

THE TIES THAT BIND: A SECONDARY ANALYSIS OF FAMILY STRUCTURE
AND ATTACHMENT STRENGTH ON
ADOLESCENT SEXUAL DECISION-MAKING

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In dedication to my mom,
who always pushed me to be
the person I am today
and never doubted
my aspirations and dreams.
I love you.

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INTRODUCTION

In sociological literature and in health policies on adolescent sexual behavior, researchers, educators, and policymakers continue to express their concern with the high number of adolescents engaging in an early sexual debut because of pregnancy risk, high rates of sexually transmitted infections (STIs), and the human immunodeficiency virus (HIV). In particular, much attention is given to the young age of sexual experiences among Black youth compared to those of other races. However, for Black female adolescents, the experiences and dilemmas they face can be more compelling, because the “Black female experience defies a singular definition” (Rozie-Battle 2002, p. 60).

Social norms among Black females advocate that having a connected and stable relationship to family members can influence the ability to delay sexual debut and other risky behaviors (Kirby 2001). When making decisions, Black females fear rejection and experience anxiety more than other racial groups when they go against family cultural values, because they develop an identity through their relationships with their parents, siblings, and extended family kinships (Aronowitz et al. 2007). Furthermore, evidence that parents influence sexual behavior among low-income females more during middle adolescence than other life stages is particularly important to the issue of early sexual initiation (Crosby et al. 2003).

At the same time, there is also evidence that romantic and sexual relationships among adolescents are a common experience (Aalsma et al. 2006). Through these experiences, adolescents create stronger social ties, which are the “most salient social interactions in which sexual behaviors occur” (174). For example, strong ties within a romantic relationship could lead to decreased condom use and more sex (Fortenberry et

al. 2002). For Black women, strong ties and unprotected sex is viewed as a lower cost in terms of future attainment, e.g. the ability to have a two person household income (Brewster 1994). Moreover, patterns of sexual behavior may reflect identity development, sexual maturity, and self development (Chapman & Wilson 2008), which in turn may lead to more sexual behaviors and encounters with their partners. Given these considerations, it is questionable whether more sex equates with riskier sex. The scholarly attention to healthy sexual activity, especially among Black females, seems somewhat limited and requires just as much of a focus as risky adolescent sexual behavior.

This study will fill a gap in previous literature on sexual decisions among Black teens by moving beyond a discussion of only negative decisions. If attachment and social bond theory are taken into consideration, family instability could weaken attachment and lead to riskier sex by weakening controls on undesirable behavior like condom non-use. These same theories would also pose that weakened attachment between family members and adolescent women can create replacement ties and stronger bonds to a sexual partner, which in turn leads to more sex, but not necessarily riskier sex. The present study will investigate both of these hypotheses.

LITERATURE REVIEW

Family Instability/Family Structure

Researchers investigating adolescents' well-being have argued the social structures in which adolescents participate have important consequences in terms of sexual behavior. Because family socialization has an influence on adolescents in various complex ways, the theoretical mechanisms that may explain the effect of family structure on behavioral and decision outcomes are numerous (Carlson & Corcoran 2001).

Therefore, parents who communicate their attitudes, morals, and values about sex are associated with teens' sexual behaviors and contraceptive choices (Aalsma et al. 2004; Jaccard et al. 2003; Metzler et al. 1994). For example, adolescents who discuss using condoms with both of their parents in the household are three times more likely to use condoms at the time of first sex, are more likely to be consistent with condom use, and are more likely to use a condom at the time of their last sexual encounter (Hutchinson 2002; Miller et al. 1998).

Thus, parents contribute to a system of values and norms. Consequently, disruption of the family structure is expected to have an effect on adolescent behavior as well as the resources families provide them. For example, divorce leads to a "diminution" of these resources and single parents have less time and resources to invest in socializing and monitoring adolescents during this integral time of growth (McLanahan & Sandefur 1994; Pierret 2001). Therefore, social control within the family structure affects adolescents' behavioral decisions and outcomes. Furthermore, in terms of family socialization, social control emphasizes a third influence: attachment bonds to

significant and older adults. This may be particularly important to Black adolescents because of the historic and contemporary structure of their families.

The Black family has been a focus of research by psychologists, sociologists, and educators in previous decades. However, many theorists do not fully explain the Black family's nature and structure nor have theorists conceptually modeled them in recent research on modern-day families (Johnson & Staples 2005). In fact, many proposed theories ignore the resilience of the black family and especially the tie strength of extended kin among Blacks (Aschenbrenner 1973; Hays & Mindel 1973; Hill 1971; Martin & Martin 1978; McAdoo 2006; Riessman 1966; Ruggles 1994; and Staples 1975). The dynamics and structure of the Black family became a central focus at the turn of the century, particularly when slavery appeared in the United States. This era inflicted new cultural norms on Black family life because of economic deprivation and separation of family members (Frazier 1939). The famous social research called the "Moynihan Report" (1965) extended on Frazier's sociological research, and posits that the "pathological" nature of black communities can be traced to the deterioration of black family life (Johnson & Staples 2005; Ruggles 1994). This perspective emphasizes roles within the family structure and occurrences of instability, yet it does not look at specific outcomes that transpired among the family structural changes (Platt 1987).

Black family life during slavery undermined the traditions and values that were part of Black culture. Slavery resulted in disorganization and instability within black families (Frazier 1932; Ruggles 1994). Families were broken apart and remained separate for long periods, yet the family was an important element among Blacks during the slavery era. It was one of the most important "survival mechanisms" in order for

Blacks to find identity, bonding, community, and strength (Johnson & Staples 2005). Forming a new sense of family around extended kinships, older siblings, and grandparents helped children and spouses find stability and commonality. Family structure came to be organized in a manner inherently deviant to what the U.S. would now consider as a normal “nuclear family.”

Few studies of adolescent behavior have the power to enhance sociological understanding of Black family structure from this perspective and are instead designed to explain Black family life in a “political context” and as a “social problem” instead of as an institution (Johnson & Staples 2005). Looking at the historical analysis of Black family structure and its roots can further help research understand the behaviors that transpire among the adolescents within the Black family life. Specifically, families should be measured around significant primary caregivers, not just biological parents. Extended kinship ties and other family resources account as primary caregivers within the Black community (Corcoran 2000). Therefore, instability should be understood through the caretaker role leaving the household. This instability can exacerbate sexual decision-making, relationship maintenance and attachment, and developing further relationships.

Attachment Bonds as a Control for Risky Sexual Behavior

Travis Hirschi’s (1969) *Causes of Delinquency*, a groundbreaking theoretical perspective in criminology, argues that juvenile delinquency results from an absence of social bonds involved in adolescents’ daily lives. However, juveniles reared in homes of abuse, neglect, and/or “instability” do not form these bonds and, therefore, develop low self-control, which determines the likelihood of committing crimes (Hirschi 1969). The elements of social bonds include attachment to influential adults (usually parents),

commitment to future goals as well as institutions (i.e. school and employment), involvement in extracurricular activities (because of supervised time), and the belief in social norms or general morals (Hirschi 1969). Therefore, cohesion disruption within families, particularly the exit of a primary caregiver would most likely affect problematic behavior by weakening attachment and control bonds.

In Hirschi's assessment, attachment bonds originate in relationships where individuals learn about expectations, norms, values, and societal ideals. Through these relationships, individuals develop a moral component where this strong social bond creates a "conscience" (p. 16-19). Conscience involves sensitivity to those relationships and encourages individuals to consider others when they contemplate deviant or socially undesirable behavior (p. 81). Hirschi points out, "affectional identification, love or respect is taken as the crucial element of the bond to the parent" (p. 91). Therefore, the more comfort and intimacy you have with your family- i.e. primary caregivers- the more attachment and tie strength an individual gains from those bonds. Deviance and the associated disappointment could lead to weakened bonds, but the idea of *closeness* could prevent deviant acts from occurring. In today's age, where grandparents and siblings are raising adolescents-especially within the context of Black families- other family members who play primary care giving roles are just as important as parents.

In this way, social bonds and control theory can extend further on deviant behavior when discussing sexual behavior among adolescents. In relation to sexual behavior, primary care givers become a vital resource to adolescents. The more an individual communicates about positive sexual relationships, sexually transmitted infections (STIs), and the importance of frequent condom use, the more attachment an

individual holds with their family and the more compliant they are to the norms and values of the family. Therefore, because of close attachment and close communication to their family, adolescents are less likely to engage in risky behavior.

Views of relationships also influence if and when a condom is used during sexual interactions. Adolescents who express concerns on condom use might cause their primary care givers, peers, and especially partners to perceive them negatively and potentially damage their relationships (Hammer et al 1996; Misovich et al. 1997; Strachman & Impett 2009). For example, adolescents who are close to their parents may be more likely to believe their parents would be disappointed in them if they became pregnant at an early age and would suffer from negative discipline and consequences (Kapinus and Gorman 2004). This model of attachment bonds is widely recognized as influencing in close relationships across the life (Bowlby 1969; Bretherton & Munholland 1999; Doyle, Lawford, & Markiewicz 2009). These attachments will remain strong and constant if there is evidence of stability (Doyle, Lawford, & Markiewicz 2009) across adolescence, especially within a consistent care-giving environment (Thompson 2000).

This becomes particularly important when discussing the traditions and norms of the Black family. The theoretical mechanisms, which may explain the effect of family structure on adolescent behaviors and decisions, must first explain the distinctive features of the family itself. Race differences in family structure have expanded throughout the twentieth century and continue to change. Specific to this research project, Black families share common threads with other U.S. families, yet Black families possess

distinctive features relating to extended kinships, timing and approaches to family formation and marriage, and gender roles (McAdoo 2006).

A number of researchers have linked social bond theory (Corcoran 2000; Costello and Vowell 1999; Junger-Tas 1992; Torstensson 1990) and control theories (Corcoran 2000; LaGrange and Silverman 1999; Nakhaie, Silverman, and LaGrange 2000) to adolescent sexual behavior. Little research, however, focuses on family structure *changes*- rather than the type of structure itself- and its influences on attachment and social bonds, sexual behaviors, and condom use among adolescents. Corcoran (2000) suggests that further research should explore differential impacts of early sexual activity to reasons behind *timing of disruption* within the family, single parent status, gender, and age so that interventions can target “high-risk groups” (p. 98). However, no study to date has examined instability and attachment with multiple attachment figures within the family who are not parents.

Replacement Bonds as a Precursor for Increased Coitus

Whilst individuals experience family disruption, e.g. the exit of a family member, a renegotiation of relationships (Bowlby 1973) may result in initiating *newer* attachment bonds because of less social control and decreased closeness (Ammaniti et al. 2000). Having a romantic partner is a central attachment bond for adolescents (Doyle, Lawford, & Markiewicz 2009). Typically, these romantic partners replace others who once fulfilled their conscience, intimacy, and comfort and can remain strong and constant (Doyle, Lawford, & Markiewicz 2009). This relationship renegotiation can be called a ‘replacement tie’ and social control can occur within this romantic relationship (Aalsma et al. 2006). Replacement ties serve as a bond when a disruption occurs within the family

and when there is evidence of an inconsistent care-giving environment. A romantic partner among adolescents resembles an attachment relationship (Furman & Wehner 1994), has a growing need for commitment (Shulman & Knafo 1997), and eventually establishes a pattern of consistency. Therefore, a replacement tie is most likely to have a direct effect of increased intimacy and becomes more salient than other ties; consequently, this close relationship can lead to more sex but not riskier sex. Replacement ties are the individuals who can fulfill what Travis Hirshi (2002; 1969) points out as “affectional identification, *love* or respect is taken as the crucial element of the [social] bond.”

Experiences with replacement ties can affect interactions and closeness in other relationships, e.g. the family members of the adolescent women (Bowlby 1973). Families form around norms, values, and beliefs, whereas romantic partners are more variable, altered (Laursen & Collins 1994) and form around the increased autonomy for emotional and physical support (Nomaguchi 2008). The relationship *between* family and romantic partners is that they are characterized by closeness and attachment (Laursen & Collins 1994). The perceived closeness between family members and an individual’s sexual partner can influence adolescent sexual health attitudes and behaviors (Mosack et al. 2007). Parents who monitor and are involved with the adolescent’s relationship to his/her sexual partner can be significant (Mosack et al. 2007) because acceptance and support are associated with safer behaviors (Crosby et al. 2001). Therefore, the closer the family and sexual partner, the more likely the adolescent will practice safer sex with their partner.

Particularly among Black women, family structure and ties to romantic partners plays a significant role when developing a positive identity. Experiencing a positive relationship with the family, especially parents, and with a partner will allow her to be more critical to her own positive self-development (Rozie-Battle 2002). Aronowitz et al. (2007) found that showing love, communicating openly about sex, and showing stability as a parent reduces the likelihood of engaging in risky behavior among adolescents. If a change in family structure leads to a lack of consistency and stability in communication, it could negatively affect females' self-esteem and lead to risky behavior. On the other hand, if there is adequate parental communication and monitoring, a positive relationship with the adolescent's romantic partner, and an effort to communicate about STIs, the expected outcome presumes that the adolescent is able to make concrete and constructive decisions around safer sexual behavior.

The Current Study

Diminished resources, less supervision, and replacement bonds are used to explicate the associations with adolescents and their sexual decisions; however, they have not been empirically tested. As noted, social, attachment, and replacement bonds provides an important lens to examine sexual decisions, because of the idea that the closer adolescents are to their family and the more the entire family household communicates about certain issues, the more likely attachment between individuals stays strong, constant, and stable. It is important to create strong social bonds between all family members and romantic partners to make important and healthy sexual decisions.

This study examines how *change* within the family structure and the associated attachments to family and sex partners influences behavior, i.e. condom use and the

amount of sex females are engaging in. Building upon this theoretical perspective and applying how losing a family member in household is relative to sexual behavior among adolescents, this study aims to address condom use and sexual activity among adolescents as well as change how we label Black females as being purely “risky.”

METHODOLOGY

Sample

The Young Women's Project's (YWP) consists of a longitudinal sample of young women aged 14-17, and is designed to study sexual relationships, sexual behaviors, and sexually transmitted infections (STIs). Its 387 adolescent women, mostly African American (93%), receive health care in one of three Primary Care Adolescent Clinics in Indianapolis. These clinics serve primarily lower- and middle income families who reside in areas with high rates of pregnancy and STIs among adolescents (Hensel, Fortenberry, & Orr, 2008). For example, census tracts served by participating clinics are primarily African American (78%) and report a median household income of \$28,000.

Potentially eligible patients were approached at the time of clinic visits or were referred to the study by a health care provider, making this a convenience sample. Enrollments were completed at separate scheduled visits, within two weeks of initial consent. The visits allowed researchers to reinforce diary collection, quarterly interviews, and to maintain current contact information. Informed consent was given and obtained from participant and parent/legal guardian if under the age of eighteen. The Institutional Review Board of Indiana University School of Medicine approved the larger study.

The collected individuals' quarterly interviews provide the detailed data necessary to examine individuals' family structure, reported closeness to family and partners, and reported condom use and sexual frequency with partners. The unit of analysis is the retained quarterly clinic interviews (N=5,151 partner quarters). The sample was first restricted to African Americans (92.5%) since the content of this analysis looks at the

cultural view of young Black women. Next, the sample was restricted to 3,573 (69.7%) encounters where individuals reported only one sexual partner. Then it was further restricted to 2,403 (47% of the original sample) interviews where individuals had consecutive six month follow up visits available for analysis (N=2,403-quarterly interviews). The latter restriction allows room to examine family structure changes in any 3-months period and how it is associated with sexual outcomes.

Measures

The primary independent variable, *Exit of family member*, was created by examining changes in subject reports of whom individuals have lived with (no/yes) – mother, father, stepmother, stepfather, grandmother, grandfather, older brother, and older sister. After aggregating an exit change within a given three-month period, a two-category variable was created to classify who left the household: no exit and any exit.

Attachment (i.e. *Mean Attachment*) is a mean aggregate of Likert type items (“How close do you feel to....?”; 1 [low] to 3 [high], measuring subject perceived closeness to elder family members (mother, father, stepmother, stepfather, grandmother, grandfather, older brother, and older sister). *STD Communication* is a mean aggregate of “How often do you talk about sexually transmitted diseases with...”; 1 [low] to 3 [high]), measuring this type of communication to elder family members in a specific three month time frame.

The dependent variables are partner specific. *Coital frequency* is the number of coital acts reported in the previous three months with the current partner. *Condom ratio* is the number of times condom use with a specific partner was reported divided by the number of times vaginal intercourse was reported with that partner.

Additionally, all models will control for other variables known in prior research with this data that influence sexual decision making among adolescent women and also relate to the reported sexual partner, e.g. replacement tie. Three relationship-specific, additive index variables are included: *relationship quality* (6 items, all 1-5: “I feel happy when we’re together,” “He is a very important person in my life,” “We have a strong emotional relationship,” “We enjoy spending time together,” “I think I am in love with him” and “I think I understand him as a person”; $\alpha=.92$), *relationship satisfaction* (5 items; 1-7, e.g., “Very bad to very good”; $\alpha=.93$), *sexual satisfaction* (5 items, $\alpha=.95$). Control variables also include age and a time-lagged variable from past 90 days prior to a given quarter, specific to each behavior outcome: *recent coital frequency* and *recent condom ratio*. The descriptive statistics for each variable is illustrated in **Table 1**.

Analytic Method

To achieve the specific aims of this project, I used Generalized Estimating Equation (GEE) linear regression for the outcomes coital frequency and condom use. The GEE application adjusts regression estimates for bias that can occur with repeated within-subject observations in the 3-month time frames and differing numbers of time points across people. I was able to assess change over time on multiple levels as well as how change at one time compares to change on another level. Estimates were considered statistically significant at $p<.05$, $.01$, and $.001$. As prior research in this arena utilizes cross-sectional datasets, the YWP longitudinal dataset allowed me to establish exit changes within the household and the reported mean closeness and STD communication to the family members. This fills a gap in the present understanding of the changing adolescent sexual behavior by investigating its relationship to exit of family members and

the reported attachment and social bonds to family and sexual partners. All analyses were performed using SUDAAN, Version 10.0 (RTI International).

RESULTS

Descriptive Results

In **Table 2**, the descriptive results present a comparison of means of those who experience family disruption and those who do not experience family disruption. Levels of attachment to family and to partner were analyzed in these categories. The results indicate no discernable difference in levels of attachment to either the family or sexual partner according to presence or exit of a family member from the household. There is little reason to believe, then, that attachment will explain any effect of exit, but it will be included in multivariate analyses because it may be important after implementing statistical controls.

Analytic Results

The results of the GEE linear regression analyses are in line with previous literature on the factors linked with condom use. As evident in **Table 3**, as age increases, condom use decreases. Condom use also decreases as the partner becomes closer to the family. There was also less condom use 90 days prior to the given quarter. However, in opposition of the first hypothesis, these analyses indicate that family disruption does not lead to riskier sex (e.g. decreased condom use). The other models proceeded through the conceptual framework. Adding family attachment yielded no significant results. However, one aspect of partner ties- no longer substantively understandable as replacement ties- is significant.

As evident in **Table 4**, as age increases, young women have more sex. Young women also have more sex as the partner becomes closer to the family and 90 days prior to the given quarter. However, there is no significance between family exit and coital

frequency. The other models proceeded through the conceptual framework as well. Adding attachment and STD communication yielded no significant results *until* relationship with partner is taken into account. Young women have more sex when they experience greater relationship quality, relationship satisfaction, and sexual satisfaction with their sexual partner (e.g. replacement tie). This analysis presents an additional important finding: as adolescent women feel closer to family members and communicate more about STDs, the *less sex* they have with their partner. In general, the findings indicate that family instability is not associated with weakened attachment and riskier sex, but it is associated with *more sex*.

DISCUSSION

The aim of this study was to address condom use and sexual activity among adolescents as well as examine how we label Black females as being purely “risky.” The proposed hypotheses were the following: a family exit weakens attachment among individuals within the household and lead to riskier sex, and weakened attachment creates stronger bonds to sexual partners, which in turn leads to more sex. Results indicated that family disruption and weakened attachment is not associated with riskier sex, but it is associated with more sex. Results also indicate that perhaps young women do not seek out replacement ties, but if they already have them, they lean on them when an exit of a family member occurs.

First, it is important to distinguish between more sex and risky sex. Even if family disruption leads to more sex, the results indicate that it does not necessarily lead to riskier sex (as defined in this study as condom non-use). As discussed in previous literature, adolescence comes with maturational change and that sex is a common experience (Aalsma et al. 2006). Therefore, labeling more sex- in general- as *risky* is misleading. As shown in this study, family instability is associated to more sex, but it is not relative to condom non-use. Furthermore, instability is only associated with increased sexual activity when a relationship with the partner is taken into consideration (e.g. stronger ties to a sexual partner are associated with increased sexual activity). This may translate into the fact that family disruption only leads to increased intercourse among young women who have existing strong ties with their partner because they turn to their partner for emotional comfort through sexual activity. The results are more in line with this interpretation than the hypothesis that young women create replacement,

attachment ties with partners to account for weakened attachment due to family disruption.

However, when the discussion about sex becomes protective between the family and the adolescent (e.g. STD communication), females engage in less sex. Therefore, there seems to be a distinction between a family member being present and attachment/communication. STD communication and an exit of a family member are both significant in the models, which indicates that we may want to think about physical presence and social attachment as two separate issues. Previous literature focuses on the absence of normative individuals- who are considered in nuclear families- from Black households; however, social connections seems to be the important marker of the types of decisions individuals make, especially in the Black household. If researchers and educators were concerned with risky behavior, then we should focus on partner relationships more than family relationships, as indicated in this study's results.

Replacement ties play more of an important role when there is no change in the family structure. As indicated in the results, as partners become closer to the young woman's family, they experience less condom use and more sex. This signifies the importance of stability within the individual, because if there is stability in the family then there is stability across all other relationships, including the romantic partner. Romig & Bakken (1992) also support these results, as they found that cohesion within the family enables closeness with other individuals and provides further intimacy and family functioning.

Therefore, recent literature needs to move beyond Black family instability in terms of the physical presence of members. Decisions may not be based on historical

factors and the physical disruption; instead, it may be based on the communication efforts between family members and other significant individuals about positive and healthy choices when discussing sex, condoms, and STDs/HIV.

Finally, factors associated with condom use seem to be important, especially when looking at the *age* among adolescent females. Young black women between the ages of 18-25 have the highest cases of HIV because of not using condoms (Brown et al. 2007). As supported in this longitudinal study, as young women get older the less they use condoms. Despite the high rates of HIV currently, condom use has yet to become a normative behavior (especially with age) and the negative attitudes need to be dispelled and- instead- associated with more emphasis on positive attitudes and more support from family members, friends, sexual partners, and self-efficacy (Taylor et al. 2007).

Limitations

Despite important strengths and implications of the present study, limitations should be acknowledged. The sample was compromised by a homogenous racial group, Black urban youth, and resided within a single urban, low-income area of Indianapolis, Indiana. Therefore, the shortcoming is that the monolithic class equates the low-income, Black experience with the “Black experience” as its entirety. This sample is also not generalizable to the broader adolescent population, particularly the young male population. However, we are better able to understand cultural groups and their patterns of behavior and sexual decisions. In addition, the adolescents only report the data on family structure and reported sexual behaviors. This makes them subject to reporting bias or under-report day-to-day occurrences.

Moreover, these analyses utilize subjects who reported only one sexual partner, and those with more sexual partners within the three-month time frames may change the results and given outcomes. The measure of attachment is based on only three categories, which led to limited variation. A larger Likert scale and/or in-depth interviews could further the conceptual idea of attachment and include the crucial elements of a social bond.

CONCLUSIONS

Despite these limitations, the results of the present study provide a strong theoretical introduction of a modernized insight of social bond theory and its connection to sexual decisions among adolescent women. The interaction between change in family structure (a more direct measure of “disruption”) and sexual decision-making are rarely explored, especially the reported attachment to family members within the home (Wight, Williamson, and Henderson 2006) as well as partner attachment to the family. Finally, little research focuses on the roles of primary caregivers-outside of parents- and the associated attachment and social bonds.

Adolescents decide to have sex and use condoms under certain circumstances. The ability to identify key individuals who can assist in support and in future decisions is an important endeavor sought out by young women, especially Black women (Hill 1998). This study provides evidence that it may not be important for particular individuals to *physically* live within the household of the adolescent. The most important individual seems to be the sexual partner, the relationship between that partner and the young woman, as well as that partner and the family. Educators, counselors, and health care providers need to incorporate and view adolescent relationships similar to the way they are studied in the adult populations. In this way, we can develop services that meet the needs of adolescent women and help understand the reasons behind their sexual decisions.

Table 1. SUMMARY OF VARIABLES, 2010*

	<i>Range Maximum (Minimum)</i>	<i>% or Mean (s.d.)</i>
<i>Independent Variables</i>		
Exit Change		
No Exit		80.5
Any Exit		19.5
<i>Controls and Dependent Variables</i>		
Mean Age	13.49 (25.17)	18.09
Mean Attachment to Family	1 (3)	2.39 (0.11)
Partner Closeness to Family	0 (2)	1.22 (.55)
STD Communication	1 (3)	1.48 (.12)
Relationship Quality	6 (24)	19.47 (3.84)
Sexual Satisfaction	5 (35)	29.45 (6.72)
Relationship Satisfaction	5 (35)	28.35 (6.37)
Condom Ratio	0 (1)	0.49 (0.44)
Coital Frequency	0 (400)	15.49 (25.73)
*N=2,403		

Table 2. DESCRIPTIVE RESULTS

	No Exit	Any Exit	Total
	<i>Mean (s.d.)</i>	<i>Mean (s.d.)</i>	<i>Mean (s.d.)</i>
<i>FAMILIAL TIES TO ELDERS</i>			
Mean Attachment	2.38 (0.10)	2.39 (0.09)	2.39 (0.10)
<i>TIES TO PARTNER</i>			
Relationship Quality	19.64 (3.77)	19.77 (3.99)	19.67 (3.82)
Relationship Satisfaction	28.32 (6.32)	28.66 (6.46)	28.39 (6.35)
Sexual Satisfaction	29.54 (6.49)	29.33 (7.18)	29.50 (6.64)
Total	N=1935	N=468	N= 2403

Table 3. FACTORS ASSOCIATED WITH CONDOM RATIO

	Model 1	Model 2	Model 3
	b (se)	b (se)	b (se)
Age	(-)0.03 (0.00)***	(-)0.03 (0.00)***	(-)0.03 (0.00)***
Partner Closeness to Family	(-)0.12 (.02)***	(-)0.12 (0.02)***	(-)0.09 (0.02)***
Past 90 days	(-)0.01 (0.01)***	(-)0.01 (0.01)***	(-)0.01 (0.01)***
<i>FAMILY EXIT</i>			
No exit	(Ref)	(Ref)	(Ref)
Any exit	0.01 (0.02)	0.01 (0.02)	0.01 (0.02)
<i>RELATIONSHIP TO FAMILIAL ELDERS</i>			
Mean Attachment		(-)0.02 (0.10)	(-)0.04 (0.12)
STD Communication		0.05 (0.09)	0.06 (0.11)
<i>TIES TO PARTNER</i>			
Relationship Quality			(-)0.01 (0.00)***
Sexual Satisfaction			0.00 (0.00)
Relationship Satisfaction			(-)0.00 (0.00)

N=2,403

**p*<.05

***p*<.01

****p*<.001

Model 1: Age, Race, Past 90 days, Partner Closeness to Family, and Exit

Model 2: Age, Race, Past 90 days, Partner Closeness to Family, Exit, Mean Closeness, & STD Communication

Model 3: Age, Race, Past 90 days, Partner Closeness to Family, Exit, Mean Closeness, STD Communication, RQ, SS, & RS

Table 4. FACTORS ASSOCIATED WITH COITAL FREQUENCY

	Model 1	Model 2	Model 3
	b (se)	b (se)	b (se)
Age	0.09 (0.01)***	0.09 (0.01)***	0.11 (0.02)***
Partner Closeness to Family	0.58 (0.06)***	0.58 (0.06)***	0.30 (0.06)***
Past 90 days	0.01 (0.00)***	0.01 (0.00)***	0.01 (0.00)***
<i>FAMILY EXIT</i>			
No exit	(Ref)	(Ref)	(Ref)
Any exit	0.08 (0.06)	0.08 (0.06)	0.18 (0.06)**
<i>RELATIONSHIP TO FAMILIAL ELDERS</i>			
Mean Attachment		(-)0.31 (0.28)	0.00 (0.33)
STD Communication		(-)0.10 (0.26)	(-)0.82 (0.30)**
<i>TIES TO PARTNER</i>			
Relationship Quality			0.06 (0.01)***
Sexual Satisfaction			0.02 (0.01)**
Relationship Satisfaction			0.01 (0.01)**
<i>N=2,403</i>			

*p<.05

**p<.01

***p<.001

Model 1: Age, Race, Past 90 days, Partner Closeness to Family, and Exit

Model 2: Age, Race, Past 90 days, Partner Closeness to Family, Exit, Mean Closeness, & STD Communication

Model 3: Age, Race, Past 90 days, Partner Closeness to Family, Exit, Mean Closeness, STD Communication, RQ, SS, & RS

REFERENCES

- Aalsma, Matthew C., Fortenberry, J.D., Sayegh, A.M., and Orr, D.P. 2006. "Family and Friend Closeness to Adolescent Sexual Partners in Relationship to Condom Use." *Journal of Adolescent Health* 28: 173-178.
- Akers, Ronald L. and Sellers, C.S. 2004. *Criminological Theories: Introduction, Evaluation, and Application*. Fourth Edition. Los Angeles, CA: Roxbury.
- Bowlby, J. 1969. *Attachment and Loss*. New York: Basic Books.
- Brewster, Karin L. 1994. "Neighborhood Context and Transition to Sexual Activity among Young Black Women." *Demography* 31: 603-614.
- Brossart, Daniel F., Lawson, D.M., and Kieffer, K.M. 2006. "Factor Analysis of the Personal Authority in the Family System Questionnaire." *Journal of Marital and Family Therapy* 32: 439-449.
- Brown, N.C., Taylor, E.D., Mulatu, M.S., and Scott, W. 2007. "Demographic Correlates of HIV Testing, High-Risk Behaviors, and Condom/STD Consultation among a Multi-Ethnic Sample of Women." *Women and Health* 46: 59-76.
- Carlson, Marcia J. and Corcoran, Mary E. 2001. "Family Structure and Children's Behavioral and Cognitive Outcomes." *Journal of Marriage and Family* 63: 779-792.
- Centers for Disease Control. 2004. Surveillance Summaries. *MMMR*, May 21, 53 (SS-2).
- Centers for Disease Control. 2002. "2002 Guidelines for Treatment of Sexually Transmitted Disease." *MMMR*, May 10, 51 (RR-06).
- Chapman, Erin N., and Wilson, R.J. 2008. "Does Positive Youth Development Predict Adolescent Attitudes about Sexuality?" *Adolescence* 43: 505-523.
- Corcoran, Jacqueline. 2000. Ecological Factors Associated with Adolescent Sexual Activity." *Social Work in Health Care* 30: 93-111.
- Costello, Barbara J. and Vowell, Paul R. 1999. "Testing Control Theory and Differential Association: A Re-Analysis of the Richmond Youth Project Data." *Criminology* 37: 501-528.
- Crosby, RA, DiClemente, R.J., Wingood, GM, Salazar, L.F., Harrington, K., and Davies, S.L. 2003. "Identification of Strategies for Promoting Condom Use: A Prospective Analysis of High-Risk African American Female Teens." *Prevention Science* 4: 263-270.

- Davis, E.C. and Friel, L.V. 2001. "Adolescent Sexuality: Disentangling the Effects of Family Structure and Family Context." *Journal of Marriage and Family* 63: 669-681.
- Department of Health and Human Services. 2000. *Healthy People 2010*. 2nd Eds. Washington D.C.: U.S. Government Printing Office.
- DiClemente, Ralph J. 1992. *Adolescents and AIDS: A generation in Jeopardy*. Newbury Park, CA: Sage.
- DiIorio, Colleen, Dudley, W.N., Soet, J., Watkins, J., and Maiback, E. 2000. "A Social Cognitive-Based Model for Condom Use among College Students." *Nursing Research*, 49: 208-214.
- Edgar, Don, and Glezer, H. 1994. "Family and Intimacy: Family Careers and the Reconstruction of Private Life." *International Social Science Journal* 46: 117-140.
- Ensign, Julie, Scherman, A., and Clark, J.J. 1998. "The Relationship of Family Structure and Conflict to Levels of Intimacy and Parental Attachment in College Students." *Adolescence* 33: 575-582.
- Eyre, Stephen L, and Millstein, S.G. 1999. "What Leads to Sex? Adolescent Preferred Partners and Reasons for Sex." *Journal of Research on Adolescence* 9: 277-307.
- Fortenberry, J.D., Temkit, M., Wanzhu, T., Graham, C.A., Katz, B.P., and Orr, D.P. 2005. "Daily Mood, Partner Support, Sexual Interest, and Sexual Activity Among Adolescent Women." *Health Psychology* 24(3): 252-257.
- Foshee, Vangie and Bauman, Karl E. 1992. "Parental and Peer Characteristics as Modifiers of the Bond-Behavior Relationship: An Elaboration of Control Theory." *Journal of Health and Social Behavior* 33: 66-76.
- Frazier, E. Franklin. 1932. *The Negro Family in Chicago*. Chicago, IL: University of Chicago.
- Furman, W. and Wehner, E.A. 1994. "Romantic Views: Toward a Theory of Adolescent Romantic Relationships." In R. Montemayor, G.R. Adams, and T.P. Gullotta (Eds.), *Personal Relationships during Adolescence* (p. 168-19). Thousand Oaks, CA: Sage.
- Giddens, Anthony. 1990. *The Consequences of Modernity*. Stanford, CA: Stanford University Press.

- Hammer, J.C., Fisher, J.D., Fitzgerald, J., and Fisher, W. 1996. "When Two Heads Aren't Better than One: AIDS Risk Behavior in College-Age Couples." *Journal of Applied Social Psychology* 26: 375-397.
- Hensel, Devon, Fortenberry, D., and Orr, D. 2007. "Situational and Relational Factors Associated with Coitus During Vaginal Bleeding Among Adolescent Women". *Journal of Sex Research*, 44: 3, 269-277.
- Hensel, Devon J., Fortenberry, J.D., and Orr, D.P. 2008. "Variations in Coital and Noncoital Sexual Repertoire Among Adolescent Women." *Journal of Adolescent Health*, 42: 170-176.
- Hirschi, Travis. 1969. *Causes of Delinquency*. Berkeley, CA: University of California Press.
- Hirschi, Travis. 2002 [1969]. *Causes of Delinquency*. New Brunswick, NJ: Transaction Publishers.
- Hutchinson, M. Katherine. 2002. "The Influence of Sexual Risk Communication between Parents and Daughters on Sexual Risk Behaviors." *Family Relations* 51: 238-247.
- Jaccard, James, Dodge, T., and Dittus, P. 2003. "Maternal Discussions about Pregnancy and Adolescents, Attitudes Toward Pregnancy." *Journal of Adolescent Health* 33: 84-87.
- Johnson, L.B. and Staples, R. 2005. *Black Families at the Crossroads*. San Francisco, CA: Jossey Bass.
- Junger-Tas, J. 1992. "An Empirical Test of Social Control Theory." *Journal of Quantitative Criminology* 8: 9-28.
- Kapinus, Carolyn A. and Gorman, B.K. 2004. "Closeness with Parents and Perceived Consequences of Pregnancy Among Male and Female Adolescents." *Sociological Quarterly* 45: 691-717.
- Kim, Caron R. & Free, Carolina. (2008). "Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review." *International Family Planning Perspectives*, 3: 4, 89-96.
- Kirby, Douglas. 2002. "The Impact of Schools and School Programs Upon Adolescent Sexual Behavior." *The Journal of Sex Research* 39: 27-33.
- LaGrange, Teresa C. and Silverman, Robert A. 1999. "Low Self-Control and Opportunity: Testing the General Theory of Crime as an Explanation for Gender Differences in Delinquency." *Criminology* 37: 41-72.

- Laursen, B. and Collins, W. 1994. "Interpersonal Conflict during Adolescence." *Psychological Bulletin* 115: 197-209.
- Malow, R.M., Corrigan, S.A., Cunningham, S.C., West, J.A., and Pena, J.M. (1993). "Psychological Factors Associated with Condom Use Among African American Drug-Use Abusers in Treatment." *AIDS Education and Prevention*, 5:244-253.
- McAdoo, H.P. 2006. *Black Families*. Thousand Oaks, California: Sage Publications, Inc.
- McAdoo, Harriette P. 1982. "Stress Absorbing Systems in Black Families." *Family Relations* 31: 479-488.
- McLanahan, Sarah and Sandefur, G. 1994. *Growing Up with a Single Parent: What Hurts, What Helps*. Cambridge, MA: Harvard University Press.
- Metzler, Carol W., Noell, J., Biglan, A., Ary, D., and Smolkowski, K. 1994. "The Social Context for Risky Sexual Behavior among Adolescents." *Journal of Behavioral Medicine* 17: 419-438.
- Miller, Brent C. and Moore, Kristen A. 1990. "Adolescent Sexual Behavior, Pregnancy, and Parenting: Research through the 1980s." *Journal of Marriage and Family* 52: 1025-1044.
- Miller, K.S., Levin, M., Whitaker, D.J., and Xu, X. 1998. "Patterns of Condom Use among Adolescents: The Impact of Mother-Adolescent Communication." *American Journal of Public Health* 88: 1542-1544.
- Mills, Theodore M. 1967. *The Sociology of Small Groups*. Englewood Cliffs, N.J.: Prentice-Hall.
- Misovich, S.J., Fisher, J.D., and Fisher, W.A. 1997. "Close relationship and Elevated HIV Risk behavior. Evidence and Possible Underlying Psychological Processes." *Review of General Psychology* 1: 72-107.
- Nakhaie, M. Reza, Silverman, R.A., and LaGrange, T.C. 2000. "Self-Control and Social Control: An Examination of Gender, Ethnicity, and Delinquency." *Canadian Journal of Sociology* 25: 35-59.
- National Institutes of Health. 2002. "Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention." Retrieved October 17, 2009. Available: <<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>>.
- Pierret, Charles. 2001. "The Effect of Family Structure on Youth Outcomes in the NLSY97." In Robert T. Michael (Ed). *Social Awakening: Adolescent Behavior as Adulthood Approaches* (pp. 25-48). New York, NY: Russell Sage Foundation.

- Moore, Susan M., & Rosenthal, Doreen. A. 1991. "Condoms and Coitus: Adolescents Attitudes to AIDS and Safe Sex Behavior." *Journal of Adolescence*, 14: 211-227.
- Mosack, K.E., Gore-Felton, C., Chartier, M., and McGarvey, E. 2007. "Individual, Peer, and Family Variables Associated with Risky Sexual Behavior among Male and Female Incarcerated Adolescents." *Journal of HIV/AIDS Prevention in Children & Youth* 8 (1): 115-133.
- Nomaguchi, Kei M. 2008. "Gender, Family Structure, and Adolescents' Primary Confidants." *Journal of Marriage and Family* 70 (5): 1213-1227.
- Romig, Charles and Bakken, Linda. 1992. "Intimacy Development in Middle Adolescence: Its Relationship to Gender and Family Cohesion and Adaptability." *Journal of Youth and Adolescence* 21: 325-338.
- Rozie-Battle, Judith L. 2002. *African-American Adolescents in the Urban Community: Social Services Policy and Practice Interventions*. Binghamton, NY: Haworth Press, Inc.
- Ruggles, Steven. 1994. "The Origins of African-American Family Structure." *American Sociological Review* 59: 136-151.
- Schwartz, Seth J., Byron, Z.L., Ravert, R.D., Kim, S.Y., Weisskirch, R.S., Williams, M.K., Bersamin, M., and Finley, G.E. 2009. "Perceived Parental Relationships and Health-Risk Behaviors in College-Attending Emerging Adults." *Journal of Marriage and Family* 71: 727-740.
- Shaver, P.R. and Mikulincer, M. 2006. "A Behavioral Systems Approach to Romantic Love Relationships: Attachment, Caregiving, and Sex." Pp. 35-64 in *The New Psychology of Love*. 1st ed. New Haven, CT: Yale University Press, MA: Steinberg and Weis.
- Sheeran, Pascal, Abraham, Charles, and Orbell Sheina. 1999. "Psychological Correlation of Heterosexual Condom Use: A Meta-Analysis." *Psychological Bulletin* 125: 90-132.
- Shulman, Shmuel and Knafo, Danielle. "Balancing Closeness and Individuality in Adolescent Close Relationships." *International Journal of Behavioral Development* 21 (4): 85-140.
- Somers, Cheryle L. and Vollmar, W.L. 2006. "Parent-Adolescent Relationships and Adolescent Sexuality: Closeness, Communication, and Comfort Among Diverse U.S. Adolescent Samples." *Social Behavior and Personality: An International Journal* 34: 451-459.

- Sterk, Claire E., Klein, H., and Elifson, K.W. 2003. "Perceived Condom Use Self-Efficacy Among At-Risk Women." *AIDS and Behavior* 7: 175-182.
- Strachman, Amy and Impett, Emily A. 2009. "Attachment Orientations and Daily Condom Use in Dating Relationships." *Journal of Sex Research* 46: 319-329.
- Sweeting, H., West, P., and Richards, M. 1998. "Teenage Family Life, Lifestyles, and Life Chances: Associations with Family Structure, Conflict with Parents and Joint Family Activity." *International Journal of Law, Policy, and the Family* 12: 15-46.
- Taylor, M., Dlamini, S.B., Nyawo, N., Huver, R., Jinabhai, C.C., and de Vries, H. 2007. "Reasons for Inconsistent Condom Use by Rural South African High School Students." *Acta Paediatrica* 96: 287-291.
- Torstensson, Marie. 1990. "Female Delinquents in a Birth Cohort: Tests of Some Aspects of Control Theory." *Journal of Quantitative Criminology* 6: 101-115.
- Vowell, Paul R. 2007. "A Partial Test of an Integrative Control Model: Neighborhood Context, Social Control, Self-Control, and Youth Violent Behavior." *Western Criminology Review* 8: 1-15.
- Wellings Kay, Wadsworth, J., Johnson, A., Field, J., and Macdowall, W. 1999. "Teenage Sexuality, Fertility, and Life Chances." *The Journal of the Society for Reproduction and Fertility* 4: 184-190.
- Wight, Daniel, Williamson, L. and Henderson, M. 2006. "Parental Influences on Young People's Sexual Behavior: A Longitudinal Analysis." *Journal of Adolescence* 29: 473-494.

CURRICULUM VITAE

Somer LeAnn Case

EDUCATION:

Indiana University, Indianapolis, IN

September 2010

M.A. in Sociology

Concentrations: Family/Gender, Medical Sociology

GPA: 3.88/ 4.0

M.A. Thesis: *The Ties that Bind: A secondary analysis of family structure and attachment strength on adolescent sexual decision-making.*

Thesis Committee: Tamara Leech, PhD (chair); David Bell, PhD (member); and J. Dennis Fortenberry, MD MS (member).

Marian University, Indianapolis, IN

May 2008

B.A. in Sociology

Minors: Business Administration and Peace & Justice Studies

GPA: 3.5/4.0; Major GPA: 3.77

Senior Thesis: *“Are you willing to give it up?” A Content Analysis of Internet-Based Sexual Scripts among College and Adolescent Women.*

RESEARCH AND TEACHING INTERESTS:

Family/Gender

Women and Adolescent’s Health

Health Policy

Military Sociology

Statistical Methodology

RESEARCH EXPERIENCE:

Institute for Research on Social Issues, Indianapolis, IN

Jan. 2010-May 2010

“Partner Study.”

David Bell, PhD, Principal Investigator

Duties: Conducted in-depth interviews with serodiscordant couples concerning topics on condom use, sexual behaviors, and their motivations behind their sexual decisions;

Received state certification as a HIV Prevention Counselor with the Indiana State

Department of Health; Provided and initiated HIV oral swab test and disclosed results to participants after conducting the interview

IU School of Medicine-Adolescent Medicine, Indianapolis, IN

Current

“Depot Provera Medroxyprogesterone Acetate versus Self-Injection of Subcutaneous Depot Provera Medroxyprogesterone Acetate among Adolescent Women.”

Rebekah Williams, M.D., Principal Investigator and Fellow

Duties: Assisted in enrolling female adolescents; administering surveys; conducting interviews; merged and modified data in SPSS for analysis; and implemented instruction on the self-injection sequence using the SubQ Depo-Provera birth control shot.

RESEARCH EXPERIENCE (cont'd):

Indiana University, Purdue University, Indianapolis, IN **Aug 2008-May 2009**

“Women in the Workforce and the Glass Ceiling among Fortune 500 Companies, specifically in Sweden.”

Linda Haas, Supervisor

Duties: Critically analyzed previous literature on women in the workforce and the glass ceiling among Fortune 500 companies (specifically in Sweden); evaluated prospective scholarly journal articles; and provided support and construction of future policies and procedures for gender equity within the workplace.

TEACHING EXPERIENCE:

Teaching Assistant

Course Title

Introduction to Sociology	Spring 2010
Statistical Methods, SOC 369, Indiana University, Indianapolis, IN	Fall 2009
Introduction to Sociology, SOC 100, Germanna College (Online-Grading for Dr. Michelle Newton-Francis)	Fall 2009
Social Problems, Germanna College, Fredericksburg, VA (Online-Grading for Dr. Michelle Newton-Francis)	Fall 2009
Research Methods, Germanna College, Fredericksburg, VA (Online-Grading for Dr. Michelle Newton-Francis)	Fall 2009
Statistical Methods, SOC 205, Marian University, Indianapolis, IN	Fall 2007
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Guest Instructor

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Statistical Methods, SOC 205, Marian University, Indianapolis, IN “Anova” and “Chi-Square”	Fall 2008/2009
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Tutor

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Humanities, Marian University, Indianapolis, IN	2005-2008
Sociology, all courses, Marian University, Indianapolis, IN	2005-2008

PRESENTATIONS:

Somer L. Case, Rebekah L. Williams MD MS, Devon J. Hensel Ph.D, and J. Dennis Fortenberry MD MS. “Family, Friend, and Sex Partner Influences on Adolescent Women’s Attitudes Toward Use of Depot Medroxyprogesterone Acetate”. SAM Conference, Ontario, CANADA, April 2010.

Case, Somer L. “Are You Willing to Give it Up? A Content Analysis of Internet-based Sexual Scripts among College and Adolescent Women.” Presentation at the North Central Sociological Conference, Cincinnati, OH, 2008.

Case, Somer L. “Violent and Nonviolent Tactics in Social Movements: A Comparative Analysis of the Black Panther Party and the Indian Independence

PRESENTATIONS (cont'd):

Movement” Presentation at the Midwest Student Sociology Conference, Indianapolis, IN, 2008.

Case, S. and Stout, L. “Good Girls Don’t but Sassy Women Can: A Comparative Analysis of Sexual Scripts in Teen-Targeted and Adult-Targeted Magazines” Presentation at the North Central Sociological Association, Chicago, IL, 2007.

PUBLICATIONS:

Somer L. Case, Rebekah L. Williams MD MS, Devon J. Hensel PhD, & J. Dennis Fortenberry MD MS. “Family, Friend, and Sex Partner Influences on adolescent women’s attitudes toward use of depot medroxyprogesterone.” *Journal of Adolescent Health*, February 2010. (in press).

Case, Somer L. “Sex and Beauty is All You Need to Survive: A Content Analysis of Sexual Scripts Among Female Networking Units of MySpace and Facebook” Submission in Progress.

PROFESSIONAL MEMBERSHIP:

SAM-Society for Adolescent Medicine
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2009/2010
2007-Current

CERTIFICATION:

HIV Prevention Counselor –Indiana Department of Health

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AWARDS:

Marian University Thoreau Award in Excellence of Writing in Liberal Arts
Who’s Who nomination and recipient

2008
2008

VOLUNTEER/COMMUNITY SERVICE:

Marian University, Indianapolis, IN

Silver Knights, Secretary

Activities: Organize holiday events like Trick or Treating and Santa’s Brunch for local children and children from the Julian Center; provide campus community work, promote success at Marian University through the event All Alumni Weekend, and create arts, crafts, and out of school activities to local children.

Lighthouse Missions, Indianapolis, IN

Homeless Shelter, Volunteer

Activities: clean bedding and serve lunch and dinner, and promote healthy well being among residents.

Waldron Baptist Church Bible School, Waldron, IN

Kids Program Coordinator, Volunteer

Activities: Combined Christian learning with games, theatre, music, and fun and active competitions; created crafts and Bible lessons.

VOLUNTEER/COMMUNITY SERVICE (cont'd):

Waldron Jr/Sr High School, Waldron, IN

Youth Volleyball Coach, Volunteer

Activities: coordinate duties with athletic director and head coach; assist in fundamental training, practices, and skills; help develop young female adolescents' skills beyond fundamentals of volleyball and combine the abilities of individuals into a team effort with the focus on positive competition, while encouraging fair play and good sportsmanship.