is believed to be related to the degree of neighborhood risk for violence (Garcia-Coll, Meyer & Brillon, 1995; Parke & Buriel, 1998), drugs and sexual activity (Crosby, 2003). Way and Gillman (2000) conducted semi-structured interviews with 20 African-American female adolescents (ranging from 12 to 13 years of age) from an urban lower socioeconomic area concerning their relationships with their biological fathers. They all reported that their fathers were protective and wanted to guard them against the dangers of the world. This protection took the form of prohibiting activities, warning about specific consequences that may come from not following the rules, giving advice, protecting them from boys and assisting with problem-solving (Way & Gillman, 2000). Conversely, in a study of two-parent, middle-class African-American parents, Smetana and Chuang (2001) found that negotiation and reasoning were often used as parenting strategies, but that fathers of girls were twice as likely to define firm discipline as non-negotiation in specific areas such as doing homework, bedtime and curfew but not in peer associations.

As for divorced or single fathers, even when committed to parenting, their ability to provide monitoring is dependent on amount of visitation, maternal conflict and the previous parent-child relationship (Laasko & Adams, 2006). Consequently, the literature is lacking on their capacity to carry out this routine parenting task, which is a basic component of attachment theory (Bowlby, 1988). According to Bowlby (1988), monitoring extends into adolescence and, is a critical part of the parental role, in spite of

the increasing independence associated with adolescence.

In summary, parental monitoring in two-parent households has been positively correlated in the literature with decreased sexual activity (Cottrell, 2003; Mander, Murray & Bangi, 2003 & Romer, Black & Ricardo, 1994) when compared to single parent homes (Bonnell, Allen, Strange, Oakley, Copas & Johnson et al., 2006). Although the literature is not clear as to a father's role in parental monitoring, it appears that having two parents in the home (especially biological parents) enables at least one of them to be vigilant of unsupervised activities. However, increased unsupervised time (regardless of parental status) is related to high risk behavior. Another key component to secure father-daughter relationships, besides monitoring, is the quality and type of parent-child communication.

Father-Daughter Sexual Risk Communication

Research focusing on father-daughter communication about sexual activity provides mixed results. Some studies report no relationship between parent-adolescent communication and sexual behavior while others document its importance (Somers & Canivez, 2003). First and foremost, it seems that most fathers do not discuss sex with their adolescents (Kirkman, Rosenthal & Feldman, 2002; Clawson & Reese-Weber, 2003). This may be because they feel shy and ill equipped to discuss the topic (Hutchinson, 2002) or perhaps they have a difficult time reconciling traditional definitions of masculinity (being aloof and noncommunicative) with the contemporary view of emotionally involved fathers (Kirkman, Rosenthal & Feldman, 2001).

In the case of girls, it may be the daughter who is timid about discussing sexuality with their fathers. In a study by Kalman (2003), (N=16) adolescent girls, M=14 years)

reported that they did not think it was appropriate to discuss sexuality with their fathers. Consequently, when sex is discussed with a parent, it is most likely to be the mother regardless of the child's gender (Diorio, Kelley & Hockenberry-Eaton, 1999; Mims & Biordi, 2001; Clawson et al., 2003; Swain, Ackerman & Ackerman, 2005). On the other hand, many girls have expressed a desire for more personal and open communication with their fathers on all topics (Strom, Amukamara, Strom, Beckert, Moore, Strom & et al., 2000; Way & Gilliam, 2002). Nevertheless, it does not appear to be the norm that fathers engage in sexual communication with their daughters about specific topics such as pregnancy, sexually transmitted infections, abortion, condoms or birth control as much as mothers do (Clawson & Reese-Weber, 2003; Hutchinson, 2002; Rosenthal & Feldman, 1999).

The impact of father-daughter communication may be more subtle. Hutchinson (2002) assessed the influence of parent-daughter sexual communication and sexual risk behavior (n=234, mean age = 20.3 years). In addition, she assessed general communication with one item answered separately for each parent: "When you were in high school, how well could you and your mother/father share ideas or talk about things that really mattered to you?" Responses ranged from, "not well at all" to "very well," with higher scores (rated from 1 to 4) indicative of better general communication (Hutchinson, 2002). Whereas the relationship between father-daughter sexual communication and the daughter's sexual activity was low and insignificant, those who had better general communication with father were 19% less likely to initiate sexual intercourse. It may be possible that fathers convey their disapproval of sexual activity as part of their general communication, which can

affect their adolescent's sexual behavior.

In an earlier study, Dittus, Jaccard and Gordon (1997) found a decreased age of sexual initiation for both African-American males (n=376) and females (n=375), (mean age 15 years) in cases where a father had communicated disapproval of sexual activity. Low incidence of current sexual activity was also negatively correlated with perceived father disapproval of premarital sex. Father disapproval was measured by a five-point Likert scale questionnaire, which asked whether or not sexual activity would have their father's disapproval even within the context of a special, well-sustained relationship (Dittus et al., 1997). Also in this study, as in previous studies, having a father in the household was related to a lowered incidence of sexual initiation (Dittus et al., 1997). Daughters who lived with their fathers perceived more disapproval than those who did not and higher father disapproval was associated with lower incidences of sexual intercourse and decreased sexual initiation (Dittus et al., 1997).

Similar results were reported earlier by Hepburn (1981) via an interview with 48 parents of Caucasian adolescent females who were considered upper and upper-middle class by parental income, education and profession. Although fathers engaged in less sexual communication, they were able to successfully communicate their sexual values and feelings concerning the morality or immorality of premarital sex. According to their daughters, this was most often done through discussion or through a combination of discussion and example using the behavior of others (Hepburn, 1981). These discussions can make an impact in decision-making and lead to a delay in sexual activity, in part because of a desire not to fall short of paternal expectations (Bowling & Werner-Wilson,

2000).

Non-verbal communication from fathers can also impact sexual behavior of female adolescents as well. Bowling and Werner-Wilson (2000) conducted a small focus group (n=17) consisting of mostly Caucasian college women who reported a secure father-daughter relationship. These participants credited their fathers with communicating appropriate male behavior through modeling of respectful treatment of them, as well as of their mothers (Bowling & Werner-Wilson, 2000). In addition, their fathers' style of verbal communication was open and had no boundaries. No subject was off limits and even if there was a disagreement, they felt as if their opinions were valued. What is most interesting is that the discussed topics rarely centered on traditional sex topics like birth control. Instead, fathers discussed dating from an "insider's perspective" and the participants believed that this information assisted them in being more selective when choosing a male companion (Bowling & Werner-Wilson, 2000).

Although this study provided some insight into the salient features of father-daughter communication, the sample size was small, middle class and not ethnically diverse. In addition, the authors did not provide information about the fathers (were they biological, stepfathers, adoptive etc.). This would have enhanced understanding as to the potential of these father-types as compared to biological fathers. Nevertheless, the most important question is whether or not it translates into actual behavior. The next section will discuss a father's impact on his daughter's sexual behavior.

Father-Daughter Relationship and Sexual Behavior

When examining the father-daughter relationships and sexual activity, the relevant

literature is not abundant nor is it current. In addition, attachment theory is not used as a framework for these studies. Nevertheless, because they measure features of attachment relationships – father involvement, closeness, bonding and connection – they will be considered for this review.

When considering the effect of fathers on their daughters' sexual activity, the type of relationship they have may be the most important factor. In a study by Gerson (1974), the quality of the relationship between fathers and daughters was negatively correlated to frequency of sexual intercourse in a sample of 123 college women. The participants who had sexual intercourse once a week or more with different partners reported significantly less closeness and security with their fathers. Daughters of fathers who were seen as dominant, forceful, tyrannical, unlikable, distant and dishonest were more likely to become sexually promiscuous than those whose fathers were seen in a positive light (Gerson, 1974).

In another study by Kristal (1978), fathers who demonstrated warmth were perceived to be honest, bestowed positive attention to their daughters and were emotionally available, were more likely to have daughters who have more nonsexual relationships with men and fewer casual sex partners. A similar finding was found in Bowling and Werner-Wilson's (2000) interviews with college women. Personal time spent with fathers reportedly gave daughters an opportunity to connect with them and to share mutually meaningful interests. In contrast, daughters in Bowling and Werner-Wilson's study, who were given little time or consideration, described trying to fill a void in adolescence by seeking attention and sexual intimacy with male peers at an early age (Bowling and

Werner-Wilson, 2000). This is a finding that has also been reported with African-American fathers and daughters.

Harris-Peterson (2007) conducted a study similar to Bowling and Werner-Wilson's (2000) focusing on sexual risk taking, self-esteem and father communication in late adolescent African-American females. In phase one of the study, 100 African-American college students (M=19.5 years of age) completed Taylor's measure of self-esteem and a demographic/sexual history questionnaire. In order to explore father-daughter sexual communication, participants (n=15) were interviewed in a focus group format about the type and amount of sexual behavior messages delivered by their fathers.

The majority of this group (n=9) were upper-classmen college students, with the remainder consisting of trade school students (n=2), high school students or college freshman (n=4). Harris-Peterson's interviews (2007) reflected three categories of sexual communication: Directive, insightful and absent/avoidant. Directive fathers communicated messages about sexual protection that were clear and also provided messages about social norms and expectations, along with their preferences for their daughter's sexual behavior (Harris-Peterson, 2007).

Insightful fathers engaged in on-going conversations about romantic and sexual relations that related to their daughter's current romance. These fathers also addressed the emotional risks associated with sexual relationships between men and women. Lastly, absent/avoidant fathers deferred sexual communication to mothers in most cases and had few or belated talks about sex. Consequently, directive and insightful fathers had the most positive influence on their daughter's sexual development. Like the participants in

Bowling and Werner-Wilson's study (2000), these women believed that their fathers influenced their sexual choices by delivering messages concerning what to expect when dating and by modeling appropriate male behavior (Harris-Peterson, 2007). In addition, emotionally absent fathers had daughters who reported feeling rejection, regret and pain at the lack of a closer relationship. Often, fathers showed interest in talking to their daughters once it was clear that they were dating. But, attempts by these fathers to reconnect with the onset of their daughter's dating were viewed as being too late. These participants wanted relationships that had been cultivated with them during their childhood and were not in response to the attainment of a boyfriend (Harris-Peterson, 2007).

Maintaining a relationship with a daughter throughout childhood can be a challenge to fathers. One of the strategies fathers may use to sustain contact with their daughters during adolescence is playing sports. According to Kellar-DeMers (2001), fathers who are active participants in raising their daughters, tend to keep up the relationship through encouraging their participation in organized sports. Supporting daughters in this way provides an arena in which fathers model traditional male values and provide their daughters with personal attention which may lead to greater self-esteem and autonomy in girls (Jackson, 1996; Kellar-DeMers, 2001). These findings take on special significance because participation in organized sports has been related to decreased sexual, as well as other high-risk behaviors in samples of high school female adolescents (Dodge & Jaccard, 2002; Kulig, Brenner & McManus, 2003; McNulty-Eitle & Eitle, 2002).

Another potential output from the father-daughter relationship can be the shaping of a daughter's body image. During adolescence most girls become aware of their

changing bodies and how boys respond to those changes. Induced by the media, family and peers, girls evaluate their physique and sexual attractiveness and base their overall views of their bodies on these messages (Graber & Sontag, 2006). Dixon, Gill & Adair (2003) administered surveys to the fathers of 103 girls (age 13-15) concerning their view of the importance of physical appearance, slimness and weight control for women of all ages. Their daughters completed a survey about eating habits and diet beliefs. Positive significant correlations were found between the father's belief in the importance of physical attractiveness and their daughter's engaging in dieting behavior (Dixon, Gill & Adair, 2003).

A study with African-American girls ($n = 91$, $M = 12.27$) considered the relationship between self-esteem, parental relationship (mother and father), racial identification, image acculturation and body image satisfaction (Hedgepeth, 2008). The quality of the father-daughter relationship significantly predicted body image satisfaction. Participants with higher body image satisfaction reported a higher quality father-daughter relationship. Poor body image has also been shown to be positively correlated with high-risk sexual behavior (Eisenberg, Neumark-Sztainer & Lust, 2005). As a result, it seems to be important for fathers to acknowledge and accept their daughters as young maturing females so that they may have confidence that male peers will also accept them (Leonard, 1966). In addition, a father's acceptance may act as a buffer against harmful cultural messages regarding body image and beauty (Friedman, 1997). If this does not occur, the lack of father acknowledgement and attention may be interpreted as rejection by the daughter (Leonard, 1966).

In conclusion, when fathers are nurturing, consistent and available, they are more likely to develop positive relationships with their daughters. Their involvement continues through adolescence and is demonstrated through the sharing of activities, parental monitoring, acceptance of changes related to puberty and open communication that is, most likely, not sexual in nature. In addition, fathers in positive relationships with their daughters may also act as role models for appropriate male behavior and through observed mother-father interactions, set a standard that must be met by future partners.

Fathers and Self-Esteem in Daughters

Self-esteem refers to global feelings of competence and self-worth (Rosenberg, 1965). In adolescence, low self-esteem has been associated with many high-risk behaviors including depression, poor academic achievement and substance abuse (McPhee & Andrews, 2006; Rizo, 2003; Ellickson, Tucker, Klein & McGuigan, 2001; Stacy, Sussman, Dent, Burton, & Flay, 1992; Dekovic, 1999). In African-American females, low self-esteem was found in a sample of African-American (46 percent) and Latina (37 percent) college women who reported infrequent condom use, early age of sexual initiation (14.4 years) and a history of having sex with two or more partners who had been to jail or prison (Ethier, Kershaw, Lewis, Milan, Niccolai & Ickovics, 2006). However, in most studies, African-American females report higher self-esteem than their Caucasian counterparts (Paterson, 2004; Brown, McMahon, Biro, Crawford, Schreiber & Similo, et al., 1998; Tashakkori & Thompson, 1991). In fact, high levels of self-esteem have been detected in African-American adolescents even when it is unexpected by the authors. For instance, education researchers found high levels of self-esteem in African-American adolescents

who have poor academic achievement (van Laar, 2000), are pregnant (Hockaday et al., 2000) and living in a juvenile detention center (Holsinger & Holsinger, 2005). The reasons for this are unclear, but one possible explanation is that African Americans dissociate from aspects of Caucasian society which are deemed irrelevant to their cultural experience (Twenge & Crocker, 2002). Instead self-esteem is connected to the presence of support networks and personal achievement (Patterson, 2004).

Along those same lines, a second explanation was suggested by Whaley (1993). The lack of an understanding of global self-esteem in African Americans may be due to an overgeneralization or misunderstanding about the effects of racism. African American communities manage to instill a positive sense of self in their children despite the unfavorable conditions imposed by the society at large. Many African-American communities embrace an African World view which is in contrast to the predominant Western view. A world view is, “A mental model of reality. It is a framework of ideas about the world, ourselves and life, “(Rusbult, n.d.). An African worldview originated in Africa but remnants remain in African-American customs, values and attitudes (Jackson & Sears, 1992).

The African world view embraces an epistemology from self-knowledge rather than external knowledge. A strong sense of family and community as well as spirituality is encouraged. Interdependence and cooperation are seen as positive traits. This is in contrast to the European worldview which promotes competition between groups and independence (Myers, 1988 in Jackson & Sears, 1992). Self-esteem is rooted in community norms and what is known about other African Americans rather than what is normal in Caucasian

society. Consequently, significant others (especially parents) may act as a buffer to racism by placing emphasis on the attitudes, behavior and values deemed culturally significant (Whaley, 1993).

In light of this, a measure of specific self-esteem may be helpful in understanding self-esteem in African-Americans (van Laar, 2000; Whaley, 1993). Whereas global self-esteem is a reflection of psychological well-being, Rosenberg, Schooler, Schoenbach & Rosenberg (1995) held that specific self-esteem more accurately reflects actual behavior. The use of a global measure of self-esteem can result in mixed findings as it fails to distinguish the parts from the whole, leading to weaker or stronger results than expected between self-esteem and other variables (Rosenberg et al., 1995). This is in part because specific self-esteem is an attitude and individuals can have an attitude about an object that is general as well as a different attitude about various facets of that object. This is true even if the object in question is the self as a whole person consisting of many parts (Rosenberg et al., 1995). Global self-esteem reflects self-acceptance, self-respect and psychological well-being of which perceived competence plays a role but does not give an indication as to specific attitudes or abilities about the self (Rosenberg et al., 1995).

Thus, individuals have a sexual self-esteem that is a part of, yet distinct from, global self-esteem. Researchers have utilized various measures of sexual self-esteem. For example, O'Sullivan and Brooks-Gunn (2005) compared the timing of sexual cognitions about sexual behavior and the transition into sexual activity in a sample of 180 Latina and African-American adolescent females aged 12 to 15 (O'Sullivan & Brooks-Gunn, 2005). Respondents who were sexually active had high general self-esteem, but low sexual self-

esteem. Nevertheless, published studies measuring sexual self-esteem appear to be dearth in the literature, especially in relation to parental attachment. However, a dissertation by Ragland (1977) focused on the father-daughter relationship as a facilitator of sexual self-esteem and social self-esteem in women.

Social self-esteem involves the ease in which an individual interacts with others and includes how concerned one is with what other people think, the type of friendships one has, and how one feels when in a strange situation, such as being the new person in class or being alone at a party (Ragland, 1977). Sexual self-esteem entailed five factors consisting of how the participants interacted with men, their ability to be emotionally intimate with men, their perceived degree of physical attractiveness, the behaviors they used to gain the attention of men and their self-appraisal of their actions. In this study, Ragland (1977) proposed that social and sexual self-esteem in adolescent women is significantly related to the father-daughter relationship in adolescence, especially to the daughter's perceived experience of paternal acceptance or rejection of changes related to maturation during puberty. Father acceptance or rejection also included the type of discipline administered, the quality of communication, whether or not affection was displayed and the daughter's beliefs of her value and attractiveness based on her father's actions towards her (Ragland, 1977).

Two types of participants were sampled. The first group consisted of late adolescent women aged 18 to 22 years (n=22). The second group was comprised of adolescent girls aged 12 to 14 years (n=22). Because Ragland (1977) hypothesized that early adolescence is a period in which the father-daughter relationship is crucial to the

development of social and sexual self-esteem, the participants in the first group were asked to reflect upon their father-daughter relationship when they were between the ages of 10 to 14 years. The second group was asked about their current father-daughter relationship. All of the participants were Caucasian, lived with both biological parents and were middle-class. Data was collected using surveys as well as private interviews (Ragland, 1977).

Ragland (1977) found significant positive correlations between social self-esteem ($r = .47$) and father acceptance, along with sexual self-esteem ($r = .46$) and father acceptance. Participants from both groups who reported having non-accepting fathers (who were high on rejection) also reported lower sexual self-esteem as well as lower social self-esteem (Ragland, 1977). The father acceptance-rejection score accounted for 22 percent of the variance in social self-esteem and 22 percent of the variance in sexual self-esteem (Ragland, 1977). Although this study reported a connection between the type of father-daughter relationship and self-esteem, a few limitations were noted.

First, sexual self-esteem, as defined by Ragland, entailed participants' comfort level when interacting with men outside of a sexual context, along with their reliance on seductive behavior in order to gain the attention of men. Ease of interaction with men outside of a sexual situation may not transfer to sexual situations. Seductive behavior (smiling, flirting, actively pursuing male attention) by the women in the college group could be considered as merely being assertive in a post-women's movement era. This is unlike the behavior demonstrated by the participants in Heatherington's study (1972) because this group consisted of adults, not underage girls, flirting with male adult interviewers. In addition, these behaviors are not characteristic of sexual self-esteem as

defined by Zeanah and Schwartz (1996) which was the measure used for this study. It was also noted that data was not collected on sexual activity, so conclusions could not be drawn as to the possible role of father-daughter acceptance-rejection in sexual behavior. Finally, the sample was homogenous and study results may not be generalized beyond that demographic. Nevertheless, it does support previous research on the importance of the father-daughter bond in development. In light of this, it may be useful to explore whether paternal attachment impacts female adolescent sexual self-esteem, as well as global self-esteem; consequently, measurements assessing both concepts were administered in this study.

Father-Daughter Attachment and Sexual Behavior Framework

Global and sexual self-esteem are two of the many facets that may result from secure father-daughter attachment. The model of this relationship and its role in a daughter's sexual behavior is based on the Ecological System of Human Development by Bronfenbrenner (1977). In this system, child development takes place within immediate settings and external world settings. There is a mutual accommodation, or reciprocity, between these settings which has been described as a nesting of layers (Bronfenbrenner, 1977). The child (who is a system herself) is the center. Each subsequent layer surrounds the child and consists of individuals or groups of individuals. The child is nested within the settings (or environments) that are, in turn, nested within each other (Boemmel & Briscoe, 2001). Parents, who spend enormous amounts of time with the child, potentially have a powerful and immediate effect on development. They, along with other individuals who also spend a substantial amount of time with the child, make up the microsystem

(Boemmel & Briscoe, 2001), which is the most immediate and intimate setting (Bronfenbrenner, 1977). The proposed father-daughter model and its impact on sexual behavior represented a microsystem of interrelationships between individuals closest to the adolescent daughter.

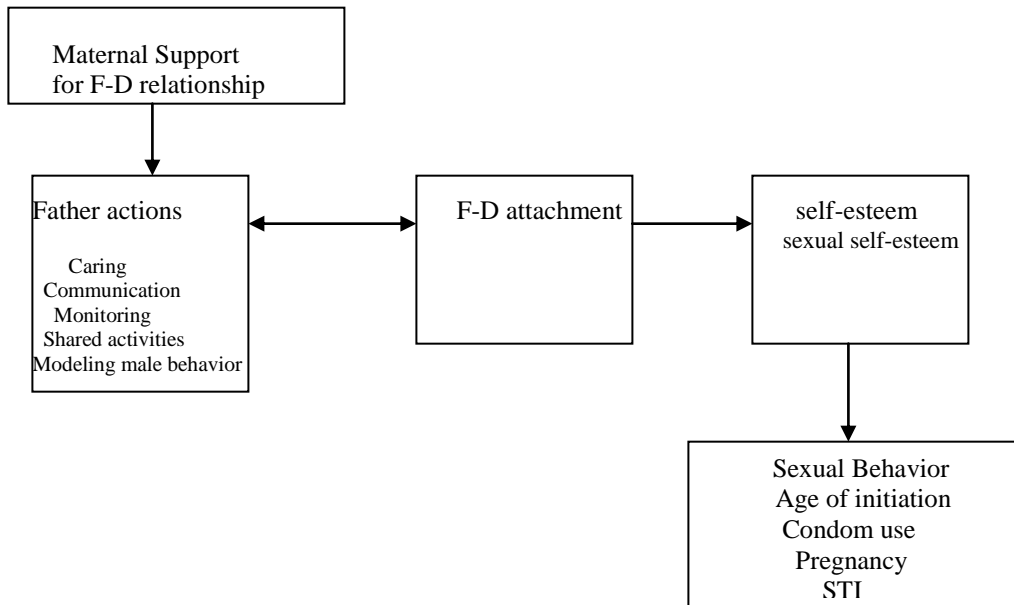
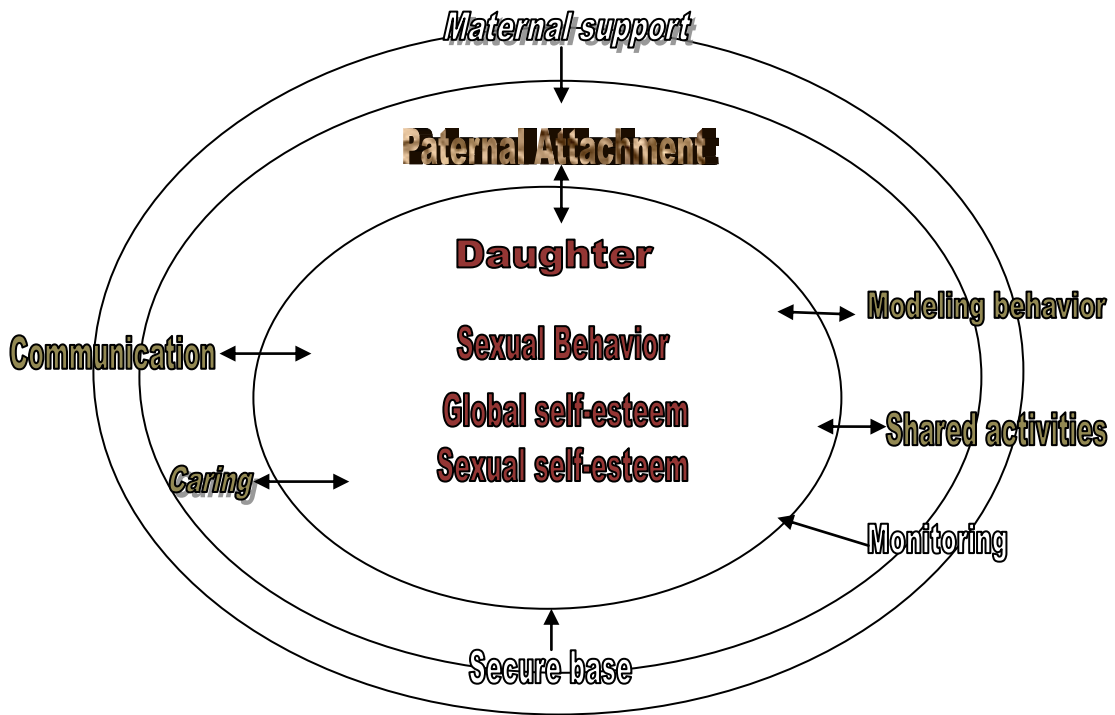
This model begins with the forming of a father-daughter attachment in early childhood. In order for this to occur, there must be an understanding of the importance of a positive relationship, a desire to have such a relationship and a commitment to cultivate and maintain it throughout childhood—in spite of any challenges that may occur such as divorce or separation. The father must also be physically and mentally available to promote the process.

Also needed for the development of this relationship is maternal support. Mothers must value the possible impact of a father-daughter relationship and foster its development and maintenance. Paternal understanding, desire, availability and commitment, as well as maternal support, are the antecedents required in order for father-daughter attachment to take place. In this model, maternal support acts as a covariant to the development of father-daughter attachment.

The development of high levels of attachment is an ongoing process of caring life interactions. These interactions do not completely evaporate in adolescence, but continue through shared activities, which maintain a sense of connectedness between father and daughter. Patterns established early on, such as communication that is sensitive and receptive to the daughter's needs, maintaining a secure base through monitoring, availability and responsiveness, continue in adolescence and are enhanced by acceptance

and modeling of appropriate male behavior.

Varying levels of maternal support may affect the level of attachment between father and daughter. Paternal actions encourage positive self-esteem (both global and sexual) and validation of a daughter as a budding young woman. A schematic representation of the model based on Brofenbrenner as well as a more traditional depiction follows:



CHAPTER 3 Method

A cross-sectional correlation design was used in order to address the following research questions related to attachment to father:

1. What is the relationship between father-daughter attachment, age of sexual initiation and pregnancy in late adolescent African-American daughters?
2. Does father-daughter sexual risk communication impact occurrence of pregnancy, frequency of condom use and number of sexually transmitted infections in late adolescent African-American daughters?
3. Is there a relationship between father-daughter attachment and sexual and global self-esteem?
4. Is perceived positive maternal support by daughters related to father-daughter attachment?
5. Is paternal monitoring related to age of sexual initiation?

The study was submitted to the Office of Research for Internal Review Board approval on November 7, 2007 and was approved on January 2, 2008 (Appendix A). The remainder of this chapter discusses the sample, the approved plans for human subject protection and data collection.

Power Analysis

The sample size for this study was determined using the statistical analysis software program NQuery Advisor 6.0, which estimates sample size and power a priori

(Gatsonis & Simpson, 1989). The expected correlations and regression coefficients used for analysis were based on findings from the literature. The Alpha level was set at .05 and β at .20. The desired power was set at .80 and a desired sample size was calculated as 120 participants.

At the conclusion of study recruitment, 143 participants had been recruited. The data from 30 participants were not retained for analysis because they did not meet the study criteria: Three were male, 10 respondents were not late adolescents and 17 were not African American. The final sample size was 113 and per analysis with NQuery Advisor 6, the desired power of 80% was not compromised--with the exception of one question. Having a history of pregnancy required a minimum of 12 respondents with that history in order to maintain 80% power. With seven positive responses, an alpha at 0.05 and a two sided significance level had 54% power to detect differences between those with a history of teen pregnancy and those without.

Sample and Recruitment

The participants for this study consisted of a convenience sample of late adolescent females who self-identified as Black or African American and who had history of dating men. The recruitment criteria required that participants be age (18-21) and had at least one father (biological, step-father, adoptive or foster father) or father figure (other male relative, romantic maternal partner, older brother, etc.) during childhood ages 12-17. These participants were recruited from a college located in southeastern United States. This college was the primary site for data collection and reported a 20 percent African-American student population that was predominately female. The avenues of recruitment

consisted of the following:

First, the student researcher met with members of Black sororities and minority student organizations to extend an invitation to participate in the study. This was done by attending a regularly scheduled monthly meeting of the organizations and speaking for five minutes to introduce the purpose of the study. Hard copies of the consent form containing the web link to the study were available.

Second, with the assistance of members of the dissertation committee, the student researcher approached various faculty members for permission to speak to students during scheduled class time. Once the student researcher gained an individual faculty member's permission, she attended one class per semester. She was allotted five minutes to inform students about the study and to answer questions. A hard copy of the consent form was available. To maintain confidentiality, the consent form was handed out to all students (regardless of gender/race) who discarded them if they declined participation or do not fit the study criteria.

Lastly, the student researcher received permission to place the study in the SONA system within the Department of Psychology. SONA consists of an Experiment Management System which provides universities with an easy-to-use, web-accessible, regulation-compliant interface to handle all the scheduling and management of studies. Researchers set up their studies online and students can sign up for participation. Students using SONA can view all studies in the system and are free to choose or to not choose an available study. A typed copy of the consent was placed within the detailed description on SONA as well as contact information for the student researcher and principal investigator.

The study was administered via Survey Monkey, an online survey service. Participants using SONA accessed the study by clicking on a link which connected to Survey Monkey.com. Neither the student researcher nor her dissertation committee requested a list of the names of students who participated in the study.

No class penalty was incurred by students who did not participate in the study. No class credit was provided for students who participated in the study unless the student was enrolled in a class that offered extra credit for research participation. In those cases, one extra credit was granted through SONA. Students who chose not to participate in this study had opportunities to obtain extra credit by taking part in other studies as outlined by the appropriate faculty member.

Plan for Human Subject Protection

The decision to administer the survey online maintained participant privacy. Informed consent was obtained anonymously prior to the first item and could be printed from the screen if desired. Each participant was informed of the risks and benefits of study participation as well as the study criteria. Due to the sensitive nature of some questions, no identifying information was requested. A debriefing statement was provided along with contact information to address questions or to request a copy of study results. In addition, withdrawal from the study was permitted at any time during the survey including at the conclusion.

Because the data collected was of a personal nature and included items concerning childhood sexual abuse and sexual behavior, social desirability bias was a concern. Social desirability bias speaks to a participant's desire not to appear as behaving or feeling in a

way that is contrary to clear social norms (Tourangeau & Yan, 2007). Questions about drug use, sexual behavior, income and voting are usually considered sensitive (Tourangeau & Yan, 2007). Potential participants may feel that such questions are too intrusive or they may fear that their answers will be disclosed. The obtaining of an anonymous consent and the administration of an online survey sought to reduce socially desirable responses. Participants were unknown to each other and could complete the survey from any computer. The e-mail invitations were forwarded by the faculty advisors.

There was also a concern that participants who have experienced childhood sexual abuse could experience mental distress when answering sensitive items. All participants were made aware of this possibility at the time of consent and given the opportunity to withdraw prior to testing and consent, during testing and at the conclusion of the survey. In addition, a list of counseling services including telephone hot lines and web links was included in the online consent. The completed surveys were exported by Survey Monkey into an Excel spreadsheet. The student researcher accessed the data through a password protected account and downloaded the data to her personal computer located in her home and secured by password. When the data was transferred to portable media (jump drive, compact disc), it was only to confer with dissertation committee members. Such portable media was maintained in a locked cabinet located in the student researcher's home and will continue to be maintained in this manner for a period of five years and then destroyed. This survey did not request any personally identifying information.

Data Collection

Background Questionnaire

This questionnaire consisted of demographic questions written by the researcher and gathered information such as age, race, parent's level of education, type of father figure, living arrangements during adolescence, family income and frequency of father interaction as well as a sexual history.

Sexual History

This measure collected information related to sexual outcomes including age of first consensual sexual encounter (oral, anal and vaginal), history of pregnancy, condom use and history of sexually transmitted infections. Questions number seven through question number 24 were used in the National Sex Health Survey (1996) and retrieved from the University of California website. Also, because of the possible impact of CSA on sexual behavior, two questions regarding sexual abuse were added:

Have you **ever** been forced or frightened by someone into doing something sexually that

you did not want to do?

- a. Yes
- b. No
- c. Prefer not to answer

This question was retrieved from the National Sex Health Survey (1996).

The second question was written by the researcher:

What relation to you was the responsible person?

- a. A friend or boyfriend
- b. Stranger
- c. Friend of the family
- d. Relative (uncle, brother, cousin, grandfather)

- e. Biological or Adoptive father
- f. Step or foster father
- g. Other: _____
- h. Prefer not to answer

This questionnaire consisted of demographic questions written by the researcher and gathered information such as age, race, parent's level of education, type of father figure, living arrangements during adolescence, family income and frequency of father interaction as well as a sexual history.

Sexual History

This measure collected information related to sexual outcomes including age of first consensual sexual encounter (oral, anal and vaginal), history of pregnancy, condom use and history of sexually transmitted infections. Questions number seven through question number 24 were used in the National Sex Health Survey (1996) and retrieved from the University of California website. Also, because of the possible impact of CSA on sexual behavior, two questions regarding sexual abuse were added:

Have you **ever** been forced or frightened by someone into doing something sexually that

you did not want to do?

The Parent Attachment Questionnaire

The PAQ or Parent Attachment Questionnaire (Kenny, 1987) is based on attachment as theorized by Bowlby (1969) and Ainsworth (1978). This instrument is a 55-

item questionnaire designed to measure perceived parental availability, understanding, and acceptance, respect for individuality, facilitation of independence, interaction with parents and affect towards parents, help-seeking behavior during times of stress, degree of help from parents and satisfaction with that help (Kenny, 1987). Responses were recorded on a five-point Likert scale from 1 (not at all) to 5 (very much).

The original sample recruited for the psychometrics of this instrument consisted of 173 freshman college students (100 of which were female) who were predominately Caucasian (85 percent) and whose parents were married (81 percent). Three subscales resulted: Quality of Relationship, Parental Fostering of Autonomy and Parental Role in Providing Emotional Support. Items from the subscales include: “I have warm and positive feelings toward my parents” (Relationship), “My parents have provided me with the freedom to experiment and learn things on my own,” (Autonomy) and “I contact my parents if I am not able to resolve the situation after talking it over with my friends” (Support).

Cronbach’s alpha for the total scale was 0.93 for males and 0.95 for females.

Although the original PAQ measured parents jointly, a separate scale for mother and father has shown reliability of 0.85 to 0.94. The scale has also been used in African American, black and mixed race samples with Cronbach’s alpha of 0.95 for mother and 0.94 for father reported (Kenny & Perez, 1996). The scale was later modified to allow participants to name any family member who primarily acted in a supportive role, making it applicable to adolescents who are attached to extended family members or others, rather than solely to parents (Kenny & Rice, 1995). To meet a concern regarding participant burden, only the father questionnaire was administered in this study.

Due to human error, only 52 questions were submitted to participants. The three missing items from the PAQ (father) were from the third subscale which measured the social support. Three missing data variables were created in SPSS. Prior to analysis, the mean social support score for each participant was entered once for each of the three missing items. The sum of these scores was added to the existing subscale three. Subscales one, two and the new subscale three (including additional scores for the missing data) were used in the computation of the total PAQ score (father). The PAQ (father version, 52 items) reported a Cronbach alpha coefficient of .89 ($n = 99$) which indicated good internal consistency. After the addition of the missing items, a Cronbach alpha coefficient of .97 was reported with 55 items.

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale was developed in 1965 by Morris Rosenberg (1965). This instrument is considered to be a valid measure of global self-esteem. The original sample, for which the scale was developed, consisted of 5,024 high school juniors and seniors from randomly selected schools in New York. It consists of ten items measuring aspects of self-worth, self-confidence and approval. Responses are on a Likert Scale with ratings of approval (1=strongly disagree) or disapproval (5=strongly agree). Items include statements such as, "I am able to do things as well as most people," and "I feel I do not have much to be proud of." Lower scores indicate a higher self-esteem. The Rosenberg Self-Esteem scale has high reliability and test-retest correlations range from 0.82 to 0.88 with Cronbach's alpha in the range of 0.77 to 0.88.

This scale may be the most commonly used self-esteem scale in behavioral

research. A recent database search for this scale yielded 1,207 articles and dissertations that had made use of this scale. In African-American samples, it has been used in numerous studies, including racial identity and self-esteem (Lockett & Harrell, 2003), postpartum depression in low-income African-American women (Logsdon & Usuri, 2001) and ethnic identity and values in a multi-ethnic sample (Lorenzo-Hernandez & Ouellette, 1998). The Cronbach's alpha for these studies range from 0.83 to 0.84. In this sample of African American women (N=111), the Cronbach's alpha was 0.80.

Sexual Self-Esteem Inventory for Women Short Scale

The Sexual Self-Esteem Inventory-Women (SSEI-W) was developed by Zeanah and Schwartz (1996). Formation of this instrument began with the adaptation of other sexuality tests by Eysenck (1988) and Kirby (1988) and from interviews about sexuality with 345 college women, the majority of whom were Caucasian (90 percent) with a mean age of 18 years (Zeanah & Schwartz, 1996). Five seven-item domains (total of 35 items) of sexual self-esteem were hypothesized: skill and experience, attractiveness, control, moral judgment and adaptiveness. Potential responses range from 1 (disagree strongly) to 6 (agree strongly).

Skill and experience refers to one's ability to please or to be pleased by a sexual partner, and involves the availability of opportunities to engage in sexual activity. This subscale previously reported a Cronbach's alpha of 0.84. Sample items include, "I feel I am pretty good at sex," and "I wish I could relax in sexual situations." For this study, the Cronbach's alpha was .79.

Attractiveness is the measure of one's own sexual attractiveness, regardless of the

viewpoint of others. It has seven items which include, “When I get dressed up, I feel good about the way I look,” and “I am pleased with the way my body has developed.” Like the original reliability for this scale reported by Zeanah & Schwartz (1996) this sample reported a Cronbach’s alpha of 0.88.

Control is the ability to direct or manage one’s own sexual thoughts, interactions and emotions. It has good internal consistency with a Cronbach Alpha of 0.80. Selected items are, “I feel o.k. about saying ‘no’ in a sexual encounter,” and “I feel sexually vulnerable in a sexual encounter.”

Moral judgment is the consistency of an individual’s moral beliefs and sexual behavior, thoughts, feelings and aspirations. Reliability analysis of this subscale was a Cronbach’s alpha of 0.80. “I feel guilty about my sexual thoughts and feelings,” and “From a moral point of view, my sexual feelings are acceptable to me,” are two of the items in this portion of the scale.

Adaptiveness centers on the agreement of compatibility of personal goals and one’s sexual experience. A Cronbach’s alpha of 0.82 was reported. Sample items for this subscale are “All in all, I feel satisfied with my sex life,” and “Sexual relationships have caused more trouble for me than they’re worth.” In this study, the SEEI-W correlated with the Rosenberg Self-Esteem Scale ($r = 0.52$), which supports that sexual self-esteem is a contributor to global self-esteem (Zeanah & Schwartz, 1996). For this study, 0.91 was the reported Cronbach’s alpha for the entire scale.

A search of several databases yielded only four published articles utilizing the SSEIW to measure sexual self-esteem in college women. Only 14 articles measuring

sexual self-esteem in women was retrieved. These studies administered mostly author-designed measurements specific to that study, which in some cases were unpublished. In addition, no other instruments measuring this concept could be located in testing databases. Hence, it appears that this concept has rarely been considered.

Parent-Teen Sexual Risk Communication Scale-III

The Parent-Teen Sexual Risk Communication Scale-III (PTSRC-III) is the short version of the Parent-Teen Sexual Risk Communication Scale developed between 1992 and 1994 by Hutchinson (2007). The original, like the short version, aims to measure the amount of parent-teen communication about sexual risk and sexual risk reduction. The items were developed through telephone interviews with 93 women and 92 men, ages 18 to 26. Whereas the original measured parents jointly, the PTSRC-III measures mother/father communication separately with eight items each for each scale. The PTSRC-III questions, “How much information did your mother/father give you about birth control, sexually transmitted infections, condoms, HIV/AIDS, postponing sex and handling sex-related peer pressure?” (Hutchinson, 2007). Responses are measured on a scale of 1 (none) to 5 (a lot or extensive amounts).

The completed scale was also administered to a sample of female drivers aged 19 to 21 years. The Cronbach’s alpha with this sample was .94 for mother and father and in the college sample 0.93 for mother with 0.88 for father. Concurrent validity was satisfactory with other measures of parent-teen sexual communication (correlation range 0.64 to 0.75). The original samples used to establish this instrument was only 5.3 percent African-American in the college group and 33 percent African-American in the female drivers

group. Hutchinson and Montgomery (2007) recently aimed to determine the validity of the PTSRC-III in a predominately African-American Sample. The scale was administered to 488 African-American college students attending a historically black college in the southeastern United States. This sample was diverse with 65 percent of the respondents being female, 67 percent from non-urban areas and 57 percent from two-parent families. Overall, the PTSRC-III validity was in line with the original psychometrics. The Cronbach's alpha for female communication with father was 0.85 and 0.91 for mother. The PTSRC also had good internal consistency in this sample with a Cronbach Alpha coefficient of .94 for the mother scale and .95 for the father scale and a total communication scale coefficient of .94. The scale and total reliability of each instrument is outlined in Table 1.

Table 1

Reliability of Measurements

Scale Alpha	N	Items	Cronbach's
Parent attachment questionnaire	110	55	0.970
Affective quality	110	27	0.954
Father facilitator of independence	110	14	0.867
Father as source of support	112	11	0.947
Parent teen sexual risk communication	109	16	0.940
Mother scale	112	8	0.944
Father scale	109	8	0.954
Rosenberg self-esteem scale	111	10	0.801
Sexual Self-Esteem Scale	110	35	0.910
Skill and experience	103	7	0.770
Adaptiveness	108	7	0.820
Control	109	7	0.711
Moral judgment	109	7	0.810
Attractiveness	110	7	0.887

Additional Questions

In the literature review several characteristics of the parent adolescent-relationship were discussed and were captured by the instruments selected for this study. However, a few potentially important aspects that may play a role in early sexual initiation and attachment are not included as items in these instruments. Parental monitoring of teen activities has been related to sexual activity (Borawaski, Ievers-Landis, Lovegreen and Trapl, 2003); as has the quality of time spent with adolescents (Bowling & Werner-Wilson, 2000). Increased monitoring by parents as well as time spent engaged in mutually pleasing activities was associated with less high risk behavior including sexual activity. In

the area of developing attachment, maternal opinion about the role of fathers impacts the amount of paternal involvement (McBride, Brown & Bost, 2005) and because attachment develops over time, maternal support may be influential in developing father-daughter attachment. Lastly, direct parent-teen sexual risk communication was measured with the PTRSC. Indirect communication--such as observation of paternal treatment and interactions with women is not measured. Consequently, one additional question on time spent with father, shared activities paternal monitoring, maternal support for the father-daughter relationship and modeling of male behavior were added to the survey. These questions are included in Appendix F along with the demographic, sexual history questions and the main questionnaire.

Participant Burden

The total number of questions from all combined instruments was 202 and required one hour and ten minutes to complete. In previous research with college participants, students have been sensitive to the time commitment required to complete a survey as well as to the number or complexity of questions. According to Clarksberg & Einarson (n.d.), students can be less willing to sacrifice their time especially if there is no reward or if the reward is delayed. With the exception of the participants recruited through SONA, no incentive was provided for study participation. SONA participants received one extra credit hour within 24 hours of survey completion.

The main focus of the study was father-daughter attachment. Consequently, to meet the concerns related to participant burden, the Parent Attachment Questionnaire Mother Scale (55 questions) was deleted and only the Parent Attachment Questionnaire

Father scale was administered. However, both the mother communication and father communication scale of the Parent Teen Sexual Risk Communication survey (16 questions total) was retained. Mother-daughter communication may be an indicator of the quality of that relationship (Diorio, Kelly & Hockenberry-eaton, 1999) and may also impact father-daughter communication. Consequently, 147 questions were administered for this study. A survey completion rate of 78.5% (143 surveys) was noted from the total 182 participants who signed on to the study.

CHAPTER 4 Results

The goal of this study was to explore the relationship between father-daughter attachment and early sexual activity, pregnancy, STI history and condom use as reported in a sample African-American females who are in the stage of emerging adulthood, formerly known as late adolescence. The survey was administered during the Fall 2008 semester and during the first four weeks of the Spring 2009 semester. SPSS 17.0 statistical software was used for the analysis. The next section reports the demographics and is followed by the analysis for each of the research questions.

Demographics

The pre-analysis demographics indicated that 182 students signed on for the survey and 143 (78%) completed the survey. However, only 113 participants actually fit the study criteria and were retained for analysis. The majority of the sample (89.4%) self-identified as African American or Black (n=101) with 10.6% (n=12) self-identifying as Black biracial. The mean age was 19.3 (SD = 1.3) with 60% (n = 68) of the respondents between 18 and 19 years of age and 38.9% (n = 44) between 20 and 21 years of age. For this study,

the primary father figure was not limited to the biological father. Participants were asked to identify the person to whom she referred to as her “father”. Most participants thought of their biological father as their primary father figure (Table 2) and they resided with both biological parents during adolescence (Table 3).

Table 2

Primary Father Figure in Adolescence Age 12 to Age 17

	Frequency	Percent
Biological/Adoptive Father	90	79.7
Stepfather	11	9.7
Grandfather	5	4.4
Male Relative (Uncle, Brother, etc.)	7	6.2
Total	113	100.0

Table 3

Primary Domicile Age 12 to Age 17

	Frequency	Percent
Both Parents	58	51.3
Mother Only	20	17.7
Father Only	2	1.8
Mother and Step-Father	14	12.4
Father and Step-Mother	2	1.8
Grandmother	2	1.8
Mother and Other Relatives	6	5.3
Multiple Domiciles	7	6.2
Missing	2	1.7
Total	111	100.0

With regards to parental income during their daughter’s adolescence, 6.2% (n=7) earned less than \$20,000 yearly, 20.4% (n=23) earned \$21,000-\$40,000 per year, 24% (n=27) earned \$41,000-\$62,000 per year and 32.7% (n=37) earned more than \$62,000 per year. Participants also reported their parents’ highest level of formal education during their adolescence. As shown in Table 4, most parents had graduated from high school and attended college.

Table 4
 Parents Highest Level of Education during Daughter’s Adolescence Age 12- Age 17

	Mother’s Education		Father’s Education	
	Frequency	Percent	Frequency	Percent
Grade School	3	2.7	3	2.7
High School	35	31.0	34	30.1
College	53	46.9	47	41.6
Graduate School	20	17.7	25	22.1
Missing	2	1.8	4	3.5
Total	113	100.0	113	100

In summary, this sample consisted mostly of females in the early stages of emerging adulthood (age 18-19) who resided with both biological parents between the ages of 12 to 17. The following section will address the research questions of interest.

Research Questions

Question one: What is the relationship between father-daughter attachment and age of sexual initiation? The reported mean ages for sexual initiation were: Vaginal initiation (N = 91) was (M = 16.0, SD = 1.6), oral initiation (N = 87), was (M = 16.4, SD = 1.8) and anal initiation (N = 23) was (M = 17.0, SD = 2.0). None of the participants initiated sexual intercourse prior to age 13 which is a stark contrast to the reported national figure of 16.3% for African-American females (Youth Risk Behavior Survey, 2007). For this study, the defined age of early sexual initiation was less than 14 years. Only 6.3% (N = 6) experienced early entry into sexual activity (vaginal). Please see Table 5 for ages of sexual initiation.

Table 5

Ages of Initiation for Vaginal, Oral and Anal Sexual Activity

Age	Frequency			Percent		
	Vaginal	Oral	Anal	Vaginal	Oral	Anal
13 years	6	2	1	6.3	1.8	.9
14 years	12	11	2	10.6	9.7	1.8
15 years	13	16	2	11.6	14.2	1.8
16 years	25	17	3	22.1	15.0	2.7
17 years	17	16	4	15.0	14.2	3.8
18 years	12	15	7	10.6	13.3	6.2
19 years	5	6	2	4.4	5.3	1.8
20 years	1	2	2	.9	1.8	1.8
21 years	-	2	-	-	1.8	-
Total	91	87	23	80.5	77.0	20.4
Missing	22	26	90	19.5	23.0	79.6
Total	113	113	113	100.0	100.0	100.0

The possible scores for the Parent Attachment Questionnaire (PAQ) with 55 questions ranged from 55 to 275. Higher scores were equated with higher levels of attachment. The mean attachment score for this sample was 193.6 (SD = 45.0) which suggest that this sample had a high level of paternal attachment. There was no difference in mean attachment score based on age for vaginal, $F(3, 19) = 1.66, p = 0.182$; oral, $F(3, 83) = 1.71, p = 0.172$ or anal, $F(3, 19) = 2.21, p = 0.119$ age of initiation. Table 6 reports the mean age sexual initiation by Parent Attachment Score and Table 7 reports the correlation matrix for ages of initiation and the PAQ.

Table 6

Mean Age of Initiation by Parental Attachment Score (PAQ-Father)

Attachment Score	Mean age <u>initiation</u>			Standard <u>deviation</u>			Sample <u>size</u>		
	Vaginal	Oral	Anal	Vaginal	Oral	Anal	Vaginal	Oral	Anal
157 and less	16.4	16.8	15.7	1.7	2.0	3.0	23	21	4
158 – 208	15.7	16.0	17.0	1.7	1.7	1.0	21	22	8
209 – 227	16.6	17.0	18.5	1.2	2.1	.70	21	19	2
227– 275	16.0	16.1	17.4	1.7	1.2	2.0	26	25	9

Table 7

Correlations of Paternal Attachment Questionnaire (Father) and Ages of Sexual Initiation

	Age first vaginal initiation	Age first anal initiation	Age first oral initiation	Pregnancy	Total PAQ
Vaginal initiation	--				
Oral initiation	0.653**	--			
Anal initiation	0.728**	0.415	--		
Pregnancy	-0.220*	-0.098	0.141	--	
Total PAQ	-0.131	-0.036	0.389	0.221*	--

** . Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Participants with lower attachment scores (208 and below) reported earlier ages of sexual initiation than those with middle to high scores (209-275) although the initial type of sexual activity varied. In order to answer the question of whether paternal attachment was related to age of sexual initiation, linear regression was performed. The relationship between the PAQ and the age of initiation was not statistically significant for vaginal, $F(1, 3) = 2.5, p = 0.062$; oral, $F(1, 3) = 2.10, p = .107$; nor anal, $F(1, 3) = 1.2, p = 0.313$ sexual activity. The Kolmogorov-Smirnov statistic assesses the normality of a distribution of scores (Pallant, 2007, p. 63). A statistically significant p value indicates non-normality. The distribution of the standardized residuals for the PAQ and age of initiation (vaginal, oral and anal) indicated a deviation from normality as reported by the Kolmogorov-Smirnov statistic ($p = 0.024$). The PAQ values were log transformed and square root transformed but did not meet the assumptions for normality. Therefore, the relationships were further reexamined using the Kruskal Wallis H test, nonparametric method of analysis.

A nonsignificant relationship between paternal attachment and age of oral initiation, $\chi^2(4, n = 67) = 66.24, p = 0.503$, age of anal initiation, $\chi^2(4, n = 20) = 21.77, p = 0.353$ and age of vaginal initiation, $\chi^2(4, n = 79) = 76.77, p = 0.244$ was found. This indicates that although moderately high levels of attachment were in place during adolescence, paternal attachment was not related to the age of sexual initiation. On the other hand, there was a trend towards a significant difference in attachment scores based on the age of the participant for oral, $\chi^2(2, n = 42) = 5.7, p = 0.058$ and anal, $\chi^2(2, n = 23) = 5.32, p = 0.070$ initiation but not for vaginal, $\chi^2(2, n = 31) = 1.94, p = 0.379$ initiation.

It was also proposed that paternal attachment would be related to pregnancy in adolescence. The number of participants who reported having a history of a positive pregnancy test was 6.2% (n = 7). This group also had a mean attachment score (M = 230.3, SD = 27.1) that was significantly different than the overall sample mean of M = 193.7, SD = 45.0 (t test = 3.567, df = 8.42, p = 0.007). The pregnancy history item was categorical with a yes/no response. To determine if paternal attachment could be used to predict a history of pregnancy, logistic regression was performed. Paternal attachment was a significant predictor of having a history of pregnancy, $\chi^2 = (1, N = 7) = 6.47, p = 0.011$. Paternal attachment predicted between 6% (Cox and Snell R square) and 15.1% of the variance. The reported B value was 0.030. A positive B value suggests a positive relationship between the variables. Consequently, those who reported a positive pregnancy test were more likely to have higher attachment scores. The reported odds ratio was 1.03 with a 95% Confidence Interval [1.00, 1.030]. Paternal attachment was not associated with less incidence of pregnancy in this sample. Respondents who had a high level of attachment were 1.0 times more likely to report a history of pregnancy than those who did not.

Contrary to the proposed relationship, father attachment was associated with an increase in teen pregnancy. This may be due to a change in the father-daughter relationship during puberty as issues of identity and sexuality take center stage. Altman (2008) proposed that previously close fathers sometimes withdraw during adolescence. This withdrawal may be interpreted as rejection by a daughter (Heatherton, 1972) leading to riskier sexual behavior (Harris-Peterson, 2007). Lastly, other variables may be more

strongly linked to teen pregnancy than father attachment. Age of vaginal initiation was correlated with history of pregnancy ($r = -0.220$, $p = 0.033$) and participants who reported a pregnancy history had a significantly lower age of vaginal initiation than those without a positive pregnancy (t test = -2.04 , $df = 87$, $p = 0.044$). The next section will discuss the results from the question concerning previous childhood sexual abuse.

As part of the demographic survey, participants were asked whether or not they had experienced childhood sexual abuse (CSA). Thirty-two percent ($N = 36$) of the participants reported a history of being forced to do something sexually that they did not want to. None of the respondents reported that the responsible person was a father or father figure. Boyfriends were cited most often as the responsible person (22.1%, $N = 25$) with a male relative (2.7%, $N = 3$), a stranger (4.4%, $N = 5$) or a family friend ($N = 1$, 0.9%) rounding out the list. Five (4.4%) preferred not to identify the responsible person. Most respondents ($n = 74$), 65.5% indicated that the CSA question did not apply to them.

As discussed in the literature review, a history of CSA can be related to sexual behavior. In this sample a history of CSA was negatively correlated with age of first vaginal intercourse ($r = -0.249$, $p = 0.018$), age of first oral sex ($r = -0.268$, $p = 0.013$) and age of first anal intercourse ($r = -0.505$, $p = 0.001$) but was not significantly correlated to paternal attachment, ($r = -0.056$, $p = 0.584$) nor to a history of a positive pregnancy test ($r = -0.044$, $p = 0.651$). The mean age of sexual initiation based on history of CSA is shown in Table 8.

Table 8

Mean Age of Initiation and Standard Deviation for Childhood Sexual Abuse

sexual	History of childhood sexual abuse		No history of childhood	
	<u>Mean</u>	<u>Standard deviation</u>	<u>Mean</u>	<u>Standard deviation</u>
<u>Sexual Initiation</u>				
Vaginal	15.9	1.7	16.1	1.6
Oral	16.3	1.8	16.5	1.8
Anal	16.1	2.0	18.1	1.3

To determine if the mean age of sexual initiation was statistically different between those with a history of CSA and those without, a t test was conducted (Table 9).

Table 9

T test For Differences in Age of Sexual Initiation and History of CSA

	T test	df	P value difference	Standard error of difference	95% C.I. of	
Age of anal initiation	2.82	21	0.010	0.690	0.510	3.38
Age of oral Initiation	2.56	84	0.012	0.441	0.254	2.01
Age of vaginal initiation	2.50	88	0.014	0.402	0.208	1.81

Participants with a history of CSA had statistically significant earlier ages of sexual

initiation for all three types of sexual activity. Linear regression was then used to assess whether CSA was predictive of age of sexual initiation. CSA was a statistically significant predictor only of age of anal sexual initiation explaining 24% of the variance, $F(1, 21) = 7.94$, $p = 0.010$. Those with a history of childhood sexual abuse were twice as likely to have an earlier age of anal sexual initiation, $OR = 1.9$, 95% C.I. [0.26, 2.0].

Question two: Does father-daughter sexual-risk communication impact occurrence of pregnancy, frequency of condom use and history of sexually transmitted infections in late adolescent African-American daughters? The Parent-Teen Sexual Risk Communication Scale (PTSRC) was administered separately for mother and father sexual risk communication. The lowest possible score was 8 and the highest 40 for both scales. Higher scores indicate more communication between parent and adolescent. The mean score for mother communication ($N = 112$), was $M = 24.8$ ($SD = 9.07$) and for father communication, $M = 16.08$ ($SD = 9.02$), $N = 109$ which suggest that mother-daughter sexual risk communication was moderately high and father-daughter sexual risk communication low in this sample.

During pre-analysis, it was determined that the residual plots for PTSRC and condom use were not normally distributed. The Kolmogorov-Smirnov test of normality reported a p value less than .05 suggesting a violation of the normality assumption. Log transformation and square root transformation was performed without achievement of a less non-normal pattern. Therefore, the analysis was conducted using nonparametric methods.

The PTSRC scores for mother were significantly higher than the PTSRC father

scores, χ^2 (4, N=108) = 20.60, p = <0.005. The condom questions asked “How often in the last year did you use a condom during vaginal (or anal) intercourse?” Please see Table 10 for the responses.

Table 10

Amount of time	Condom use in last twelve months		Condom use in last twelve months	
	<u>Vaginal intercourse</u>		<u>Anal intercourse</u>	
	Frequency	Percent	Frequency	Percent
100%	30	26.5	3	2.7
75%	19	16.8	3	2.7
50%	9	8.0	--	--
25%	14	12.4	--	--
0%	23	20.4	11	9.7
Total	95	84.1	17	15.0

Table 11 reports the Spearman’s rho correlation between parental sexual risk communication and condom use, history of pregnancy and history of a sexually transmitted infection.

Table 11

Correlation between Parent Teen Sexual Risk Communication and Sexual Outcomes

PTSRC	Vaginal Condoms	Anal Condoms	H/O Pregnancy	H/O STI
Mother	- 0.128	- 0.213	0.141	- 0.038
P value	0.110	0.206	0.142	0.691
N =	94	17	110	111
Father	- 0.100	0.111	0.088	0.010
P value	0.171	0.336	0.365	0.919
N =	92	17	107	108

A Kruskal-Wallis H Test indicated no statistically significant association between parent sexual risk communication, as measured by the PTSRC and condom use. The results for this analysis can be found in Table 12.

Table 12

Results for PTSRC and Condom Use

	<u>Mother</u>			<u>Father</u>		
	χ^2	Degrees of freedom	P-value	χ^2	Degrees of freedom	P-value
Vaginal	2.22	(3, n = 94)	0.329	2.75	(2, n = 92)	0.225
Anal	.608	(2, n = 17)	0.738	1.15	(2, n = 17)	0.252

With regards to sexually transmitted infections (STI), participants were asked if they had ever been diagnosed by a health care provider with a STI. This question was dichotomous and 16.8% (n = 19) reported a positive history of STI. Chi square was used to determine if there was a relationship between parent sexual risk communication and history of sexually transmitted infection. No significant relationship was found for mother sexual risk communication, $\chi^2(2, n = 100) = .413, p = 0.127$. There was also no statistically significant relationship between father sexual risk communication and sexually transmitted infection $\chi^2(2, n = 108) = 1.15, p = 0.573$. This trend continued in the case of having a history of teen pregnancy. Sexual risk communication with father, $\chi^2(2, n = 109) = 2.01, p = 0.363$ and sexual risk communication with mother, $\chi^2(2, n = 110) = 2.135, p = 0.0340$ was not significantly related to teen pregnancy. Father sexual risk

communication was related significantly only to mother's sexual risk communication ($r = 0.462, p = 0.005$). Furthermore, PTSRC was not significantly correlated with any of the sexual behavior outcomes, i.e. age of initiation. In order to identify a rationale for the lack of association between PTSRC and the outcomes of interest, a summary of the sexual risk topics was conducted. Each question had a minimum score of one and a maximum score of five. Table 13 reports the mean scores and standard deviations.

Table 13

Mean Scores and Standard Deviation of Questions of the PTSRC

Provided Information About	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
Contraception	3.29	1.276	1.80	1.213
Sexually transmitted infections	2.82	1.383	1.74	1.197
HIV/AIDS	2.80	1.334	1.79	1.187
Protecting yourself from				
sexually transmitted infections	3.07	1.431	1.80	1.238
Condoms specifically	2.74	1.413	1.76	1.276
Waiting to have sex	3.51	1.238	2.43	1.276
Peer pressure and sexual peer				
pressure from dating partners	3.29	1.271	2.37	1.399

Across all topics, mothers talked more to their daughters and provided the most information on waiting to have sex, resisting sexual peer pressure and contraception. Fathers talked about these same topics but to a lesser degree than mothers and that may be important because father communication has influenced adolescent female sexual decision making. In a qualitative study by Harris-Peterson (2007) African-American fathers who were caring and gave clear, consistent messages about sexual behavior expectations had daughters who engaged in less sexual risk taking. In addition, the PTSRC scale may also not be related to the outcomes of interest due to the timing of communication.

It has been reported in the literature that sexual risk communication initiated prior to the onset of sexual activity is a factor in the sexual behavior of adolescents. Mothers and fathers who initiate sexual risk communication at least six months prior to the onset of sexual activity had daughters and sons who waited longer to become sexually active and who used birth control more often (Clawson & Reese-Webber, 2003). Lastly, analysis was conducted to discover if CSA was impacting condom use. There was no correlation between CSA and condom use (anal), STI and pregnancy. However, condom use (vaginal) approached significance ($r = 0.181$, $p = 0.071$) which signals, as in the case of age of sexual initiation, the possible impact of abuse on female sexual behavior.

Question three: Is there a relationship between father-daughter attachment and global/sexual self-esteem? Rosenberg's Self-Esteem is an eight item measure of global self-esteem with potential scores from 0 to 30. Higher scores indicate higher global self-esteem. This sample had moderately high global self-esteem scores ($M = 22.8$, $SD = 4.5$) with

57% of the respondents reporting scores above the mean. Global self-esteem was positively correlated ($r = 0.209, p = 0.028$) to paternal attachment which implies that paternal attachment in early and mid-adolescence enhances global self-esteem in late adolescence. In order to answer the research question, linear regression was conducted to determine if paternal attachment could possibly predict global self-esteem. Paternal attachment significantly predicted self-esteem, $F(1, 109) = 5.0, p = 0.028$ and accounted for 5% of the variance. If we could increase PAQ scores by one unit, global self-esteem scores would increase by 0.023, 95% C.I. [0.003, 0.044]. Further analysis indicated that self-esteem was not related to history of STI ($r = 0.066, p = 0.496$) or condom use (vaginal, $r = 0.189, p = 0.070$; anal, $r = 0.117, p = 0.654$) during the last year.

Moreover, general self-esteem, like paternal attachment, was correlated with a history of having a positive pregnancy test ($r = .209, p = .029$) history. The seven reported cases of positive pregnancy had a significantly different mean self-esteem score (t test = 2.21, $df = 107, p$ value = 0.029) that was higher ($M = 27.0$ vs $M = 22.7$) than participants with no history of a positive pregnancy test. However, the association between self-esteem and pregnancy must be considered in perspective. The RSE scale measures current self-esteem and self-esteem can change over time (Rosenberg, 1996). Also, timing and the outcome of the pregnancy was not measured making it difficult to make inferences regarding current self-esteem. The next section reports the results on sexual self-esteem.

The Sexual Self-Esteem Inventory (Short Scale) also known as the SSEI has 35 questions with a potential score range of 35 to 210. The range for this sample was 79 to 205 ($M = 159.0, SD = 26.0$) which suggest a high level of sexual self-esteem.

Sexual self-esteem was positively correlated to global self-esteem ($r = .671, p = <0.005$) which supports Rosenberg's et al, (1995) assertion that specific self-esteem is a related but different construct. In order to answer the question of a possible relationship between SSEI and paternal attachment, linear regression was performed. Although close to significant, the PAQ was not a predictor of sexual self-esteem, $F(1, N=99) = 3.6, p = 0.062$ nor was it significantly correlated with paternal attachment ($r = .188, p = 0.062$) although the direction of both relationships was positive.

Moreover, sexual self-esteem was associated with an increase in having a positive pregnancy history ($r = .029, p = 0.778$), condom use anal ($r = 0.433, p = 0.122$) and condom use vaginal ($r = 0.86, p = 0.446$) but these relationships were also not significant. Additionally, SSE was not related to having a history of STI ($r = -0.060, p = 0.626$). Further analysis was then conducted to ascertain whether or not a history of CSA was related to sexual self-esteem and if a history of CSA altered the nonsignificant relationship between attachment and sexual self-esteem. CSA was not significantly correlated with sexual self-esteem ($r = -0.082, p = 0.425$) and per a chi-square test of independence, a history of CSA had no impact on the relationship between attachment and sexual self-esteem. Consequently, it appears that paternal attachment may contribute to sexual self-esteem and that sexual self-esteem may affect condom use, but these relationships did not reach the level of significance in this sample.

Research question four: Is perceived positive maternal support related to father-daughter attachment? The item for perceived maternal support consisted of the following question: "Did your mother (or mother figure) encourage you to spend

time with your father?” Possible responses were “not at all,” “somewhat,” “a moderate amount” and “very much.” Maternal support was positively correlated to paternal attachment ($r = 0.314$, $p = 0.001$, $N = 113$) and did not significantly vary by type of father $F(3, 109) = 1.345$, $p = 0.264$. Table 14 shows the mean attachment scores for each level of maternal support.

Table 14

Mean Attachment Scores Based on Level of Maternal Support

Level of maternal support	N	Mean	Standard deviation	t of total
Not at all	14	176.6	40.4	12.4
Somewhat	50	182.8	47.8	44.2
Moderate amount	19	209.0	29.7	16.8
Very much	30	209.7	43.8	26.5
Total	113	193.6	45.0	100.0

There was a significant difference in attachment scores based on amount of maternal support, $F(3, 109) = 4.0, p = 0.010$. Multiple comparisons were made using Tukey's HD. Significant differences in attachment were found between those who felt that their mothers were "somewhat" supportive and those who reported that their mothers were "very much" supportive. Linear regression was performed to answer the question as to whether or not maternal support could predict father-daughter attachment. A statistically significant relationship was reported between the two variables, $F(1, 109) = 5.0, p = 0.028$ which accounted for 5% of the variance in attachment. After adjusting for multiple comparisons using Tukey's HSD, the significant differences again were between the group who felt that their mothers "very much" supported their father-daughter relationship and those who reported that their mother had only "somewhat" supported their relationship.

Further, analysis was conducted to determine if the relationship between attachment and age of sexual initiation varied by level of maternal support. In the case of age of anal initiation, there was an insufficient number of cases to conduct analysis at all four levels of support. Although maternal support was correlated with higher paternal attachment, the amount of that support did not influence the relationship between paternal attachment and age of sexual initiation. Please see Table 15.

Table 15

Paternal Attachment and Age of Sexual Initiation by Level of Maternal Support

Maternal Support	Vaginal		Oral		Anal	
	χ^2	Sig	χ^2	Sig	χ^2	Sig
Not at all	4.62	0.593	7.00	0.321	--	--
Somewhat	6.00	0.435	4.59	0.597	4.61	0.203
Moderate amount	2.93	0.569	6.39	0.386	---	---
Very much	4.28	0.593	3.97	0.681	0.60	0.439

In the case of pregnancy, one significant result was found among the levels of support. Participants who reported that their mothers were “somewhat” supportive of their father-daughter relationship had a significant correlation with the PAQ, $\chi^2 (1, N = 49) = 7.434, p = .006$ which explained 14% of the variance in having a pregnancy history. The model as a whole predicted pregnancy. Please refer to Table 16 for the model summary.

Table 16

Logistic Regression PAQ, History of Pregnancy and “Somewhat” Level of Maternal Support

	β	S. E. of beta	Wald Statistic	DF	P Value	Odds Ratio	95% CI of odds ratio
PAQ	.051	.028	3.28	1	0.070	1.05	[.996, 1.11]
Constant	-13.4	6.60	4.15	1	0.042	.000	-- --

Of the seven participants who reported a positive pregnancy history, four indicated that they experienced maternal support at this level. Participants in this category reported a lower attachment score (Table 13) than those in the moderate or high support categories. This implies that when maternal support was lower and attachment was also in the lower range of scores, paternal attachment may be predictive of pregnancy. It appears that this finding highlights the source of the positive relationship between paternal attachment and pregnancy history. However, it must be kept in mind that paternal attachment and maternal support only explained a small part of the variance, indicating that other variables must be considered in order to develop a complete picture of this relationship.

Question five: Is parental monitoring related to age of sexual initiation?

Participants were asked the question, “In general, when you were between the ages of 12 and 17, how often did your father know where you were when you were not at school?” Participants chose from three possible responses, “all the time,” “most of the time,” or “hardly ever.” Paternal monitoring was not normally distributed and did not improve after transformation. Therefore, a nonparametric alternative to the ANOVA was used in the analysis.

A Kruskal-Wallis H Test revealed that there was no significant difference in age of sexual initiation across the levels of paternal monitoring for neither oral sex nor anal sex. However, the age of first initiation for vaginal intercourse was significantly different across the levels of paternal monitoring, $\chi^2(2, n = 90) = 8.0, p = .018$. Daughters who were monitored more frequently had a higher median age of vaginal initiation (17.0 years) as compared to 15.5 years for those monitored most of the time and 16.0 years for those

monitored hardly ever (Table 17).

Table 17

Ages of Vaginal Initiation and Paternal Monitoring

Paternal monitoring	N	Median	Mean Age vaginal initiation	Standard deviation
Hardly ever	40	16.00	16.08	1.82
Most of the time	32	15.50	15.53	1.37
All the time	18	17.0	16.78	1.26

This is in line with recent studies associating parental monitoring with older ages of sexual initiation in Caucasian samples (Lenciauskiene & Zaborskis, 2008) and African-American samples (Yang, Stanton, Li, Cottrell, Gailbraith & Kalijee (2007).

Next, Spearman's Rho correlation was used to explore the relationship between paternal monitoring and pregnancy history, STI history and condom use. There was a weak negative and nonsignificant relationship between paternal monitoring and pregnancy history ($R = -0.020$, $p = 0.836$), condom use vaginal ($R = -0.14$, $p = 0.891$), history of STI ($R = -0.043$, $p = 0.658$) and condom use anal ($R = -0.212$, $p = .414$) indicating that paternal monitoring had no effect on having history of STI, condom use or teen pregnancy, but because it was correlated with an older age of vaginal initiation, paternal monitoring may indirectly delay pregnancy.

Theoretical Framework Results

In addition to the PAQ, five questions of interest to the researcher were asked in the demographic section. These questions were based on the review of the literature and were included because of their possible relationship to paternal attachment:

1. How often did you spend time with your “father” (either alone or with others) doing activities like playing sports or games, watching TV, going to parks or museums (father time)?
2. My “father” always seemed interested in my activities and in what I was doing (father activities).
3. My relationship with my “father” showed me how I should be treated by a man (father modeling behavior).
4. When I was a teenager, I was not as close to my dad as I would have liked to be (father closeness).

All responses were on a Likert four point scale. The significant correlations between these variables and the PAQ are shown in Table 18.

Table 18

Correlation PAQ and Additional Questions of Interest

	PAQ	N	P-Value
1. Father time	0.607**	113	0.005
2. Father Activities	0.593**	113	0.000
3. Modeling Behavior	0.629**	112	0.000
4. Father Closeness	0.515**	111	0.005
5. Father interest in friends	-0.414**	111	0.000

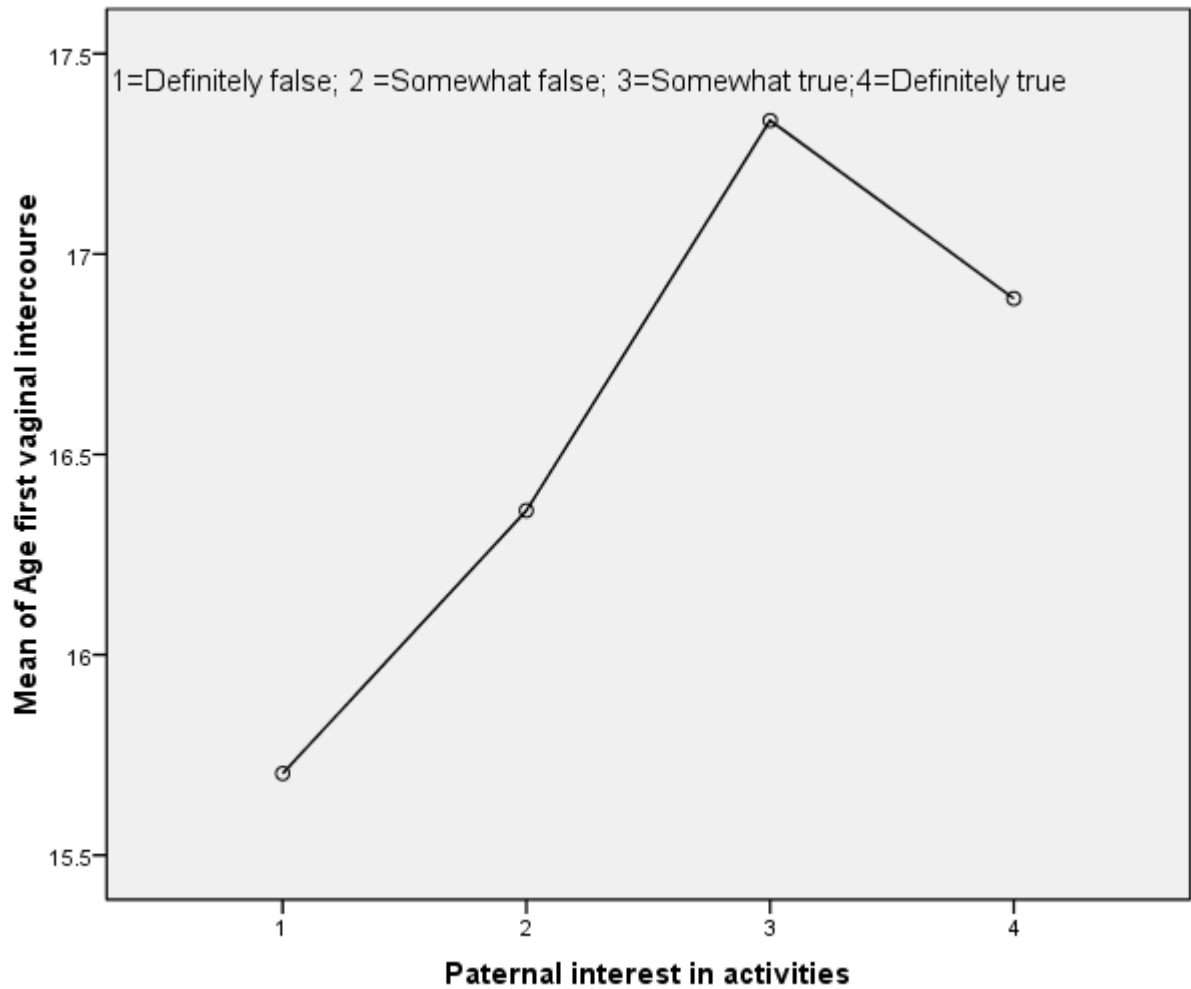
** Correlation is significant at the .001 level (2-tailed)

The additional questions of interest were strongly correlated with the PAQ. All of the items were then analyzed for correlations with age of sexual initiation, pregnancy, condom use and history of sexually transmitted infections. Father's interest in a daughter's activities was correlated ($r = .271$, $p = 0.009$) with age of vaginal initiation. Fathers who paid attention to their daughter's hobbies and personal interests had daughters who were older at age of vaginal initiation. Daughters who spent time with their father doing activities was correlated ($r = .482$, $p = 0.050$) to condom use (anal) and was close to a significant correlation ($r = .401$, $p = 0.058$) with age of sexual initiation (anal). This suggests that having a father who is interested in his daughter's activities and who spends time with his daughter may influence a daughter's sexual behavior.

Due to a non-normal distribution, nonparametric analysis was used to discover if condom use differed across the levels of father participation in father-daughter activities.

A Kruskal-Wallis H test revealed no significant difference, $\chi^2 (2, 23) = 4.65, p = 0.098$) in condom use. In the case of a father showing interest in his daughter's activities, a one-way ANOVA was performed to determine if there were differences in age of vaginal initiation as father interest increased. The amount of father time trended towards significance, $F (3, 87) = 2.65, p = 0.054$. Even though it was not significant, the mean age of vaginal initiation increased as the amount of father interest increased with the exception of those who reported that it was "definitely true" that they spent time with their fathers doing activities. Participants in that category reported a decline in age of vaginal initiation. This may signal that there is a point at which the positive effect of activities reaches a peak (Figure 1).

Figure 1 Mean Age of Vaginal Initiation by Father Activities



Chapter Five

Discussion

Research question one: What is the relationship between father-daughter attachment and age of sexual initiation for vaginal, oral and anal intercourse as well as for a history of teen pregnancy? Based on the literature, it was expected that daughters with high levels of father-attachment would have older ages of initiation and lower rates of teen pregnancy. Conversely, the ages of initiation were negatively associated with attachment and positively related to pregnancy. It has been noted that much of the literature on teen pregnancy and father attachment has been conducted with middle class Caucasians and high risk minority groups (Buhi & Goodson, 2007). The results of this study may indicate that paternal attachment does not have the same impact in African Americans of higher socioeconomic status. For instance, in a study by Love, Tyler, Thomas, Garriott, Brown and Roan-Belle (2009) the influence of peer, parental and institutional attachments on the social and emotional well-being of African-American students attending a Historically Black College was investigated. The amount of parental attachment did not predict emotional nor social well-being as it had in previous studies of Caucasian college students. Instead secure institutional attachment was significantly related to social well being and peer support was related to emotional well being. Another explanation for the unexpected results in this study may rest with the utilizing of attachment as the supporting theory. Attachment theory may not be the best underlying framework in which to investigate how

the father-daughter relationship impacts sexual activity. A relational orientation framework may be more suitable.

Relational Orientation is based on the work of Jean Baker Miller in 1976 (Covington & Surrey, 2000) who proposed that the psychological developmental process for women differed from the predominant psychology theories which are rooted in the male experience. She put forward that the primary motivation for women throughout their lives is to establish and maintain connections to others. She further proposed that when a woman's actions reinforce her human connection to others, her self-worth is enhanced. This psychological connection is based in the mutuality and empathy of the connections. Mutuality is having the freedom to be a whole person—to express emotions, thoughts and perceptions without fear of acceptance. Empathy is the ability to join with another on various levels (mentally and emotionally) without losing one's self in the process (Covington & Surrey, 2000).

Disconnections occur when relationships do not allow a girl or woman to express her true self and does not promote mutuality and empathy. Not being able to exist in a truly relational context will lead to a reconstructed or distorted image of the possibilities in relationships as well as her role in those relationships. Consequently, women take steps to make and to maintain connections even in a non-mutual context (Miller, 2008). Covington & Surrey (2000) suggested such a premise to explain substance abuse in women. They noted that many women began taking drugs within the context of a romantic relationship. Abusing drugs together became a means to maintain a romantic connection. A relational orientation has also been utilized in research on adolescent relationships.

Belgrave (2002) operated within a relational framework to implement a substance abuse and early sexual activity prevention program in a sample of African-American girls ages 10 to 13 years. The interventions consisted of building positive relationships with peers and significant adults along with the promotion of positive Afrocentric values. At the conclusion of two years, participants from the treatment group scored higher on peer intimacy and Afrocentric values and lower on alcohol use (Belgrave, 2002).

Tao Hunter and Youniss (1982) examined the change in friendship relations between parents, children and their peers in three samples ages 9 to 19 years. They focused on the mutual reciprocity, nurturing and intimacy of these relationships. Due to the nurturing foundation of the parent-child relationship, they expected friendship with parents to stay stable through college. Although the nurturing function of parents remained high, girls generally found their mothers to be more nurturing than fathers. In addition, as adolescence progressed, intimacy was higher with peers, followed by mothers and then fathers (Tao Hunter & Youniss, 1982). Therefore, research utilizing a relational orientation, examining the connections and disconnections of importance to daughters may provide insight into the association between psychological connections and female adolescent sexual behavior.

Lastly, it must be acknowledged that the error involving the attachment measure (PAQ) may have obscured the results of the study. On the other hand, it is important to note a few key results:

1. This sample had an older age of sexual initiation than has been reported in government statistics on African-American females.

2. The rate of teen pregnancy was lower than the national statistics.
3. High levels of paternal attachment were reported and trended toward a positive relationship with age of anal initiation but a increased odds of teen pregnancy.
4. The majority of this sample lived with and considered their biological father to be their primary father figure.
5. A father taking interest in his daughter's activities and a father spending time with his daughter was correlated with older ages of vaginal initiation and condom use (anal).
6. Mothers appear to play a role in the development of father-daughter attachment as well as in sexual risk communication by fathers.
7. Increased paternal monitoring was related to older ages of vaginal intercourse.
8. Sexual risk communication by mothers and fathers had no impact on age of initiation, condom use, history of teen pregnancy and history of STI.

These results speak to the complexity of this relationship but one of the possible variants of female adolescent sexual activity unrelated to paternal attachment was having a history of childhood sexual abuse.

The relationship of childhood sexual abuse (CSA) to the age of sexual initiation was notable. In this sample, earlier ages of sexual initiation was associated with a history of CSA and childhood sexual abuse was predictive of age of anal initiation. Relationships between CSA and age of sexual initiation have been reported in the literature (Saewyc, Magee & Pettingell, 2004; Lemieux & Byers, 2008). The lower ages of sexual initiation

point to the possible role of sexual abuse on sexual activity. However, unlike the aforementioned studies, CSA was not significantly related to pregnancy history or to condom use although the direction of the relationship was negative. Because boyfriends were identified in the majority of cases as being the responsible person, it highlights the increasing partner violence in adolescence which occurs across socioeconomic groups (Raiford, Wingood & DiClemente, 2007). Many of the inferences in the literature concerning CSA and subsequent sexual activity are dependent upon the timing and type of abuse (Lemieux & Byers, 2008). Questions concerning the timing of sexual abuse or the type of sexual abuse experienced were not a part of this survey. Consequently, the incidence of sexual childhood abuse could have occurred after sexual activity had begun which would diminish the predictive power of CSA for age of initiation to anal intercourse. It is important for future research concerning female sexual activity to include detailed items concerning CSA. This knowledge may contribute to a deeper understanding of adolescent sexual behavior regardless of age, socioeconomic status or race.

Research question two: Does father-daughter sexual-risk communication impact occurrence of pregnancy, frequency of condom use and history of sexually transmitted infections in late adolescent African-American daughters? Like the scores for the PAQ, sexual risk communication with parents was not significantly related to the outcomes of interest. In fact, more communication with parents correlated with decreased condom use and increased STI and pregnancy—with the exception of father communication. In that case, father's sexual risk communication was not significant, but was leaning in a positive direction.

The lack of a significant relationship between parental sexual risk communication (especially for mother) and sexual behavior is unclear. The previously discussed reasons include the timing of the risk communication and the way in which the information is delivered. Timing may be an issue here because the item on condom use measures current practices. It is possible that information provided by parents during early and mid adolescence has expired—especially for college students who may not be living home. Current relationships, such as a daughter’s relationship with her romantic partner or peers may take precedence.

In addition, parents provided ample information on pregnancy prevention but not on the use of condoms or preventing sexually transmitted infections. This may be due to the risk of an unplanned pregnancy and its’ potential to derail future personal and professional aspirations. The lack of a relationship between sexual risk communication and sexual behavior reported in this sample is in contrast to a more recent study with African-American college students. Hutchinson & Montgomery (2007) reported levels of sexual risk communication scores that were comparable to the scores obtained here but with different results.

In Hutchinson & Montgomery’s study (2007) females who had moderate maternal parent teen sexual risk communication scores were less likely to have been pregnant. The intent to use condoms was measured in this study instead of actual condom use, but respondents were less likely to engage in unprotected sexual activity when their maternal PTSRC scores were moderate. However, one dissimilarity was observed—sample size. The sample size of female students was larger (n = 341) in the Hutchinson & Montgomery

study (2007) when compared to the sample size in this study (n =113). A larger sample size in this study may have been beneficial in reaching significance and in determining the strength of this relationship. Another explanation may be parental education and income. This sample reported a moderate to high income with the majority of parents having at least some college education. Perhaps parents at higher income levels consider their children to be less at risk for high risk sexual behavior than parents of modest or working class backgrounds and therefore engage in selective sexual risk communication focused on delaying the onset of sexual activity and pregnancy and less on STI prevention.

A positive correlation between mother's sexual risk communication and fathers was also reported. As mothers talked more about sexual risk, fathers also provided more information. It is unknown whether or not mothers are encouraging fathers to talk more to reinforce the information that mothers provide or are fathers providing their own perspectives on those topics. Either way it provides an important clue as to the vehicle through which father communication can be supported and developed.

Question three: Is there a relationship between father-daughter attachment and global/sexual self-esteem? Like condom use, participants were asked for a current assessment of their global self-esteem and sexual self-esteem. In the case of global self-esteem moderately high levels of self-esteem were found. These moderately high self-esteem scores are encouraging in light of previous reports of low self-esteem in black students attending predominately Caucasian colleges or universities (Blanton, Crocker & Miller, 2000; Franklin & Franklin, 2000; Green, 2008).

African Americans develop a strong sense of ethnic identity within the African-

American community (Belgrave, Van Oss Marin & Chambers, 2000). Encounters with overt and covert racism experienced at some predominately Caucasian universities can lead to increased stress and anxiety in Black students (Negga, Applewhite & Livingston, 2007). In addition, the demographics of a predominately Caucasian university can preclude the development of meaningful African American friendships leading to lower self-esteem and self-efficacy (Hargrow, 2001). However, the moderate global self-esteem in this study may represent the ability of these women to maintain a strong ethnic identity, locus of control and social support (Negga, Applewhite & Livingston, 2007) or to develop interracial friendships. The capacity for either of those skills can buffer African-American students from feeling dissatisfaction and a lack of belonging at a predominately Caucasian university (Chavous, 2000; Negga, Applewhite & Livingston, 2007; Mendoza-Denton & Page-Gould, 2008).

This study also sought to discover if paternal attachment was related to sexual self-esteem. A high level of sexual self-esteem was reported by this sample. Like global self-esteem, sexual self-esteem (which includes satisfaction with body type and appearance) presents unique challenges for African-American women. African Americans with more European features are generally considered smarter and more attractive than those without those features. This has led to the devaluing of Afrocentric features: kinky hair, full lips, brown eyes, a broad nose and dark skin (Keith, in Nakano, 2009). These differences are not merely a matter of aesthetics but carry symbolic meanings that affect the lived experience of African Americans on many levels (Rocquemore & Brunnsma, 2004).

The European standard of beauty reflected in the media can be pervasive but it is

believed that the African American community can act as a buffer to these messages (Poran 2006; Hedgepeth, 2008). Nevertheless, African American women are not immune and may be beginning to feel more pressure to conform (Poran, 2006; Buchanan, Fischer, Tokar & Yoder, 2008). Poran (2006) reported that African-American women feel a strong sense of being misrepresented by the media and are feeling more pressure to be thin from men of all races; while Buchanan et al., found monitoring of skin tone by a sample of African-American women predicted general shame of body shape and size and dissatisfaction with skin tone. Consequently, the high self-esteem in this sample possibly is a result of more Afrocentric values instilled during the formative years.

Conversely, the high sexual self-esteem reported by this sample was not significantly correlated with paternal attachment although it was noted to be in a positive direction. Why did paternal attachment significantly impact global self-esteem but not sexual self-esteem? It may be because they are, as proposed, interrelated but not interchangeable concepts (Rosenberg et al., 1995). A recent study by Stephan and Maiano (2007) provides some insight. They propose that self-esteem is social in nature and based on the reflective appraisals of others. In their study with 110 college students, global self-esteem was positively related to the reflective appraisals of fathers, teachers and friends and fluctuated according to whether the interpersonal feedback was positive or negative. Applying that line of reasoning to sexual self-esteem, paternal attachment may not be expected to enhance sexual self-esteem as measured by the SSEWI. Sexual self-esteem may be more impacted by the reflective appraisals from past and present romantic partners rather than by their primary father figure during adolescence.

Question four: Is perceived positive maternal support by daughters related to father-daughter attachment? As expected, maternal support was positively correlated with father-daughter attachment scores and even though that result is confirming, little is known about how maternal support is communicated or develops in adolescence. Maternal support for the father-adolescent relationship appears deficient in the literature. The question of maternal support or gate keeping is usually considered as to how it impacts infant development (Cannon, Schoppe-Sullivan, Mangelsdorf, Brown and Sokolowski, 2008), child development (Gaunt, 2008) or nonresidential fathers (Herzog, Umana-Taylor, Madden-Derdich & Leonard, 2007). In the aforementioned studies, maternal support or amount and type of gate keeping is related to mom's self-esteem, her view of the paternal role and her personal comfort in the maternal role (Cannon et al. 2008). Research also supports the increased likelihood that the father-child relationship is encouraged when fathers reside with their children (Jordon & Lewis, 2005).

But as to how mothers actively promote this relationship in adolescence was not measured in this study. In the infancy and early childhood literature, mothers who engaged in low levels of criticism and high levels of encouragement had husbands who were more involved with parenting (Cannon, et al., 2008). In that case, mothers may develop a pattern of support (or nonsupport) in the early parenting years and maintain that pattern throughout childhood and adolescence. Since the majority of this sample reported that they lived with both parents, there was an opportunity to develop and reinforce patterns daily and to change patterns as necessary. With non-residential fathers, who may not see their children daily, patterns may be more difficult to establish and to maintain,

making maternal gate keeping strategies even more significant.

Another finding related to maternal support was unexpected: The role of maternal support and adolescent pregnancy. One underlying reason for this connection may be that maternal support for the father-daughter relationship is more of a reflection of the mother-daughter relationship. Maternal attachment was not measured, but the quality of that relationship has been shown to decrease teen pregnancy and high risk sexual behavior in girls (Scott, 1993; Diflippo, 2002; Kirby, 2002; Overbeek, 2003; Walker, 2006). A measurement of the relationship between maternal attachment and teen pregnancy may have explained more of the variance in having a pregnancy history. It also would have provided additional information in which to consider the role of paternal attachment. The role of maternal support for the father-daughter relationship appears to be relatively uncharted. More research is needed about the circumstances under which maternal support takes place, the strategies used to promote or impede father daughter relationships and how those strategies are interpreted by daughters as well as fathers.

Question five: Is parental monitoring related to age of sexual initiation?

From the literature review, it was expected that paternal monitoring would be related to older ages of sexual initiation for all three types of sexual activity. Yet, paternal monitoring for the age of first vaginal intercourse was the only type of sexual activity that was significantly different across groups. All the same, the mean age for initiation to vaginal intercourse was older than the age of 14 years which defined early sexual initiation in this study.

Although older at the time of vaginal initiation, the progression of sexual activity

by this sample (vaginal initiation first) may be typical. In a recent study by (Markham, Fleschler-Peskin, Addy, Baumler & Tortolero, 2009) 1,279 seventh grade students (M = 12.5 years, 57.3% female and 43.6% Black) were surveyed via Audio Computer Assisted Self-Interviews concerning their sexual activity, demographics and age of sexual initiation. Even though this sample was younger than the college-age participants in the current study, vaginal intercourse was initiated at an earlier age or at the same age as other types of intercourse. Only 2% of the respondents in the Markham, et al (2008) study had engaged in oral sex without engaging in vaginal intercourse and students from single biological parent homes were 1.7 times more likely to have engaged in sexual activity.

The relationship between paternal monitoring and age of sexual debut (vaginal) reported in this study has the potential to be a protective factor for adolescent girls who receive a moderate to high level of paternal monitoring. However, before conclusions can be drawn, the interplay between maternal and paternal monitoring should be investigated as well as more detailed questions about how African-American fathers monitor i.e. is it different than mothers or just supplemental? With more supporting data, interventions may be designed to assist parents in this ongoing parenting obligation.

Proposed Theoretical Framework Discussion

The model for this study was rooted in Attachment Theory and proposed that paternal attachment along with other key variables would serve as protective factors against early sexual initiation, pregnancy and sexually transmitted disease in addition to promoting condom use.

Based on the analysis, the model was only partially verified. A significant

relationship between paternal attachment and history of pregnancy as well as between paternal attachment and global self-esteem was noted. Rather than an increase, higher paternal attachment decreased sexual self-esteem. Paternal monitoring along with showing interest in a daughters hobbies had an impact on age of first vaginal intercourse only. Yet, this is a potentially important finding since the mean age of first vaginal intercourse was younger than other types of sexual activity except in the case of participants who reported a history of CSA.

A potentially key component to paternal attachment may be for fathers to spend time doing activities with their daughters and to show interest in what they are doing. The strong correlations between having father-daughter time and doing father-daughter activities suggests that these variables contribute to attachment development between African-American fathers and daughters.

Three particularly interesting findings emerged: The level of perceived maternal support by daughters was related to the development of father-daughter attachment and resulted in higher PAQ scores; sexual risk taking communication by father increased with sexual risk taking communication by the mother and Childhood Sexual Abuse was a stronger predictor of age of sexual initiation than paternal attachment. Future research on the role of the father-daughter relationship in adolescence should consider measuring maternal support as a cheerleader or a barrier to that relationship. In addition, because of its influence on the lives of post-abuse victims, CSA should always be considered when researching sexual activity or sexual behavior in women regardless of age.

Limitations

Several study limitations must be noted. This study collected retrospective data for three of the study questions. Therefore it was dependent on the recollection of participants. Second, due to the sensitive nature of some items, social desirability bias was a possible limitation. However, measures to reduce this factor; such as, anonymous consent forms and private testing administration via internet survey were implemented.

Another limitation is the homogenous composition of the sample. The study results may not be applicable to emerging adults from other racial groups nor to African-American females who are not college students and as a cross-sectional study with a convenience sample, the inferences made do not carry the same weight as a true experimental study.

Next, an incomplete PAQ was administered. The findings of a complete data set cannot be known, but acceptable corrective actions for missing data were implemented (Buhi, Goodson & Neilands, 2008).

In addition, nonresidential fathers and non-biological fathers were not adequately represented in this study. Future research on the role of the father-daughter relationship in a daughter's sexual activity should take additional steps to include this group and should seek to discover how paternal attachment varies across categories of fathers.

Assumptions

The following assumptions were made: (a) Participants answered the questions honestly and to the best of their ability and (b) the instruments utilized for this study were valid measurements of the variables of interest.

Implications for Practice

Nurses are the first teachers to new parents as they embark on their journey of parenthood or continue on a path already begun. They are in a unique position to educate and to encourage involvement by fathers in the caring of their daughters from the moment of birth. During infancy, childhood and adolescence nurses continue in their education and primary advocacy role. Nurses teach parenting and newborn care classes, make home visits as public health nurses and work as educators in the public school system. All of these arenas present unique opportunities to foster father involvement as well as maternal support. Consequently, the results of this study would be of great interest to them.

Other caring professionals who are involved in pregnancy prevention and sexually transmitted infection risk reduction may be also be interested in the results of this study when designing prevention initiatives aimed at African-American females.

Summary

The study sought to contribute to the ongoing discussion on fathers and daughters by highlighting the relationship between African American daughters and their fathers. Specifically, the impact of paternal attachment, paternal monitoring and parental sexual risk communication on a daughter's sexual activity, condom use, global self-esteem and sexual self-esteem was investigated. Consideration was also given to the impact of maternal support on the development of father-daughter attachment. The findings suggest a relationship between attachment and self-esteem as well as between paternal monitoring

and age of sexual initiation. This study presented an alternative view of African American females who had a low rate of adolescent pregnancy and sexually transmitted infection, lived with both parents during adolescence and who did not engage in early sexual activity. In addition, findings on the relationship between maternal support and father-daughter attachment signal the importance of maternal actions in the development of emotional ties between fathers and daughters not just during infancy and early childhood but in adolescence as well.

This study measured only paternal attachment. Future quantitative research should consider administering scales for both parents. The addition of a maternal attachment scale may contribute to the understanding of father-daughter attachment. However, in the opinion of the researcher, future endeavors should also consider qualitative inquiry involving daughters, fathers and mothers. Only qualitative research can draw attention to the nuances of the lived experience of African-American fathers and daughters and provide the detail necessary to advance knowledge leading to the development of interventions focusing on prevention. .

In conclusion, the battle to prevent sexually transmitted infections, unplanned pregnancy and promote condom use in adolescent females of all ethnicities is of utmost important because the costs (both personal and financial) are great. Fathers are often overlooked as important stakeholders in the outcome and research concerning their role has the potential to add a new strategy to this campaign.

This project also laid the foundation for future research aimed at overcoming barriers and implementing interventions to promote this important relationship was the first step in

supporting a career centered on the investigation of protective factors against high-risk behavior in African-American adolescent females.

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APPENDIX A

Internal Review Board Approval Letter

VCU Memo

Virginia Commonwealth University

Office of Research Subjects Protection
Bio-Tech Research Park, Building 1
800 E. Leigh St., Ste. #114
P.O. Box 980568
Richmond, Virginia 23298-0568

DATE: January 2, 2008

TO: Jacqueline W. McGrath, RN, PhD
School of Nursing
Box 980567

FROM: Andreu Hastillo, MD
Chairperson, VCU IRB Panel C
Box 980568

RE: VCU IRB # IIM11305
Title: Father-Daughter Attachment and Sexual Behavior in African American Daughters

for Robert C. Williams

On December 27, 2008, the following research study was approved by expedited review according to 45 CFR 46.110 Category 7. This approval reflects the revisions received in the Office of Research Subjects Protection on December 7, 2007. This approval includes the following items reviewed by this Panel:

RESEARCH APPLICATION/PROPOSAL: None

PROTOCOL: Father-Daughter Attachment and Sexual Behavior in African American Daughters (Version #2 dated 12/5/07)-stamped received 12/7/07

CONSENT/ASSENT:

- One of the conditions set forth in 45 CFR 46.117(e) (1), (2) for waiver of documentation of consent has been met and the IRB Panel has waived documentation of consent.
 - Appendix C: Copy of Consent form to be attached to e-mail (version #2)-stamped received 12/7/07, 3 pages

ADDITIONAL DOCUMENTS:

- Appendix B- E Mail invitation (version #2) stamped received 12/7/07, 1 page

This approval expires on November 30, 2008. Federal Regulations/VCU Policy and Procedures require continuing review prior to continuation of approval past that date. Continuing Review report forms will be mailed to you prior to the scheduled review.

Page 1 of 2

APPENDIX B

Demographic and Sexual History Questionnaire

1. How old are you? _____ years
2. When you were growing up, how many brothers and sisters did you have? **Please include adoptive and step-siblings.** _____ siblings
3. What year are you in your program of study?
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Graduate student

Some of the health practices we have, as adults, are often times learned from our families. The next questions are about you and your family when you were a teenager. We are interested in your family life **between the ages of 13 and 17.**

4. Who did you live with primarily when you were a teenager? **Circle all that apply to you.**
 - a. Biological or adoptive mother (only)
 - b. Biological or adoptive father (only)
 - c. Biological or adoptive mother and step-father
 - d. Biological or adoptive father and step-mother
 - e. Both parents (either biological or adoptive)
 - f. Grandmother/grandfather
 - g. Mother and other family members
 - h. Father and other family members
 - i. Extended family members without your parents
 - j. Foster parents
5. Which of the following categories best describes your household yearly income between the age of 13 to 17?
 - a. \$10,000 per year or less
 - b. \$11,000 to \$20,000
 - c. \$21,000 to \$30,000
 - d. \$31,000 to \$40,000
 - e. \$41,000 to \$50,000
 - f. \$51,000 or more
 - g. Don't know

6. What is your mother's (or mother figure's) highest level of education?
- a. Some high school
 - b. High school diploma/GED
 - c. Some college
 - d. Two-year college degree
 - e. Four-year college degree
 - f. Some professional or graduate school
 - g. Graduate or professional degree
 - h. Don't know
7. What is your father's (or father figure's) highest level of education?
- a. Some high school
 - b. High school diploma/GED
 - c. Some college
 - d. Two-year college degree
 - e. Four-year college degree
 - f. Some professional or graduate school
 - g. Graduate or professional degree
 - h. Don't know
8. In general, between the ages of 13 and 17, how often did your father know where you were when you were not at school?
- a. All of the time
 - b. Most of the time
 - c. Hardly ever
9. In general, between the ages of 13 and 17, how often was your father interested in knowing who your friends were and what activities you did with them?
- a. All of the time
 - b. Most of the time
 - c. Hardly ever

**The next set of questions asks about your sexual history.
All of you answers are confidential.**

10. Have you ever had vaginal intercourse?
- a. Yes
 - b. No (If no, skip the next question)

11. How old were you the first time you had voluntary vaginal intercourse?
_____years
12. Have you ever had oral intercourse?
a. Yes b. No (If no, skip the next question)
13. How old were you the first time you had voluntary oral intercourse?
_____years
14. Have you ever had anal intercourse?
a. Yes b. No (If no, skip the next question)
15. How old were you the first time you had voluntary anal intercourse?
_____years
16. In your lifetime, how many different sexual partners have you had?

17. Have you **ever** been forced or frightened by someone into doing something sexually that you did not want to do?
a. Yes b. No c. Prefer not to answer
18. What relation to you was the person responsible for this?
a. A friend or boyfriend
b. Stranger
c. Friend of the family
d. Relative (uncle, brother, cousin, grandfather)
e. Biological or Adoptive father
f. Step or foster father
g. Prefer not to answer
h. Other_____
19. What is your current relationship status?
a. Single and not dating
b. Married
c. Dating more than one person
d. Dating one person only, but not seriously
e. In a long-term, romantic relationship with one person
f. Single, casual sexual friendships
g. Other
20. Have you had sex (vaginal, oral or anal) in the **last 12 months**?

- a. Yes
- b. No (If no, skip next question)

21. In the **last 12 months**, how often have you used a condom during vaginal intercourse?

- a. 100% of the time
- b. 75% of the time
- c. 50% of the time
- d. 25% of the time
- e. 0% of the time

22. In the **last 12 months**, how often have you used a condom during anal intercourse?

- a. 100% of the time
- b. 75% of the time
- c. 50% of the time
- d. 25% of the time
- e. 0% of the time

23. Have you ever had a positive pregnancy test before your 19th birthday?

- a. Yes
- b. No

24. Have you **ever** been tested for the AIDS virus?

- a. Yes
- b. No
- c. Prefer not to answer

25. There are other diseases besides AIDS that you can get from having sex. These diseases are called sexually transmitted infections, sometimes referred to as STIs. Syphilis, gonorrhea, crabs, genital herpes, and chlamydia (klah-MID-ee-ah) are all types of STIs.

Have you **ever** had a doctor or nurse tell you that you have a STI?

- a. Yes
- b. No
- c. Prefer not to answer

The next set of questions asks about your relationship with the person you consider to be your father during your childhood. You will be asked to remember, as best you can, your feelings and impressions during that time in your life.

26. The person I consider to be my main father figure is my:

- a. Biological father
- b. Adopted father
- c. Grandfather
- d. Stepfather
- e. Foster father
- f. Uncle or other male relative

27. How often did you spend time with your “father” (either alone or with others) doing

- activities like playing sports or games, watching TV, going to parks or museums?
- a. Frequently
 - b. Sometimes
 - c. Never
28. My “father” always seemed interested in my activities and in what I was doing.
- a. All the time
 - b. Most of the time
 - c. Hardly ever
29. My relationship with my “father” showed me how I should be treated by a man.
- a. True
 - b. False
30. Growing up, I was not as close to my “father” as I would have liked to be.
- a. Definitely true
 - b. Somewhat true
 - c. Definitely false
 - d. Somewhat false
31. Did your mother encourage you to spend time with your “father”?
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

APPENDIX C

Parent Attachment Questionnaire Father Version

Dr. Maureen Kinney

When answering the following questions, please think about your relationship with your father or main father figure during childhood.

In general, my “father”:

32. was someone I could count on to listen to me when I felt upset.
- Not at all
 - Somewhat
 - A moderate amount
 - Quite a bit
 - Very much
33. supported my goal and interests.
- Not at all
 - Somewhat
 - A moderate amount
 - Quite a bit
 - Very much
34. saw the world differently than I do.
- Not at all
 - Somewhat
 - A moderate amount
 - Quite a bit
 - Very much
35. understood my problems and concerns.
- Not at all
 - Somewhat
 - A moderate amount
 - Quite a bit
 - Very much
36. respected my privacy.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

37. limited my independence.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

38. gave me advice when I asked for it.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

39. took me seriously.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

40. liked for me to make my own decisions.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

41. criticized me.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

42. told me what to think or how to feel.

- a. Not at all

- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

43. gave me attention when I wanted it.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

44. was someone I could talk to about anything.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

45. had no idea what I was feeling or thinking.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

46. let me try new things and learn on my own.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

47. was too busy to help me.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

48. had trust and confidence in me.

- a. Not at all
- b. Somewhat

- c. A moderate amount
- d. Quite a bit
- e. Very much

49. tried to control my life.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

50. protected me from danger and difficulty.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

51. ignored what I had to say.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

52. was sensitive to my feelings and needs.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

53. was disappointed in me.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

54. gave me advice whether or not I wanted it.

- a. Not at all
- b. Somewhat
- c. A moderate amount

- d. Quite a bit
- e. Very much

55. respected my decisions, even if he disagreed.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

56. did things for me which I would rather have done for myself.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

57. was someone whose expectations I had to meet.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

58. treated me like a younger child.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

During time spent together, my “father” was someone:

59. I looked forward to seeing.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

60. with whom I argued.

- a. Not at all
- b. Somewhat

- c. A moderate amount
- d. Quite a bit
- e. Very much

61. with whom I felt comfortable.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

62. who made me angry.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

63. I wanted to be with all the time.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

64. towards whom I felt cool and distant.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

65. who got on my nerves.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

66. who made me feel guilty and anxious.

- a. Not at all
- b. Somewhat

- c. A moderate amount
- d. Quite a bit
- e. Very much

67. I liked telling about what I had done recently.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

68. for whom I felt feelings of love.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

69. I tried to ignore.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

70. to whom I told my most personal thoughts and feelings.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

71. I liked being with.

- a. Not at all
- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

72. I didn't want to tell what has been going on in my life.

- a. Not at all
- b. Somewhat
- c. A moderate amount

- d. Quite a bit
- e. Very much

Following time spent together, I leave my “father”:

- 73. with warm and positive feelings.
 - a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

- 74. feeling let down and disappointed.
 - a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

When I had a serious problem or an important decision to make:

- 75. I looked to my “father” for help.
 - a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

- 76. I knew that my “father” would know what I should do.
 - a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

- 77. I asked my “father” for help if my friends couldn’t help.
 - a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

- 78. I thought about what my “father” might say.
 - a. Not at all

- b. Somewhat
- c. A moderate amount
- d. Quite a bit
- e. Very much

After I went to my “father”:

79. I felt more sure of my ability to handle the problems on my own.
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much
80. I continued to feel unsure of myself.
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much
81. I feel that I would have gotten more understanding from a friend.
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much
82. I felt sure that things would work out as long as I followed my father’s advice.
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much
83. I was disappointed with my father’s response.
- a. Not at all
 - b. Somewhat
 - c. A moderate amount
 - d. Quite a bit
 - e. Very much

APPENDIX D

The Sexual Self-Esteem Inventory for Women (Short Scale)

Dr. Paula Zeanah and Dr. J. Conrad Schwartz

These next questions ask you to rate your current feelings about several aspects of sexuality. There are no right or wrong answers. Reactions to feelings about sexuality vary among people. From the rating scale, select the response that best represents the way you feel. All of your answers are confidential and will not be shared.

84. I wish I could relax in sexual situations.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
85. I am pleased with my physical appearance.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
86. I feel emotionally vulnerable in a sexual encounter.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
87. I feel good about the place of sex in my life.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strong

88. I feel guilty about my sexual thoughts and feelings.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
89. I feel I am pretty good at sex.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
90. I hate my body.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
91. I am not afraid of losing control sexually.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
92. I like what I have learned about myself from my sexual experiences.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strong

93. My sexual behaviors are in line with my moral values.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
94. I feel that “sexual techniques” come easily to me.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
95. I am pleased with the way my body has developed.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
96. I feel I can usually judge how my partner will respond to my wishes about how far to go sexually.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly
97. I don't feel ready for some of the things that I am doing sexually.
- Disagree strongly
 - Disagree moderately
 - Disagree mildly
 - Agree mildly
 - Agree moderately
 - Agree strongly

98. Some of the things I do in sexual situations are morally wrong.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

99. Sexually, I feel like a failure.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

100. I would like to trade bodies with someone else.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

101. I feel physically vulnerable in a sexual encounter.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

102. Sometimes I wish I could forget about sex.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately

f. Agree strongly

103.I have punished myself for my sexual thoughts, feelings and or behavior.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

104.I do pretty well at expressing myself sexually.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

105.I worry that some parts of my body would be disgusting to a sexual partner.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

106.I worry that I won't be able to stop something I don't want to do in a sexual situation.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

107.I wish sex were less a part of my life.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

108.I never feel bad about my sexual behavior.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

109. I feel embarrassed about my lack of sexual experience.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

110. I would be happier if I looked better.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

111. I worry that things will get out of hand because I can't always tell what my partner wants in a sexual situation.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

112. I am glad that feelings about sex have become a part of my life.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

113. I never feel guilty about my sexual feelings.

- a. Disagree strongly
- b. Disagree moderately

- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

114. I feel good about my ability to satisfy my sexual partner.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

115. I am proud of my body.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

116. I worry that I will be taken advantage of sexually.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

117. In general, I feel my sexual experiences have given me a more positive view of myself.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly
- e. Agree moderately
- f. Agree strongly

118. From a moral point of view, my sexual feelings are acceptable to me.

- a. Disagree strongly
- b. Disagree moderately
- c. Disagree mildly
- d. Agree mildly

- e. Agree moderately
- f. Agree strongly

APPENDIX E

Parent Teen Sexual Risk Communication Survey

Dr. Kathleen Hutchinson

These questions ask about how much information your “mother” may or may not have given you about certain sexual topics when you were a teen (10- to 18-years-old). “Mother” refers to your mother, stepmother, or other mother figure. Please answer as honestly as possible. Your answers are confidential.

119.How much information did she give you about contraception/preventing pregnancy?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

120.How much information did she give you about sexually transmitted infections?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

121.How much did she tell you about HIV/AIDS?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

122.How much information did she give you about ways to protect yourself from getting sexually transmitted infections or AIDS?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

123.How much did your “mother” tell you about condoms specifically?

- a. None

- b. Very little
- c. Some
- d. A lot
- e. Everything

124. How often did she talk with you about waiting until you are older to have sex or not having sex at an early age?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

125. How much did she tell you about peer pressure and sexual pressure from dating partners?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

126. How much did she tell you about how to resist pressure from peers and dating partners?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

These questions ask about how much information your “father” may or may not have given you about certain sexual topics. These questions are similar to questions we asked about communication with your mother. “Father” may refer to your father, stepfather or other father figure. Please answer as honestly as possible. Your answers are confidential.

127. How much information did he give you about contraception/preventing pregnancy?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

128. How much information did he give you about sexually transmitted infections?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

129.How much did he tell you about HIV/AIDS?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

130.How much information did he give you about ways to protect yourself from getting sexually transmitted infections or AIDS?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

131.How much did your father tell you about condoms specifically?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

132.How often did he talk with you about waiting until you are older to have sex or not having sex at an early age?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

133.How much did he tell you about peer pressure and sexual pressure from dating partners?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

134. How much did he tell you about how to resist pressure from peers and dating partners?

- a. None
- b. Very little
- c. Some
- d. A lot
- e. Everything

APPENDIX F

Rosenberg's Self-Esteem Scale

Dr. Morris Rosenberg

Below is a list of statements dealing with your general feelings about yourself. Please be as honest as you can. Your answers will be confidential.

135. I feel that I am a person of worth, at least on an equal plane with others.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

136. I feel that I have a number of good qualities.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

137. All in all I am inclined to feel that I am a failure

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

138. I am able to do things as well as most other people.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

139. I feel I do not have much to be proud of.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

140. I take a positive attitude toward myself.

- a. Strongly agree

- b. Agree
- c. Disagree
- d. Strongly disagree

141. On the whole, I am satisfied with myself.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

142. I wish I could have more respect for myself.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

143. I certainly feel useless at times.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

144. At times, I think I am no good at all.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

Thank you for taking your time to complete this survey.

APPENDIX H

E-Mail Invitation

Version #2 Study HM11305 December 5, 2007

Father Daughter Attachment and Sexual Behavior in African

American Daughters

Hello. My name is Karen Hill-Holliday and I am a PhD student in the School of Nursing. My study area of interest is the impact that fathers may have on their daughters during adolescence. I would like to extend an invitation to participate in the study by taking a 30-40 minute online survey. If you are interested, please click on the survey below:

https://www.surveymonkey.com/s.aspx?sm=tKUuiGs7S1_2bX7FKfdxBw8A_3d_3d

The information that is learned from this study may help us design better parenting programs and provide guidance for fathers who wish to successfully raise their daughters.

This is an anonymous survey. All answers will remain confidential.

If you have questions about the study, please contact me at 827-1702 or at kmhill@vcu.edu. A copy of the consent form is attached to this e-mail. Thank you for considering the invitation to complete this survey

If you do not wish to receive any further e-mail invitations, please put an "X" in the box below and return to sender.

I do not wish to receive any further e-mails about this study.

VITA

Personal: Karen Marie Hill-Holliday

Information: Born in Lanham, Maryland

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Dissertation: Father-Daughter Attachment and Sexual Behavior in African-American Daughters

Master of Science, Nursing, May 1993
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Honors: Sigma Theta Tau International, 2002

Posters: Southern Nursing Research Society, 2003
Moon, M. & Hill-Holliday, K. Father-Daughter Attachment and Sexual Activity in Adolescence.

Virginia Commonwealth University Institute for Women's Health, 2008
McGrath, J. & Hill-Holliday, K. Father-Daughter Attachment and Sexual Behavior in African-American Daughters.

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Professional Experiences: 2008-2009 Adjunct Faculty, John Tyler Community College
2004- Human Resources Nurse Liaison, VCU Health System
2003-2004 Nurse Clinician, Maternal-Child, VCU Health System
2000-2002 Adjunct Faculty, VCU, School of Nursing
1999-2003 Clinical Nurse, NICU, VCU Health System
1987-1999 Clinical Nurse, Labor and Delivery, VCU Health System
1986-1987 Staff Nurse, Labor and Delivery, Womack Army Hospital
1983-1986 Staff Nurse, Post-partum, D.C. General Hospital

