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The Influence Of Parent-Child Relationships On Female Sexual Functioning: A Review Of The Literature

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Abstract

This literature review is an examination of the impact of parental communication of sexual functioning in women. Women have many commonalities of sexual experiences and receive similar messages as children and adolescents in regards to their sexual behavior. Current attitudes towards women's sexuality and sexual functioning and the outcomes that a lack of communication can warrant are areas of importance for this literature review. This Clinical Research Project (CRP) examines how frequently parents communicate about sexual topics with their child, how parents communicate, and parental feelings surrounding discussions. Parenting models and attachment styles are reviewed and how childhood experiences shape current functioning. Parental relationships are an integral part of how an individual is currently functioning and this literature review examines how those relationships and conversations shape sexual functioning for women in adulthood. Other influences and the consequences of not engaging in those hard conversations with an adolescent are discussed. Based on the findings uncovered by the research, clinical recommendations are included in this literature review.

THE INFLUENCE OF PARENT-CHILD RELATIONSHIPS ON

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CHAPTER I: COMMONALITIES & CONCEPTS

In clinical settings, many topics of discussion arise during treatment. To understand an individual's current functioning, it can be helpful to examine the past experiences that inform their current behaviors. Past experiences with caregivers have been shown to influence behavior in adulthood through attachment styles and relationship dynamics (Dewitte, 2012). Sexual functioning is often a part of an intimate relationship and satisfying sexual experiences can be challenging for the majority of women (Kingsberg & Woodard 2015; Wyatt &Lyons-Rowe, 1990). Female sexual functioning impacts quality of life and sexual dysfunction is highly prevalent among women (Kumar et al., 2020). In 1999 it was reported by Laumann et al. that approximately 43% of women experience sexual dysfunction. By 2008, those numbers increased to over 60% of American women reporting difficulties with sexual desire, sexual arousal, or the ability to achieve an orgasm (Hayes et al., 2008). These experiences and statistics inform the necessity to discuss and address sexual functioning with women in adolescence and adulthood (Hayes et al., 2008; Laumann et al., 1999; Wyatt &Lyons-Rowe, 1990).

When discussing intimate relationships and sexual functioning for women, there seems to be a consistent commonality: the messages women received and their experiences as children and teenagers regarding sexuality and sexual functioning affect their current functioning (Smith & Cook, 2008). Many women share that sexuality and sexual functioning were not discussed in their homes as children or adolescents, which is consistent with the research (Walker, 2001). If discussions surrounding sexual functioning did occur, many women reported that the messages received in conversations about sexual functioning were how to monitor one's behavior to prevent sexual assault (Wilson et al., 2010), gynecological and hormonal changes (Wyckoff et al., 2008), and negative consequences of sexual intercourse, such as sexually transmitted

infections (STIs) (Rosenbaum & Weathersbee, 2013). Additionally, a majority of the time, sexual functioning topics were typically discussed by the mother and were not addressed by the child or father, which is consistent with clinical reports (Lehr et al., 2005; Wilson & Koo, 2010).

Parents play a major role in the sexual socialization of adolescents, but it is unclear which specific variables regarding parenting contribute to communication about sexual functioning (Somers & Vollmar, 2006). Sexual experiences in early and later adolescence can have lasting effects on sexual functioning in adulthood (Dube et al., 2001). Adolescents who have a higher-quality relationship with their parents through adolescence report more communication regarding sexual functioning with their parents (Somers & Paulson, 2000). How conversations about sexual functioning were approached by family members, parental figures in particular, during the early stages of adolescence can influence an individual's feelings about overall sexuality and sexual functioning (Afifi et al., 2008; Byers et al., 2008). An adolescent's early experiences include the way parents communicate about sexual activity (Afifi et al., 2008) and a lack of communication or negative communication about sexual activity can be detrimental to a woman's sexual functioning in adulthood (Miller et al., 2009).

Family upbringing and conversations initiated by parents surrounding sexual functioning rarely happen, and parents often procrastinate when having conversations about sexual functioning with their child, leading the child to discuss the subject with other people instead of a parent (Walker, 2001). According to a study conducted by Lemonick (2000), approximately 15% of Euro-American and 50% of African American girls develop secondary sex characteristics, which include breast buds and public hair, by age 8. These statistics suggest adolescence begins much earlier than society traditionally thinks and much earlier than sexual education begins in the public-school systems. According to Simanski (1998), parents often wait until children are

well into puberty to begin discussing sexual functioning, but by then, many adolescents have already begun to look to peers to understand sexuality. A majority of people who identify as religious report that they receive information about vaginal intercourse from their peers (Rosenbaum & Weathersbee, 2010). This research indicates that when conversations about sexual functioning are not initiated by parents, and sexual functioning is not discussed in the home environment, adolescents seek information from other sources.

This lack of communication about sexual functioning could be a contributing factor to not disclosing sexual assault (Blake et al., 2001). Fewer than one in five young adult women report their assault to law enforcement (Krebs et al., 2007). For American women, there is a 12% to 18% lifetime prevalence of rape, meaning there is approximately a 12% to 18% chance a woman could be raped within her lifetime (Kilpatrick et al., 1992, 2007; Tjaden & Thoennes, 2000). The most recent statistics reported by the Center for Disease Control (2015) state that 1 in 5 women are victims of attempted or a completed rape within their lifetime. It was reported by the Department of Justice (2020) that approximately 2 out of 3 sexual assaults go unreported. Decades of studies have shown the possible effects of sexual assault, including physical health problems, psychological difficulties, impairment in social functioning, and disruptions in occupational functioning (Golding, 1999; Tjaden & Thoennes, 2006). Zinzow and Thompson (2011) reported that many college-aged women chose not to report their sexual assault because they failed to identify the incident as serious or a crime. Overall, the statistics on rates of sexual assault, the lack of acknowledgment and understanding that a sexual assault happened, and the lack of reporting is alarming. Starting discussions about consent and sexual functioning at earlier ages in the home could be beneficial.

Gender roles (Wilson & Koo, 2010) and religious affiliation (Rosenbaum & Weathersbee, 2013) have also been reported to influence a woman's feelings surrounding her sexuality and sexual functioning. American society generally views sexuality from a Judeo-Christian belief that sex should be reserved for marital relations and procreation purposes, and this belief influences the expectations of women's sexual behavior (Bordini & Sperb, 2013; DeLameter, 1981). For women, sexual satisfaction, sexual guilt, and decreased sexual activity is associated with religious commitment (Abbott et al., 2016). Many women report that their attitudes toward sexual functioning have been shaped by a religious upbringing. A study conducted by Regnerus (2007) indicated that religious influence on sexual functioning begins in childhood and adolescence, which confirms what is reported by women in a clinical setting.

Most religious institutions maintain and dictate the standard of appropriate sexual conduct (McMillen et al., 2011). Women whose beliefs were influenced by religion as a child or adolescent may experience conflicting feelings when they are sexually active outside of a marital relationship due to the belief that sexual relations outside the marital union are condemned (Studer & Thornton, 1987). Because sexual activity outside of marriage contradicts most religious teachings (Leonard & Scott-Jones, 2010), many women report feelings of guilt for engaging in sexual activity outside of a marital relationship when they identify as religious (Abbott et al., 2016; Cowden & Bradshaw, 2007). Feelings of sexual shame are related to religiosity, and sexual shame is related to lower levels of sexual satisfaction (Marcinechová & Záhorcová, 2020). While those individuals with religious backgrounds report lower levels of sexual satisfaction and higher levels of shame, few research studies have investigated the contributing factors for such a correlation (Marcinechová & Záhorcová, 2020).

Attitudes about gender roles can also impact sexual functioning, and these gender role beliefs are influenced by culture, family upbringing, religious beliefs, world views, and a variety of other factors (Feltey & Poloma, 1991; Read, 2003). Men typically adhere to more traditional gender roles than women do (Lucke, 1998). Women who endorse more traditional gender roles experience a disrupted affect when engaging in sexual behavior that does not align with traditional gender roles, such as a casual sexual encounter (Lucke, 1998). Research indicates that women who do not adhere to more traditional gender roles are more likely to experience less internal conflict regarding their sexual identity, experience less stigma in their sexual functioning, and consequently greater positive affect after sexual encounters (Leech, 2010).

Thoughts and feelings surrounding sexual functioning are complex and deeply personal. Women experience sexuality and sexual functioning in different ways, but women in clinical settings have reported that common parental communication and messages about sexual functioning in childhood have influenced their current sexual functioning, roles in relationships, and beliefs about themselves (Dube et al., 2001; Leech, 2010; Read, 2003)

Unhealthy Sexual Functioning & Female Sexual Dysfunction

Healthy sexual functioning is a subjective experience for every person. However, since healthy sexual functioning is difficult to define and measure, it is beneficial to examine how unhealthy sexual functioning is categorized. The World Health Organization (WHO; 2013) described sexual health as not only an absence of disease or dysfunction, but the presence of emotional, mental, and social well-being in relation to sexual functioning.

According to Kumar et al. (2020), female sexual functioning must be examined from a multi factorial and multidimensional clinical lens. This means that unhealthy female sexual functioning or female sexual dysfunction (FSD) can have many etiologies, including

psychological, biological, and interpersonal influences (Kumar et al., 2020). FSD affects over 50% of the population but continues to be underdiagnosed and often goes untreated by medical professionals (Dahlen, 2019).

The American Psychiatric Association examined diagnosable sexual disorders and described unhealthy sexual functioning or sexual dysfunction as identified in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) as a "clinically significant disturbance in a person's ability to respond sexually or to have sexual pleasure" (American Psychiatric Association, 2013, p. 423). The diagnosable sexual dysfunctions included in the DSM-5 that are female gender-specific are female orgasmic disorder, female sexual interest/arousal disorder, and genito-pelvic pain/penetration disorder (American Psychiatric Association, 2013). According to the DSM-5 (2013), factors contributing to sexual dysfunction include partner factors, relationship factors, individual vulnerability factors, psychiatric comorbidity, stressors, and cultural or religious factors. These contributing factors, along with a lack of assertiveness in sexual situations, limited knowledge of female reproductive functioning, and lack of empowerment to discuss negative sexual experiences all have the potential to contribute to unhealthy sexual functioning. The DSM-5 also includes a *lifelong* (versus *acquired)* specifier for a sexual dysfunction diagnosis (American Psychiatric Association, 2013). This specifier indicates that a woman can experience sexual dysfunction throughout her entire life and that experiences in a person's lifetime can impact their sexual functioning.

Factors Influencing Female Sexual Functioning

When examining female functioning, it is important to highlight certain areas of importance that will be further discussed. Reviewing historical views on female sexuality and how these views impact a women's sexual functioning helps one understand the societal

expectations for women's sexual behavior. The messages women receive from external sources can be understood using sexual script theory. Defining and exploring sexual agency, sexual assertiveness and victimization of women emphasize the need to communicate about sexual functioning. Identifying the motivations of why women engage in sexual activity is another area of importance. Understanding the changing attitudes toward female sexual behavior is important to discuss because societal expectations of women's behavior constantly change. Finally, exploring a woman's knowledge, or lack of knowledge, of female anatomy is also discussed due to the alarming misconceptions of the female body.

Views on Sexual Functioning

Historically, societal attitudes have held different expectations for female sexual behaviors than male sexual behavior, and those expectations have existed in a culture that emphasized less sex-positive ideas (Katz-Wise & Hyde, 2014) and more protection against victimization for women (Fine & McClelland, 2006). Many studies define risky sexual behavior as having sexual intercourse under the influence of drugs and alcohol and having multiple sexual partners within one year (Stockman et al., 1999, 2013). However, while having multiple partners within one year is sometimes qualified as risky sexual behavior for women, the same standard is not always applied to men's sexual functioning. This definition promotes an antiquated view of female sexual functioning and expectations for women's behavior.

Conversations emphasizing the risks of sexual activity, which often promote abstinence and neglect to address adolescent sexual desire, impact the view of young women's sexuality (Fine & McClelland, 2006; Tolman et al., 2003; Welsh et al., 2000). These attitudes, in turn, impact sexual functioning itself. As such, girls are more likely to be depicted as experiencing sexual risks and being vulnerable to the negative consequences of sex (e.g., unwanted pregnancy,

STIs, physical pain due to virginity loss), whereas boys seem to enjoy sex without the risks that women experience (Katz-Wise & Hyde, 2014). Women also receive different messages than men regarding the intention of engaging in sexual activity. Because sexuality is influenced by culture, female sexuality is constructed differently than male sexuality (Burns, 2018). According to Haste (1993), women and girls have received messages of being sexually passive and concerned with having children while men can engage in sexual activity for pleasurable purposes. Research conducted by Haste (1993) indicated possible reasons women would not use contraception, insist their partner use contraception, communicate sexual needs and desires with a partner, or experience feelings of guilt when engaging in sexual activity for pleasure.

Sexual Scripts

Sexual scripts have developed out of research examining sexuality and script theory, which has two components: interpersonal and internal (Gagnon & Simon, 2005). This means that girls and women receive messages from internal and external factors such as media, friends, religion, and family (Ragsdale et al., 2014). Sexual script theory is often used to discuss the different expectations of sexual behavior for men and women (Quinn-Nilas & Kennett, 2018). These different expectations of behavior include women as inhibiting their sexual expression, approaching sexual activity in an emotional way, and being gatekeepers of sexual activity (Sakaluk et al., 2013). There are also scripts related to female virginity that include virginity as a gift to one's partner, virginity loss as a natural part of sexual activity, and virginity as something that is a stigma (Carpenter, 2001). Based on the sexual script theory, the definition of sex and how a woman should behave in sexual situations is taught by the current culture; these beliefs are then internalized and guide a woman's sexual behavior (Frith & Kitzinger, 2001). Sexual script

theory helps one understand the social attitudes and how those attitudes influence female sexual functioning.

Sexual Agency

Sexual agency (i.e., sexual efficacy) is the capability to enact one's sexual desires and preferences, to communicate sexual expectations and boundaries with a sexual partner, and to feel entitled to receive sexual pleasure (Anderson, 2013; Kiefer & Sanchez, 2007). Simply put, sexual agency reflects a woman's ability to assert herself and express her sexual desires in terms of what she does and does not want to do sexually. With sexual agency, she can be in control of her own choices and sexual experiences free from coercion or other influences (Ramsey & Hoyt, 2015). Additionally, exercising sexual agency allows one to define what healthy sexual functioning looks like one's self. In contrast, a lack of agency limits sexual exploration and restricts the exploration of one's own sexual desires and preferences (Wiederman, 2005). Current evidence suggests that sexual agency shows an association with sexual health outcomes, such as safer sex practices, sexual communication (Curtin et al., 2011), and refusal of unwanted sex (Levin et al., 2012), as well as overall sexual well-being and satisfaction (Horne & Zimmer-Gembeck, 2006; Mastro & Zimmer-Gembeck, 2015; Zimmer-Gembeck & Skinner, 2011; Zimmer-Gembeck & French, 2016). More importantly, parents may help to empower young women against gendered messages and dominant sexual scripts. Some tentative evidence for this assertion already exists in the literature; a cross-sectional study suggests that young women who have a positive, supportive parental relationship show greater sexual agency (Katz & van der Kloet, 2010). According to Impett and Tolman (2006), both positive aspects (agency and arousal) and negative aspects (anxiety around sexual activity and embarrassment) as a sexual person contribute to one's sexual self-concept.

Sexual agency, expressed through the ability to act according to one's own wishes and having control of one's own sex life, is crucial for the development of healthy sexuality, leading to safer sex practices and sexual communication (Curtin et al., 2011), refusal of unwanted sex (Levin et al., 2012), and greater sexual well-being being and satisfaction (Horne & Zimmer-Gembeck, 2006; Mastro & Zimmer-Gembeck, 2015; Zimmer-Gembeck et al., 2011; Zimmer-Gembeck & French, 2016). A lack of sexual agency is traditionally associated with being female (e.g., Katz-Wise & Hyde, 2014; Tolman, 2005). As such, in a sexual situation, the traditional sexual script encourages women to take on a submissive role, whereas men are expected to express their sexual autonomy and dominance (Sanchez et al., 2012; Wiederman, 2005). Given that those cultural messages of gendered expectations lead to restrictive messages that girls should not act with agency, this review of the literature intends to assess the relationships among parental support, knowledge, parent-adolescent communication about sexuality, and young women's development of sexual agency.

According to de Graaf & Rademakers (2011), younger women who feel encouraged by their parents, through emotional engagement and support of autonomy, are more likely to communicate about their sexuality and, in turn, better understand their own needs and desires, which then results in greater agency. Research has already highlighted the importance of the parent-adolescent relationship quality and adolescents' perception of feeling supported by their parents, which leads an adolescent to share information or self-disclose aspects of sexuality with parents (de Graaf & Rademakers, 2011; van de Bongardt et al., 2015, 2016).

Sexual Assertiveness and Victimization

Sexual assertiveness is characterized by individuals engaging in sexual activity being attentive to each other while maintaining personal boundaries with which they are comfortable

(Twenge, 2011). Being sexually assertive with a partner is said to be a protective factor against sexual assault, according to Walker et al. (2011). Many women who are reported to be low on sexual assertiveness are unable to express sexual needs and comfortability with their partner, thus increasing their vulnerability to sexual assault (Walker et al., 2011). Additionally, Walker et al. (2011) indicated that the number of sexual partners a woman has is not indicative of an increase of victimization but reflects a women's lack of sexual assertiveness. Meaning, the number of partners a woman engages in sexual activity with does not have correlation to possible victimization, rather, a lack of sexual assertiveness is a factor in sexual situations that could lead to victimization. These results indicate that sexual assertiveness can lead to positive outcomes for women while also encouraging women's sexual autonomy.

According to the Department of Justice (2018), on average, 433,600 women are victims of a violent crime yearly, which rapes falls under, in the United States. Statistics indicate that certain populations are more at risk than others to be victimized. For example, studies have shown that there is often a higher risk of sexual assault while attending college. Fisher et al. (2000) reported that 25% of women are raped during their college career. Mellins et al. (2017) reported that anywhere between 28% to 33% of women and non-gender-conforming students report having experienced a form of sexual assault during their college careers. Many women are more vulnerable to victimization during their first and second years in college, and 20% of them are more vulnerable during the first two years than those juniors and seniors in college (Krebs et al., 2009). Women in the military are also at a high risk of experiencing sexual assault, with 9-13% of them sexually assaulted each year (Bostock & Daley, 2007). Many women who experience rape as minors are at a greater risk of being re-victimized as adults. According to the Centers for Disease Control (CDC; 2014), about 35% of women who were raped as minors also were

raped as adults, compared to 14% of women without an early rape history. This suggests that there is a prevalence of victimization in the United States that is directly related to lack of sexual assertiveness for women.

Motivation for Sexual Activity

Just as each individual defines their own sexual functioning differently, people also have different motivations for engaging in sexual activity (Wyatt & Riederle, 1994). Much of the early research on reasons for engaging in sex focused on physiological responses such as pleasure, relief of tension, and reproduction (Tiefer, 1991). However, within the last 20 years, research has examined more psychological reasons for engaging in sexual activity (Basson, 2000). The model proposed by Basson (2000) indicated that women engage in sexual activity for not just the physiological benefits like tension relief and pleasure, but also the nonsexual benefits, such as intimacy, affection, and bonding with their partner. According to Armstrong and Reissing (2015), the status of the relationship also influences motivation for engaging in sexual activities, with physical reasons being the primary motivating factor for casual relationships and emotional factors being the primary motivator in exclusive, long-term relationships. Meston and Buss (2007) indicated that men and women cite the same 20 of 25 reasons for engaging in sexual activities such as stress reduction, sexual pleasure, and their partner's attractiveness. This means that women and men have similar motivations for engaging in sexual activity, contrary to the belief that women have sexual intercourse for intimacy and men engage in sexual activity for pleasure (Armstrong & Reissing, 2015).

Contraception Use

Hock-Long et al. (2013) reported that people who engage in casual sex use condoms for STI and pregnancy prevention approximately 77% of the time, while individuals in "serious

relationships" use condoms 38% of the time. In 1998, Hynie et al. reported that young women's attitudes, or sexual scripts, were conflicting about when condoms should be used. Young adults reported that women should be sexually active in committed relationships, but condom use is reserved for sexual activity outside of committed, exclusive relationships, which are conflicting messages (Hynie et al., 1998). Condom use is somewhat incompatible with the socially promoted view that one should only be sexually active in committed relationships, and if one is in an exclusive relationship, there is no need to use condoms (Hynie et al., 1998).

In relationships, the use and methods of contraception can be a mutual decision or an individual one. According to Grady et al. (2010), power differentials in heterosexual relationships affect what contraception method is practiced. For example, if women have a higher income than their partners, they will often leave the method of contraception choice to their partner, presumably in an attempt to balance the power in the relationship (Grady et al., 2010). Grady et al. (2010) also reported that women in dating relationships have less power over the type of contraception used than women in cohabitation or marital relationships. The exclusivity of relationships clearly affects the use of contraception, but attitudes regarding relationships and the number of "acceptable" partners have changed dramatically over the past four decades.

Changes in Attitudes of Sexual Intercourse

Sexual behaviors of adults in and out of relationships have evolved from previous decades. According to a study conducted by Bajos et al. (2010), the median age of women's first-time experiencing intercourse has decreased by 4 years from age 22.0 in the 1930s to age 17.6 in the 2000s. People are more open to having multiple partners and cohabitating before marriage than couples in the 1970s, according to Twenge et al. (2015). Adults during 2000-2012

were reported more likely to engage in sex with a casual date, have more sexual partners, and be more accepting of non-marital sex (sex in adolescence, premarital sex, and same-sex sexual activity), when compared to adults during 1970-1980 (Twenge et al., 2015). The researchers also reported that the total number of sexual partners increased for both men and women in 2012, compared to those individuals in the 1980s. However, a study conducted by Bajos et al. (2010) reported that since the 1970s, the total number of partners for women has increased from 1.8 to 4.4 in 2006, but the total number of partners for men had not changed significantly (11.8 in the 1970s to 11.6 in 2006). Based on this research, it seems to be more socially acceptable for women to engage in sexual activity with multiple partners in contemporary society. When examining women's current status in society, women report that sexual intercourse and sexual acts are essential to their well-being, and these changes in attitude were primarily attributed to an increase in women's social status (Bajos et al., 2010). However, women consistently reported fewer sexual partners than men in the 1970s and the 2000s (Twenge et al., 2015), suggesting that the expectations of women's sexual behavior are still different when compared with the expectations of men's behavior in sexual activity.

Knowledge of the Female Anatomy

Knowledge of the female anatomy is an important piece of a woman's sexual functioning (Nicolson & Burr, 2003) and it is often assumed that women have a basic knowledge of their anatomy and can express what stimulates them sexually. However, this is not necessarily the case. In a study conducted by Reid et al. (2017), women had a severe lack of functional knowledge of female anatomy and the physiological processes related to such; only 14.9% of the participants understood the purpose of a "pap smear" test, and only 36.1% knew that the

fallopian tube was where the egg is fertilized by sperm. Women also had more difficulty identifying external sexual organs than internal sexual organs (Reid et al., 2017).

Another study conducted by Gollub et al. (2013) that surveyed approximately 200 women in Philadelphia reported that 44% of participants believed that one urinates and has intercourse in the same place and 62% of participants believed that a tampon could get lost in an abdominal cavity. Only 10% of participants in the Gollub et al. (2013) study reported knowing that using condom reduced cervical cancer risk and 27% of participants reported knowing that douching increased STI transmission risk.

The DSM-5 denoted that sexual functioning difficulties may be caused by a lack of physical stimulation, which can be treated but is not diagnosable. This difficulty in sexual functioning the DSM-5 describes can be due to a lack of knowledge of what stimulation facilitates arousal and orgasm (American Psychiatric Association, 2013). It has been established that healthy sexual functioning impacts a woman's quality of life (Kumar et al., 2020), Therefore, if a woman lacks sufficient knowledge of her sexual health and anatomy, it is reasonable to assume that her overall quality of life and her sexual functioning could be impacted negatively.

Statement of the Problem

Evidence indicates that parents have a great influence on children's feelings about sexuality and sexual functioning through the information they discuss with their daughters regarding sexual functioning (Grossman et al., 2014; Murry et al., 2014). However, those conversations are not occurring regularly or are occurring much too late (Whitaker et al., 1999). Often, children have already begun gaining information, sometimes incorrect information, about sexual functioning from peers (Somers & Paulson, 2000). The negative implications of the lack

of communication regarding sexual functioning can be very detrimental for women, including an overall poorer quality of life (Hooghe, 2012). The literature seems to define unhealthy sexual functioning, but there is a lack of information about healthy female sexual functioning. There is also limited information regarding how current views on women's sexual functioning may impact messages women receive at home about their own sexual development and sexual behaviors. Women's sexual functioning is influenced by messages women receive at home about their own sexual development and sexual behaviors. An exploration of religious influences and gender role effects highlights the different influences and messages women receive about their sexual functioning. Areas of importance include understanding women's motivations for sexual activity, changes in attitudes regarding sexual intercourse over the past decades, defining sexual assertiveness and victimization, and women's lack of knowledge of female autonomy.

Purpose Statement

The purpose of this clinical research project was to critically review the available literature on the effects of parental communication during adolescence on female adult sexual functioning. Reviewing the literature regarding the effects of parental communication on female sexual functioning allows insight into the consequences of not having those conversations and what can be done by parents, educational systems, and society in general to mitigate any negative consequences women may experience in adulthood. Adding recommendations for clinicians and family members to begin a dialogue regarding sexual functioning is also a contribution of this literature review.

Literature Review Questions

The following are questions that guided this critical literature review:

1. How does parental communication influence female sexual functioning?

2. How do parent-child relationships, including parenting and attachment styles, influence sexual functioning?
3. What recommendations can be developed based on the existing research?

Research Procedure

The literature search strategies used in this CRP included searching library databases to gather recent research dating from 1990 to 2020. Research articles before 1990 were searched also to compare past research to more recent research. Additionally, research that references theories that falls prior to 1990, such as parenting styles, are also included. Journal databases used included ProQuest Central and EBSCO article databases. Keywords searched included *adolescence, parenting styles, communication, sexual functioning, adolescent sexual activity, female unhealthy sexuality, parental support in reporting rape or sexual assault, sexual education, female organisms, sexual assertiveness, modeling positive sexual behavior,* and *parental openness*.

Due to cultural variability, this CRP focused on individuals raised in the United States. Other countries demonstrate higher rates of sex-positive research compared to the United States. However, for this review, studies completed in other countries were excluded because their findings would have limited generalizability in the United States. Cultural variations of expectations for genders, cultural norms, religious influences in countries other than the United States, and additional factors led to excluding countries outside of the United States. If studies or statistics were mentioned in this literature from countries other than the United States, it was noted or used to define terms.

This specific literature review focused on cisgendered, heterosexual females. Individuals who identify as sexually fluid, non-binary, and/or non-gender conforming were not included in

this literature review. However, it is important to note that all sexual functioning experienced by individuals who do not identify as cisgender and/or heterosexual is as valuable and impactful. The scope of future research should be expanded to a wide array of sexual experiences and those research outcomes can be integrated in future discussions as more information and data is developed. Due to examining the complex nature of parent-child relationships, other factors were not examined, such as sexual orientation and gender identity.

Due to the extensive nature of qualifying emotions associated with engaging in sexual activity, emotions were not examined in this literature review of the current research. The influence of gender roles on reasons for engaging in sexual activity was also excluded from this CRP. However, power differential and gender roles were examined when discussing contraceptive use by females. Value systems that influence parental communication about sexual functioning were not examined for this CRP due to the variability in value systems and the feelings associated with such systems.

CHAPTER II: HOW DOES PARENTAL COMMUNICATION ABOUT SEX AFFECT DEVELOPMENT IN ADOLESCENCE?

This chapter explores the literature related to understanding how parental communication about sex during adolescence makes an impact on adolescent development. Important areas discussed include the factors that motivate adolescents to talk to their parents about sex, gender differences in communication about sexual functioning, and how the parental relationship influences communication and sexual functioning. Finally, other factors that influence sexual functioning are examined, including school-based sexual education, religion, and family culture.

Parental Perception of Adolescent Experiences

When discussing parental communication, it is important to examine the dynamics between parents and their children, including the parental perception of their child's sexual activity and how parents feel about conversations involving sexual subject matter. A majority of parents support the idea that adolescents should receive sexual health information (Peter et al., 2015), but parents are often more comfortable talking with their child about puberty and menstruation than sexual activity (Wyckoff et al., 2008). Based on these findings, there seems to be a disconnect in parental attitudes about a child learning about body transitions and a parent actually communicating with a child about sexual functioning. Many studies have reported that parents can be effective sex educators (DeVore & Ginsburg, 2005; DiIorio et al., 2009; DiClemente et al., 2001; Dittus & Jaccard, 2000; Jaccard et al., 1996) and there are specific interventions that can increase sex education by parents (Kirby & Miller, 2002; Klein et al., 2005; Lefkowitz et al., 2000; Schuster et al., 2008). However, Eisenberg et al. (2004) found that parents often have misinformation about condom effectiveness and STIs or the parents do not

communicate the sex-education topics in a way that their children understand (Eisenberg et al., 2004).

Studies have indicated a variety of reasons about why parents have difficulty discussing sexuality with their children. Multiple studies have reported that the lack of communication between parents and their children about sexuality is due to many factors including the children's beliefs such conversations invade their privacy and resist to disclosing any sexual activity to the parents, parental refusal to acknowledge the child may already be sexually active, and parental lack of knowledge due to a generational lack of communication (Eastman et al., 2005; Guilamo-Ramos et al., 2006).

Early Exposure

Wilson et al. (2010) explored factors that influence whether parents discuss sex with their children. The Wilson et al. (2010) study conducted 16 focus groups in three different regions of the United States, with separate groups for men and women, and for Black, Caucasian, and Hispanic participants. The sample totaled 131 mothers and fathers with children aged 10-12 years old. The study reported that parents believe children are exposed to a greater number of negative influences than they were during their childhood, specifically more media exposure and peer pressure regarding sexual activities (Wilson et al., 2010). Parents reported concerns about pornography being easily accessible, negative role models in the media, sexual content of messages in music and video games, and sexuality in advertising (Wilson et al., 2010). This study also indicated that Black parents from the Northeast, particularly those who had their own children during adolescence, indicated that their pre-teenage children had already engaged in sexual activity, whereas parents from other regions did not think that their children were engaging in sexual activity (Wilson et al., 2010). Additionally, a risk mentioned only by Black

parents who reported their children were at greater risk of engaging in sexual activity was that their child attracted inappropriate attention due to experiencing puberty at an early age and appearing older than their stated age (Wilson et al., 2010). According to this study, parents believe that their children are exposed to sexuality at earlier ages through media and the internet (Wilson et al., 2010). Additionally, parents feel it is important to communicate with their children about sex, but they believe that their children are unprepared to have a conversation about sexual functioning at such an early age (10-12 years old; Wilson et al., 2010).

While parents may believe that children are unprepared to have conversations about sexual functioning at younger ages, research has indicated that parent-child communication about sex may occur after children are already engaging in sexual activity (Somers & Paulson, 2000). In 2010, Mollborn and Everett examined data from 80 U.S. high schools and 52 middle schools, totaling 11,369 individuals from the National Longitudinal Study of Adolescent Health. It was found that 55% of parents reported that their children did not engage in sexual activity when their children actually reported being sexually active (Mollborn & Everett, 2010). These findings imply that parents may believe their children are not sexually active and that discussing sexual functioning is unnecessary even though their children are already engaging in sexual activity. Based on this research findings, parents who begin a dialogue about sexuality when their children are younger could discuss expectations, how to advocate for themselves in sexual situations, family culture and beliefs, and safety prior to sexual activity.

Some parents believe discussing sexual activity before their child is ready is inappropriate. Perceived threats of sex-related issues, perceived benefits of talking about sex, perceived barriers to talking about sex, and factors facilitating talking about sex were all themes that Wilson et al. (2010) uncovered when conducting their study. Some parents reported that they

were not going to discuss sexual functioning with their children or adolescents until their children showed an interest in it (Wilson et al., 2010). Parents who wait for their children to show an interest in sexual activity encounter difficulty because they are unaware of indicators, such as the beginning of puberty and expression in romantic relationships that may be associated with sexual activity (Wilson et al., 2010). Additionally, some parents simply wait for the children to ask questions (Wilson et al., 2010). There were varied opinions regarding the age at which parents should speak with their children about sexual functioning. Some parents believed it was better to discuss sexual functioning before a child showed interest in sexual activity to prepare the child, while other parents believed that discussing sexual functioning before a child is ready could result in emotional difficulties (Wilson et al., 2010).

Within the Wilson et al. (2010) study, many participants said that their parents had never talked to them about sex, which made it difficult to know how to discuss sexual functioning with their own children. This particular challenge in discussing sexuality with their children was mentioned by almost all fathers within every group, but it was most prominent with fathers who identified as Hispanic. Wilson et al. (2010) reported that parents who identified as Hispanic reported that American culture, which emphasizes individuality, prevents the parent from having influence over their child behavior due a conflict of cultural values. When discussing sexual functioning, cultural considerations should be taken into account, but suggestions on how to discuss sexual functioning should be generalizable across all cultures, according to Wilson et al. (2010).

Parents who identified as Hispanic in the Wilson et al. (2010) study reported that they experienced embarrassment when discussing sexuality with their children because it was not a subject openly discussed within their culture and with their parents. Santa Maria et al. (2014)

surveyed African American single parent mothers and sons who were recruited from after school programs and community health fairs. They conducted structured interviews with 23 families, with an additional 44 individual interviews. In their qualitative study, African American single mothers expressed a high level of communication about their sons' sexual health, particularly condom use. Additionally, African American young people reported more communication about sexual functioning from their parents than Hispanic adolescents (Whitaker et al, 1999). This may be due to Hispanic women reporting being unsure of how much detail to relay when discussing sexual functioning with their children and African American women reporting no concerns regarding communicating details in this area (Whitaker et al, 1999).

Adolescent Perception of Parental Messages

Exploring a parent's comfort level and the factors that encourage or discourage difficult dialogue were important aspects in helping parents become better communicators about sensitive topics, such as sex. While many studies examined parental perspectives of discussions regarding sexual functioning, other researchers have focused on adolescent perspectives of these conversations.

In 2018, Grossman et al. examined adolescent perspectives on discussions about sexual functioning with parents. They interviewed a small sample of 22 adolescents from an urban area in the northeast United States. The themes examined by the authors were the messages being communicated, motivation for discussions, barriers to discussing sex, and the process of talking about sex. The study examined the messages parents communicated during conversation, adolescent motivation to talk with family members about sex, adolescent motivation not to discuss sex with family members, and the process of communication (Grossman, et al., 2018). Grossman et al. (2018) found that when parents discussed sexual functioning with adolescents,

the primary messages perceived by adolescents were to delay sex, use protection, and avoid teenage pregnancy. However, compared to other developed nations, the United States has double the amount of teenage pregnancy and higher abortion rates (Singh & Darroch, 2000) These statistics indicated that the dialogue between parents and adolescents regarding sexual functioning does not include sexual autonomy or sexual agency over sexual experiences and remains an ineffective way to prevent teenagers from engaging in sexual activity.

Factors that motivated adolescents to have conversations about sex with their family members included learning about their family members' life experiences, ease of the conversation, and closeness of the relationship to the family member (Grossman et al., 2018). Some of the barriers to discussing sexual functioning with family members were fear of negative reactions and the awkward nature of having the conversation (Grossman, Jenkins, & Richer, 2018).

Communication

According to several studies, family communication is a primary protective factor that can influence sexual functioning in adolescence (Grossman et al., 2014; Murry et al., 2014). For example, Jaccard and Dittus (1991) reported that unintended pregnancies have been reduced when parents and adolescents communicate about sexual functioning. Parental discussions about sexual functioning, sexual health, and sexuality can influence an adolescent's comfort level when discussing sexual history, sexual experiences, and sexual functioning (Whitaker et al., 1999)

According to Whitaker et al. (1999), the likely factors that limit parental communication about sexual health and functioning include the parent's perceptions of their child engaging in sexual activity, norms for discussing sexual functioning, knowledge regarding sexual experiences, and an adolescent's comfort level when discussing sexual functioning. All of these

factors referenced by Whitaker et al. (1999) seem to be influenced by the taboo nature of discussing sexuality in American society. Americans receive pervasive messages about sexuality from the media, contributing to sexual scripts, but openly discussing sexuality is prohibited, according to Whitaker et al. (1999). One could theorize that this dichotomy of messages can be confusing and promote unhealthy expectations of sexual functioning, particularly for adolescents.

Shoop and Davidson (1994) surveyed 80 adolescents about AIDS knowledge, sexual behavior and condom use, and their ability to communicate with a partner about AIDS-related topics. The comfort level in discussions around sexual functioning with parents seems to influence how comfortable an adolescent is talking with their partner about sex (Shoop & Davidson, 1994). Shoop and Davidson (1994) reported that compared to adolescents who discuss strictly STI-related issues and adolescents who do not discuss sexual functioning at all with their parents, those teenagers who had parents who discussed general sexual functioning felt more comfortable talking about sex with their sexual partners. While the sample size was small in the Shoop and Davidson (1994) study, it is representative of the influence parental communication can have when adolescents choose to engage in sexual activity.

Protecting children from the harmful consequences of sexual intercourse, correcting misinformation, and communicating parental values about their child engaging in sexual activity were reported as motivations for parents talking with children about sexual activity (Wilson et al., 2010). Although most parents believe talking with their children about sexual activity can delay sex, there are multiple perceived barriers to talking to children about sexual activity, which include parental perception that their children are not ready to discuss sex, lack of awareness of how to approach talking about sexual functioning, parental lack of energy or time, lack of

reciprocity from the child, embarrassment or discomfort for the parent, unawareness about the need to have a conversation about sexual functioning, and familial dysfunction (Wilson et al., 2010)

Wilson et al. (2010) reported that the optimal communication process involved parents giving teenagers advice, adults sharing information, adolescents asking questions, adult family members asking questions of the teenager, the adolescent sharing information with the adult, and the adult talking about their experiences. This dialogue process demonstrates the open and reciprocal nature of communication that facilitates positive interactions with adolescents surrounding sexual functioning (Wilson et al., 2010).

Gender-Specific Communication

When examining how parents communicate with children and adolescents about sexual functioning, some research has examined parental communication in terms of gender (Lehr et al., 2005; Russell, 2005). Several studies have reported that mothers discuss sexuality with adolescents more often than fathers. However, this parental gender difference is often affected by the gender of the adolescent, according to Wilson and Koo (2010). Wilson and Koo (2010) surveyed 829 fathers and 1,113 mothers nationally via online questionnaire and examined the influence of the adolescent's gender on the discussion of sexuality. They discovered that mothers and fathers discuss sexual functioning with the same amount of frequency with sons. However, this study also reported that fathers rarely talk with their daughters about sexuality and sexual functioning, while mothers discuss sexuality with daughters more often than with sons. Fathers often report a more difficult time than mothers initiating conversations about sexual functioning with their children due to fear that they may not have the knowledge or are unsure how to answer questions related to values held regarding sex. Based on these findings, it appears that adolescent

girls receive the most communication regarding sexual functioning from their mothers (Wilson & Koo, 2010; Wilson et al., 2010).

Quality of Parental Relationship

The more positive the parent-adolescent relationship, the more open the communication about sexual functioning. The opposite is also true. The more negative the parental relationship, the less communication there is about sex in adolescence (Rosenthal et al., 2001).

Whitaker et al. (1999) interviewed 372 pairs of mothers and self-reported sexually active adolescents from Alabama, New York, and Puerto Rico. Using factor analysis, they examined sexuality and risk discussions, parental responsiveness, partner communication, and condom use. The results of this study indicated that, overall, an adolescent is more likely to communicate with their partner about sexuality, risk, and condom use when they have previously discussed those topics with their parents (Whitaker et al., 1999). Specifically, Whitaker et al. found a significant increase in adolescent communication with their partners if the parental responsiveness was high; parental responsiveness in the study was defined by a parent's comfort, openness, and skill level when discussing sexuality and sexual functioning (Whitaker et al., 1999). These results indicated that adolescents with parents who can be more responsive to their needs and questions about sexual functioning and who communicate in an open way about sexuality are more likely to be communicative with their partners and more likely to use a condom during intercourse.

Consistent with many previous research studies, Afifi et al. (2008) looked at 112 parent-adolescent dyads from both families with parents living in the same household, as well as parents who are divorced and separated parents. Most of the participants were White and from the Northeastern part of the United States. The study found that the quality of the relationship between the parent and the child influenced how anxious or avoidant the child was during the

conversation regarding sexual functioning. Parents who can be receptive, informal, and composed during conversations with adolescents about sexual functioning create an environment for the teenager to experience less anxiety and, in turn, be less avoidant when discussing sexual functioning (Afifi et al., 2008). This study also indicated that if a child perceived the parent to be uncomfortable or not competent about sexual activity, the child's anxiety increases (Afifi et al., 2008).

However, Rosenthal et al. (2001) observed a "disengaged" style as well. They provided questionnaires to adolescents who were in grades 8 through 10, surveying the frequency of parental communication about sexuality and the communicative style of their parents when discussing sexuality. In general, the participants reported that their overall quality of communication with their parents was positive, but there was little to no discussion of sexuality, describing these parents as "disengaged". The study also reported some fathers fell into the category of "inconsistent" communicators, meaning these fathers communicated with their children more frequently than other fathers, but their overall communication style was ineffective. Overall, if the parent has positive communication styles, then positive conversations about sexuality are more likely.

Influences on Sexual Functioning

While parental communication is a major factor that influences sexual functioning, other factors are also considered when examining the influences on female sexual functioning. School-based sexual education, religion, and family culture can all effect sexual functioning for women.

School-Based Sexual Education

While many parents support the idea that their children should receive sexual health information, there are fundamental criticisms of the current literature provided by the U.S. public school systems. Since 1996, most federally funded sex-education policies have promoted abstinence until marriage (GAO, 2006), except for a one-year break during the Obama administration. According to data collected by Guttmacher (2010), 32 states do not include contraception and condom use in their sex-education curriculum, aligning with the belief that such topics are discussed at home and do not need to be discussed in the classroom setting (Luker, 2006). According to Landry et al. (1999), 14% of public school-based sexuality education (SBSE) includes information regarding all contraceptives and STIs while 35% to 51% of SBSE are abstinence-centered or abstinence-only. Fine (1988) observed that the underlying beliefs that drive conversations during SBSE are fear-based. This means that SBSE communicates reasons why an individual should not engage in sexual activity rather than discussing safe options to engage in sexual activity if one chooses. SBSE also may not include explanations of consent or sexual agency. Although the content of abstinence-only found in current SBSE is over several decades old, it is still taught in both the classroom and online (Bay-Cheng, 2001). It is important to note that while this research is decades old, there seems to have been very few changes to SBSE. In fact, in 2010, Guttmacher reported that abstinence until marriage is still the basis for SBSE, indicating the need to review and update the SBSE curriculum to reflect current culture to become a more inclusive and progressive program.

Additionally, the underlying beliefs of SBSE and the way SBSE is presented also make providing support and guidance for adolescents who encounter sexual situations difficult for educators (Ehrhardt, 1996; Kyman, 1998; Tolman, 1999; Welsh et al., 2000). Morris (1994)

presented the idea that sexuality should be a healthy aspect of life that changes throughout a person's lifetime, and valuable adults in the adolescents' lives should help guide them in their autonomy of saying "yes" and saying "no" to sexual activities. Approaching sexual activity in this way promotes a healthy positive autonomy over one's own sexuality and sexual health.

In her review of SBSE curriculum, Fine (1988) noted that the United States does not promote a positive approach to sexual functioning, and SBSE does not address the components such as desire or pleasure, particularly for adolescent girls. Fine's literature review led to other research on adolescent sexual desire and sexual agency. Buzwell and Rosenthal (1996) proposed that sexual self-efficacy is made up of the ability to say "no" in sexual situations, the ability to communicate sexual desires and wishes, and the ability and willingness to exercise precautionary measures (e.g., using contraceptives). Other research has theorized that including desire in SBSE allows for sexual agency and self-efficacy, promoting ownership for one's body (Tolman, 1994). Wyatt and Riederle (1994) reasoned that adolescents are unable to protect their own sexual interests without practicing and understanding their own sexual agency. The idea that current SBSE presents, namely that adolescent girls should not be sexual and do not have sexual desires, leads to women not understanding their own sexual experience and autonomy, leading to possible victimization (Raymond, 1994).

The variety of sexual behaviors and the different aspects of sexual engagement are other aspects of sexual functioning that SBSE does not address (Whatley, 1992). Failure to discuss the different ways sexual engagement can occur can allow for misinformation regarding the need for safety in different forms of sexual intercourse (Netting, 1992). In 2001, Cheng expanded on the evaluation of SBSE, reporting that SBSE emphasizes the dangers of adolescent sexual activity. Furthermore, Bay-Cheng (2003) critiqued SBSE, citing that the current curriculum does not

discuss sexuality as a social construct and operates within a narrow definition of sexuality. The conversation in SBSE is typically centered around monogamous, cisgendered relationships involving vaginal intercourse and is not inclusive to other sexual experiences or partnerships (Peplau et al. 1993). According to Bay-Cheng (2001), all of these criticisms indicate that SBSE programs continue to fail in informing and empowering adolescents to participate in healthy and responsible choices in their sexual functioning.

Religion

In general, religion has been shown to influence sexuality for adults (Hernandez et al., 2011; Hunt & Jung, 2009). Numerous studies demonstrate that parental values and attitudes toward sexuality, along with parent-child communication, have an important effect on initial intercourse experience (Jaccard et al., 1996; Luster & Small, 1997; Miller et al., 1998, 1999). Considering religious practices as a part of parental values is important when discussing the development of healthy sexual functioning in adulthood.

Regnerus (2005) examined a national sample from the National Longitudinal Study of Adolescent Health from 7th to 12th grade totaling 11,272 individuals including adolescents, parents, siblings, friends, romantic partners, fellow students, and school administrators. Additionally, Regnerus (2005) used data from the National Study of Youth and Religion, which is a national telephone survey of 3,290 U.S. adolescents between the ages of 13 and 17 and their parents. This study's findings suggested that when parents are publicly religious, this curbs the number of conversations about sex and birth control that a parent has with their child (Regnerus, 2005). According to this study, age, race, and gender shape communication patterns most consistently, despite religious affiliation (Regnerus, 2005). However, parents who identify as religious or conservative are not necessarily opposed to their child learning about sexual

intercourse. A survey by Eisenberg et al. (2008) found 89% of American parents, 83% of born-again Christian parents, and 51% of politically "very conservative" parents support comprehensive school sex education. Typically, most religious organizations encourage parents to speak with their children about sexual functioning (Stephens, 2009), but more than half of the sample surveyed by Rosenbaum and Weathersbee (2013) reported that they did not learn about menstruation, pregnancy, intercourse, or birth control from their families and 25% reported no family discussion regarding sexual ethics or sexual relationships. Of the participants, 67.5% reported that they learned about STIs from school, followed by peers at 32.4%, while only 13.9% of people learned about STIs from their parents (Rosenbaum & Weathersbee, 2013). Peers were the primary source of information about vaginal sex (73.5%) and oral sex (75.5%) (Rosenbaum & Weathersbee, 2013). Church and parents reportedly provided guidelines for "good" and "bad" behavior, or morality, for 70% of participants in the Rosenbaum and Weathersbee study, which indicates that church and parents are a major source of influence in guiding attitudes about sexual activity. About two-thirds (65%) of respondents in the study supported secular school sex education and, interestingly, only those participants who had experience with sex education reported to be in support of it.

Abstinence and Religion. When examining values, religion plays a major role in the decision to abstain from sexual activity. For those adults who do not identify as religious, engaging in sexual activity when one is not married is relatively common. Chandra et al. (2005) reported that 85% of married women had intercourse before marriage. According to a study by Finer (2007), 75% of people had had premarital sex by age 20, and 95% of respondents had had premarital sex by age 44. Between 1964 and 1993, 91% of women had had premarital sex by age 30 (Finer, 2007). These studies indicate that it is a relatively common practice for women to

engage in sexual activity prior to marriage and as a person ages, they are more likely to engage in intercourse.

In a 2013 study, Rosenbaum and Weathersbee measured the prevalence of premarital sexual behaviors by newly married (fewer than five years) individuals who attended nine Southern Baptist churches in Texas. More than 70% of the 151 respondents reported having oral or vaginal sex prior to marriage. Specifically, women who married before they were 21 years old and men and women who married after age 25 admitted to premarital sexual activity (Rosenbaum & Weathersbee, 2013). When just focusing on individuals who married after age 25, the percentage of sexual activity increased to over 80% of respondents (Rosenbaum & Weathersbee, 2013). Compared to individuals who do not identify as religious, the men and women who were married after age 24 and identified as "born again" participated in premarital sexual activity at the same rate (Rosenbaum & Weathersbee, 2013). According to Finer (2007), approximately 75% of both populations (religious and non-religious) have engaged in sexual activity by age 24. Some respondents in the Rosenbaum and Weathersbee (2013) study abstained from sexual activity until marriage, but a majority of people did not, indicating that religious affiliation does not necessarily prevent one from engaging in sexual activity as an adolescent or young adult.

Interestingly, Rosenbaum and Weathersbee (2013) reported that the women respondents engaged in sexual activity at younger and greater rates than men. Rosenbaum and Weathersbee found that 92% of women who married between the ages of 16-20 and 85% of women who married after 24 engaged in sexual intercourse before marriage. However, some women who married at an early age (16-20) reported experiencing pregnancy, which led to marriage (Rosenbaum & Weathersbee, 2013).

It is unknown if adolescents who identify as highly religious (Haglund & Fehring, 2009; Hardy & Raffaelli, 2003; Lammers et al., 2000; Meier 2003; Rostosky et al., 2003) attend religious services (Nonnemaker et al., 2003; Santelli & Peter, 1992), pray often (Laflin et al., 2008; Nonnemaker et al., 2003) and are a part of families that identify as religious (Manlove, et al., 2006, 2008) delay sexual activity until marriage. According to Bearman and Bruckner (2005), adolescents may engage in oral sex instead of vaginal intercourse to preserve "technical virginity" (Gagnon & Simon, 1987; Reiss, 1960; Uecker, et al. 2008). In Rosenbaum and Weathersbee's 2013 study, the substitution of oral for vaginal sex was more frequent in respondents who married at ages 21-24. Lindberg et al. (2008) discovered that engaging in oral sex instead of vaginal intercourse mostly occurs with initial sexual partners. The participants in Lindberg et al.'s (2008) study who married later in life reported more sexual partners than those who married at an earlier age, which indicated that people who marry later in life engage in vaginal intercourse instead of just oral intercourse. Respondents who married earlier had fewer past sexual partners, whereas respondents who married later had more time to accumulate additional sexual partners and stop substituting oral for vaginal sex.

Feelings about Sex and Religion. Research on religion and sex has identified a connection between religious affiliation and feelings of guilt and fear related to sexual experimentation in adolescence and sex before marriage (Garceau & Ronis, 2017). In multiple studies, those who identified themselves as Christian or Catholic held the view that sexual intercourse should be an intimate relationship between spouses within the confines of marriage and that sex is reflective of the individual's character and relationship with God (Eleuteri & Farulla, 2016; Jones & Hostler, 2002; Lenow, 2018). More than 80% of those who were sexually active before marriage reported regretting and feeling guilty about their sexual experiences,

indicating religion may not influence abstaining from sexual activity in adolescence but does moderate feelings regarding engagement in sexual activity in adolescence (Rosenbaum & Weathersbee, 2013).

Allen and Brooks (2012) had 95 undergraduate students (67 females, 28 males) in a global issues human sexuality course write narratives on sexuality and religion over the course of five years. Students were aged 18 to 22, and were of diverse backgrounds, religions, and ethnicities. Allen and Brooks (2012) reported that young women who reported a strong influence of organized religion in their childhood thought they were solely responsible for maintaining "sexual purity." Young men who participated in the study who also reported a strong influence of organized religion in their childhood cited beliefs that allowed them to have more sexual activity, which was consistent with the findings of Risman and Schwartz (2002) (Allen & Brooks, 2012). According to Allen and Brooks' (2012) study, young men begin to rely on their own perceptions of belief and religion as they age, while young women typically retain their previously held religious affiliations consistent with their parental belief systems and practices. These findings suggest different societal expectations for men and women in maintaining their "sexual purity" and the different behavior standards to which society holds men and women. The students who participated in this study reported that their own attitudes about sexuality came from how their family and religion taught what was sexually appropriate (Allen & Brooks, 2012). Allen and Brooks also uncovered an additional finding that students believed they did not receive sufficient education regarding sexuality during younger adolescence.

Family Culture

Family culture is also considered when examining the influences on adolescent sexual activity. Family culture includes family rules, parental supervision of dating activities (Hogan &

Kitagawa, 1985), and routines (Danziger, 1995; Ku et al., 1993). These factors correlate with adolescents having fewer sexual partners, abstaining from intercourse, and waiting to engage in sexual activities.

Past research has examined factors that contribute to adolescents engaging in sexual activity and factors that influence adolescents' decisions to abstain from sexual activity (Miller, 2002; Miller et al., 1998; Miller et al., 2001). These studies have examined variables, such as parental warmth, parent-child closeness, support, and connectedness, and how these factors influence sexual activity in adolescence. Most studies reported that parent-child closeness is associated with both genders postponing sexual activity and consistent use of contraception (Jaccard et al., 1996; Resnick et al., 1997; Weinstein & Thornton, 1989). Encouraging educational achievement, developing prosocial skills, and helping adolescents gain a sense of self-worth and competence, are additional positive effects of parent-child closeness (Ramirez-Valles et al., 1998), which understandably increases healthy sexual functioning for women.

While parental communication and relationship greatly influences adolescent sexual functioning, studies have also found that when parental control is excessive or coercive, it is associated with negative outcomes (Barber, 1996; Gray & Steinberg, 1999). Other studies have found that parents' attempts to exert psychological control over their female daughters can lead to high-risk sexual behaviors (Rodgers, 1999). Additionally, other studies concluded that an intrusive mother-child relationship was linked to earlier sexual intercourse (Dorius & Barber, 1998).

Many parents believe simply discussing sexual functioning with children is not the only way to influence behavior (Wilson et al., 2010). Participants in the Wilson et al. (2010) study reported that setting a good example for their children, monitoring the child's daily activities,

instilling values, establishing rules, enforcing discipline, and keeping them busy, may be more effective than having a conversation about sex.

While parents believe their children should receive information regarding sexual functioning (Peter et al., 2015), many parents are unsure and unclear about when or how they should have conversations about sexual functioning (Wilson et al., 2010). Due to this uncertainty, many parents do not have conversations about sexuality or sexual functioning with their children (Eastman et al., 2005, Guilamo-Ramos et al., 2006) and children and adolescents begin to discuss sexual functioning topics with peers (Walker, 2001). When parents choose to have conversations with adolescents, the messages teens report hearing are delay sex, use protection, and avoid teenage pregnancy (Grossman et al., 2018).

There are many influences aside from parental communication that also affect attitudes surrounding sexual functioning in adolescence. Those influences include family culture, religion, and information received through sexual education in school. However, parental communication about sexual functioning has been shown to reduce pregnancy in adolescence (Jaccard & Dittus, 1991) and be an overall protective factor in teenage girls' sexual behavior and health (Grossman et al., 2014). For example, adolescents whose parents have discussed sex with them are much more likely to discuss sexual topics with a partner (Whitaker et al., 1999). Additionally, the quality of the child-parent relationship is an influential factor on a child's feelings surrounding sexual activity and discussing sexual functioning (Afifi et al., 2008).

Sexual development in adolescence has shown to be influenced by parental communication. By examining how parents perceive conversations about sexual functioning with adolescence, it was determined that, while parents believe children are exposed to sexuality at earlier ages due to media and internet access, their children are not ready or unwilling to have

conversations about sexual functioning at early ages, even though, often times, children are already discussing such topics with their peers, or they are having sexual experiences. The quality of parental communication has also been examined in the literature and parental attempts to have conversations about sexual functioning and the level of comfort that an adolescent experience correlates to the adult being comfortable with the subject of sexual functioning (Afifi et al., 2008). However, if the adult is knowledgeable about female sexual functioning and there is a close relationship that has already been established with the adolescent, parental conversations regarding sexual functioning can positively influence an adolescent's feelings about sexual activity and their own sexual functioning (Whitaker et al., 1999). Parental communication was also found to be influenced by both the parent's gender and the child's gender (Wilson and Koo, 2010) . It was found that, for sons, mothers and fathers communicate about sexual functioning at equal rates (Wilson & Koo, 2010). However, mothers communicate about sexual functioning with their daughters at significantly greater rates than fathers (Wilson & Koo, 2010). The quality of the parental relationship was discovered to be one of the most important aspects of positively influencing sexual functioning (Whitaker et al., 1999). Other influences on an adolescents sexual functioning were also examined in the literature including, school based sexual education, religious affiliation, and family culture. It was uncovered that abstinence based SBSE curriculum has major shortcomings and has proven to be an ineffective way to reduce the number of STI transmissions and teenage pregnancy rates (Guttmacher, 2010). While religion has many positive influences, research studies have found that religious affiliation does not stop adolescents from engage in premarital activity, rather, influences feelings of guilt after an individual engages in sexual activity before entering into a marital institution (Rosenbaum & Weathersbee, 2013). Finally, the influence of family culture was examined and found to have both positive and

negative effects, dependent upon the family culture. If family dynamics are shown to be supportive and autonomy granting an adolescent tends to make responsible choices regarding sexual functioning (Barber, 1996; Gray & Steinberg, 1999). Family culture that is invasive, demanding, or passive has shown to have negative impacts on an adolescent's choices (Dorius & Barber, 1998).

CHAPTER III: HOW DO PARENT-CHILD RELATIONSHIPS, INCLUDING PARENTING AND ATTACHMENT STYLES, INFLUENCE SEXUAL FUNCTIONING IN ADULTHOOD?

Effects of Childhood Experiences on General Functioning

Since the 1960s, research exploring the effects of parenting on childhood adjustment has been a prominent area of study. Decades of studies have shown how parenting and attachment affect both childhood behavior and adolescent decision-making (Baumrind, 1966, 1971). It is widely accepted that childhood experiences shape how we function in adulthood, and there are numerous research studies on the associations of childhood experiences and how those experiences shape overall functioning in adulthood (Dube et al., 2001; Herman et al., 1997).

One example of how childhood experiences can shape adult behaviors is the effect of childhood abuse or parental loss on mental health later in life. According to Dube et al. (2001), individuals who have experienced sexual, emotional, or physical abuse in their childhood are three to five times more likely to attempt suicide than individuals who never attempted suicide. Although this study did not examine the U.S. population, Guldin et al. (2015) found that those individuals in Sweden whose parents died before the age of 18 were twice as likely to die by suicide than those whose parents were alive through childhood. Additionally, an examination of subjects in Sweden found an increase in hospitalization from a suicide attempt in young adulthood was associated with parental loss in childhood (Rostila et al., 2016).

According to Gerhardt (2006), high cortisol levels are found in infants and young children exposed to chronically stressful environments, which can lead in adulthood to aggressive behavior, drug and alcohol use, and difficulty managing emotions in stressful and sensitive

situations. Additionally, these high levels of cortisol in childhood can leave structural damage to the brain in areas that develop in childhood (Gerhardt, 2006). Those children who grow up in tumultuous, stressful environments have physically different brain structures than those infants and young children from calm, nurturing environments (Gerhardt, 2006). Not only do stressful, neglectful, abusive environments change an individual's physical makeup, they also change emotional responses, behaviors, and overall functioning in adulthood.

Adverse childhood experiences (ACEs)

Many studies have examined adverse childhood experiences (ACEs), which are negative or traumatic experiences in childhood, and how they influence functioning in adulthood (Kessler & Magee, 1993). ACEs include witnessing intimate partner violence as a child, experiencing neglect, or experiencing physical or sexual abuse (Murry et al., 2013). Poor physical, mental health and risky behaviors in adulthood have been linked to ACEs (Finkelor, 1990). Studies have shown that homelessness in adulthood (Herman et al., 1997), unintended pregnancies in young adulthood (Hillis et al., 2001), suicidality (Dube et al., 2001), eating disorders (Felitti et al., 1998; Middlebrooks & Audage, 2008), and drug use (Dube et al., 2003) have all been associated with ACEs.

When examining sexual functioning in association with ACEs, riskier sexual behaviors such as higher number of STIs, engaging in anal intercourse without condom use, and engaging in sexual activity in exchange for money or drugs (Fang et al., 2016; Hillis et al., 2001) are typically associated with a higher number of ACEs. Traumatic experiences and neglect in childhood in the United States are associated with initiating one's own sexual experiences at an earlier age, especially for women and minority populations compared to men who identify as heterosexual (Brown et al., 2015). Studies have indicated that sexual initiation before the age of

15 (early sexual initiation) increases the risk of STIs throughout a lifetime and pregnancy during adolescence (Kaplan et al., 2013; Magnusson et al., 2011) and has also been linked to ACEs (Brown et al., 2015). Sexual violence later in life is also associated with early sexual initiation (Stockman et al., 2010). Consistent with previous research, the behaviors learned during early sexual experiences, such as consistent use of contraceptives and communication with a partner, influence sexual behaviors in adulthood (Baumgartner et al., 2009). Long-term health difficulties are more persistent in women who have experienced a high number of ACEs compared to men (Brown et al., 2015; Hillis et al., 2001). Overall, there has been consistent research indicating that the higher number of ACE scores, the higher the possibility that an individual will experience specific difficulties in adulthood.

Diversity Considerations

While examining the correlation between ACEs and functioning in adulthood is impactful, it is important to note the disparities in the research concerning ethnicities in minority populations (Thompson,1990). Most research reports the correlation between ACE scores and certain sexual behaviors but fails to report additional considerations when discussing sexual behavior, particularly for Black adolescents (Ward & Wyatt, 1994). Siddiqi et al. (2015) reported that Black women are five times more likely to experience childhood abuse than White women. Finer and Philbin (2014) reported that Black adolescents engage in sexual activity at a younger age than White teenagers. According to Finer and Philbin (2014), on average, in the United States, the age of initial sexual engagement is 17 years old. Kann et al. (2018) reported that 8% of Black adolescents and 2% of White adolescents report initial sexual engagement before age 13. Much of the research examining early sexual initiation in the Black populations is rarely conducted in the United States. Conversely, the majority of this research has been completed in

countries outside of the United States, indicating a need for extensive research in the area of ACEs and sexual victimization in childhood as it relates to sexual initiation for Black Americans.

Tsuyuki et al. (2019) examined a small sample of Black women in one city in the northeast United States and found a high prevalence of early sexual experiences, with approximately 12% reporting they engaged in sexual activity at a very early age (11-12 years old) and 29% at an early age (13-14 years old). A common factor that Tsuyuki et al. (2019) found was that children who reported experiencing sexual activity in early adolescence were forced or pressured to engage in said sexual activity. Although this study's wording of "early sexual initiation" implies that the child initiated sexual activity and willingly engaged in sexual behaviors, after further examination, it is clear that the majority of children and adolescents who reported early sexual experiences were victimized. Tsuyuki et al. reported that specific ACEs correlated to children engaging in sexual activity at an early age were primarily experiencing abuse, witnessing maternal abuse, and living in a household where someone misused substances. Outside of the Tsuyuki et al. study, very few studies examine the associations of ACEs and sexual engagement for Black women in America, and this lack of research represents a disservice to a marginalized and victimized group of people by researchers. Clearly, more research on the correlation, causation, and effective interventions within this minority community is needed.

As discussed previously, studies have shown that younger adolescents who engage in sexual activity with a partner are at a greater risk of contracting a STI. Tsuyuki et al.'s (2019) results aligned with this previous research. However, many studies failed to explore the factors that contribute to risky sexual behavior. Adolescents could be engaging in risky sexual behavior due to the lack of knowledge of female anatomy, restricted access to contraception, and more

likely, from victimization of sexual assault in childhood (Tsuyuki et al., 2019). Furthermore, engagement in sexual activity at an early age in Black adolescent females should not be considered an act of promiscuity, but a behavior resulting from possible unreported victimization.

Attachment and Parenting Styles

As discussed previously, parents typically communicate about sex by telling their child not to engage in certain activities and warning their child about the dangers of risky sexual behaviors (Baxter et al., 2009). There is evidence that the quality of the communication, as measured by the child's comfort level, is also an important component of communication about sex (Eastman et al., 2005). There is also a relationship between the adolescents' perception of the quality of parent-child communication and the initiation of sexual activity (Karoksky et al., 2000). Adolescents who perceived the communication to be of better quality delayed sexual activity (Guilamo-Ramos et al., 2006; Karoksky et al., 2000). Parenting style may be linked to the quality of the communication, which would suggest the importance of taking parenting style into account when designing interventions to encourage parent-child communication about sex. The frequency of discussions about sex has been assessed previously and has been found to be beneficial.

Attachment Styles

Only relatively recently have studies begun to examine the role of attachment styles in adult romantic relationships (Collins & Read, 1990; Hazan & Shaver, 1987). However, many studies have examined adult sexual functioning from the lens of attachment style in childhood. According to attachment theory, children create their own internal models of how intimate

relationships, or cognitive-affective representations, function based on their interactions with caregivers as infants and young children (Bowlby, 1973, 1985; Rutter, 2002). While early attachment theory studied young children's internal model of relationships by observing the separation and reunification of child and caregiver (Ainsworth et al., 1978), more recent research has investigated adult representations of childhood experiences with their own parents (Main, 1991).

Out of the research of Ainsworth & Bell (1970), along with Bowlby (1969), developed three attachment styles of secure, avoidant-resistant, and anxious-resistant. In 1986, Main and Solomon added to this attachment style theory to include disorganized attachment to round out the four primary attachment styles we know today, which are secure, ambivalent, avoidant, and disorganized, with the latter three categories being insecure attachments (Ainsworth et al., 1978).

A secure attachment has been linked to characteristics of higher self-esteem, independence and autonomy, resiliency, along with trust and intimacy in relationships (Sroufe, 2005). Secure attachment style is described as a parent meeting the needs of security, safety, affection, and understanding and responding their child's needs (Bowlby, 1969). Avoidant style of attachment can be characterized as a child who may avoid parents, does not seek comfort for parents and shows parents little preference over other people (Bowlby, 1969). Parental behaviors in an avoidant attachment style are described as a parent ignoring or rejecting a child's efforts to seek safety and security when they are in distress, therefore a child begins to learn that their caregiver is unable to meet their needs and they stop seeking a parent out to meet their needs (Ainsworth et al., 1978). Ambivalent attachment style is described as a child who becomes distraught at their parent's absence and is unable to continue in their activities, cannot be comforted when parents attempt to offer comfort or will reject the parent, and the child is

suspicious of strangers (Ainsworth et al., 1978). Parenting behaviors that align with an ambivalent attachment style is when a parent is unable to comfort and create safety and security for their child who is distressed, which in turn can create a lack of emotional regulation for the child (Cassidy & Berlin, 1994). A disorganized attachment style is described as a lack of a clear attachment style. This lack of clear attachment style most likely steams from parenting behaviors that were inconsistent, such as responding to distress at times, but cries go ignored at other times, yelling at a child to stop crying, or soothing then yelling at a child for the same behavior (Reisz, Duschinsky, & Siegel, 2018).

In Ainsworth's Strange Situation those children who display a secure attachment to their caregivers explores the room when the caregiver is present, is somewhat distressed when the caregiver leaves but still explores, avoidant of a stranger but friendly when caregiver is present and reunites with the caregiver when they return (Ainsworth & Bell, 1970). Those children who display avoidant attachment, show no distress when their caregiver leaves, plays normally with a stranger present, and shows little interest in reuniting with the caregiver (Ainsworth & Bell, 1970). A child that demonstrates an ambivalent attachment is in intense distress when a caregiver leaves the room, the child will avoid a stranger, and upon reunification the child will approach the caregiver, but also show resistance to reuniting (Ainsworth & Bell, 1970).

Hazan and Shaver (1987) presented the idea that attachment in childhood influences adult behaviors in romantic relationships. Research has shown when individuals are securely attached to their caregivers in childhood, those individuals retain the belief that relationships and people are consistent and reliable (Bretherton, 1985; Crowell et al., 1999). When compared to people who are high in attachment-related anxiety or avoidance, individuals who are securely attached

are more likely to engage in healthy sexual relationships (Birnbaum, 2015; Brennan & Shaver, 1995; Dewitte, 2012).

Hazan and Shaver (1987) described that individuals who are anxious-avoidant in relationships tend to view others as unreliable, which leads to self-reliance and emotional detachment from others. Those who are anxious-ambivalent in relationships tend to evaluate their self-worth based upon the opinions and acceptance of others (Dozier & Kobak, 1992). Individuals who fall within this category of attachment tend to report higher anxiety levels in relationships (Dozier & Kobak, 1992). Disorganized attachment was not included in the Hazan and Shaver study, but other research has indicated that those individuals with a disorganized attachment style tend to desire close relationships with others, but fear rejection, and can struggle significantly with emotional regulation (Beeny, et al., 2017).

Attachment Styles and Sexual Functioning

When examining the current literature, there has been limited research into sexual functioning and attachment style and sexual functioning and parental communication. However, according to Dewitte (2012), attachment style impacts how individuals interact sexually. Multiple studies have indicated that those individuals who are securely attached prefer monogamous sexual activity in committed relationships (Brennan & Shaver, 1995; Dewitte, 2012; Stephan & Bachman, 1999). Mikulincer and Shaver (2003) uncovered similar findings indicating that long-term intimate relationships are preferred over casual dating relationships by securely attached individuals. All these findings speak to individuals who are securely attached having a positive self-view and a positive outlook on intimate relationships, which transfers to sexual intimacy (Brassard et al., 2015; Cyranowski & Anderson, 1998). Securely attached

individuals associate positive feelings with sexual activity more than those who are insecurely attached (Tracy et al., 2003).

Stefanou and McCabe (2012) reported that attachment security was related to higher levels of sexual satisfaction and lower levels of sexual dysfunction. Individuals who are securely attached were found to engage in sexual activity to express love for their partner and enhance connection (Stefanou & McCabe, 2012). While these studies indicate that attachment contributes to healthy sexual functioning, the definition of "healthy sexual functioning" influences such studies and their conclusions by working off the assumption that engaging in sexual activity to express love and enhance attachment is indicative of secure attachment.

Studies have indicated that insecurely attached individuals have maladaptive behaviors in their intimate relationships such as controlling behaviors, being unfaithful in monogamous relationships, and being preoccupied with the other person (Bogaert & Sadava, 2002; Hazan & Shaver, 1987). Sexually, those who are insecurely attached may engage in sexual activity to avoid abandonment, gain reassurance and approval, or form a sense of security (Cooper et al., 2006; Stefanou & McCabe, 2012; Tracy et al., 2003). Individuals who experience insecure attachments experience more negative thoughts and feelings regarding sexual functioning and evaluate themselves as less sexually attractive than those who are securely attached (Birnbaum, 2007). Insecurely attached individuals are more likely to engage in unsafe sexual practices (Feeney et al., 2000). Other studies have shown that those who are insecurely attached dislike physical affection and prefer sexual positions that are less intimate (Brennan et al., 1998; Hazan et al., 1994). Further, for insecurely attached individuals, sexual activity is associated with more negative emotions (Tracy et al., 2003). Other studies have indicated that those individuals who

engage in casual sexual experiences with short-term partners are insecurely attached (Stephan & Bachman, 1999).

Goldsmith et al. (2016) surveyed 455 undergraduate students and young adults via an online questionnaire measuring attachment style, sexual communication, gender role ideology, and sexual satisfaction. Goldsmith et al. (2016) found similar findings to Tracy et al. (2003), which indicated that women experience lower sexual satisfaction when they have insecure attachment, particularly avoidance. Goldsmith et al. (2016) also indicated that lower sexual communication and rigid gender role adherence occur with individuals who have insecure attachments (Dewitte, 2012; Gentzler & Kerns, 2004; Stefanou & McCabe, 2012). For women with insecure attachments, lower communication in a sexual context and a more rigid gender role adherence relate to sexual satisfaction, but this was not observed in men (Goldsmith et al., 2016).

Specifically, individuals who engage in avoidant attachment behaviors are, in general, less likely to communicate with their intimate partners (Hazan & Shaver, 1987; Wegner et al., 2018), and those individuals who engage in ambivalent attachment behaviors are more likely to communicate less to avoid any negative reactions from their partners (Pietromonaco et al., 2004). Based on the overall lack of communication in insecure attachment styles, it has been suggested that communication regarding sexual functioning and sexual satisfaction is also minimal (Goldsmith et al., 2016).

Attachment Styles and Gender

Another notable difference in attachment style is attitude toward gender roles. Women who demonstrate an ambivalent attachment style typically hold a less progressive view of gender roles (Greene & Faulkner, 2005), but women who demonstrate an avoidant attachment style in intimate relationships do not demonstrate the same ideology (Goldsmith et al., 2016).

Overall, numerous studies have indicated that an insecure attachment style negatively influences sexual communication and, therefore, may negatively influence sexual satisfaction (Davis et al., 2006; Goldsmith et al., 2016; Leclerc et al., 2015). Women who demonstrate secure attachment styles are more likely to communicate in more positive ways about sexual functioning, which is highly correlated to sexual satisfaction (MacNeil & Byers, 2009).

Parenting Styles

Parenting style research grew out of the many years of research of attachment theory. Parenting style is a theoretical model used to examine the effectiveness and quality of parent-child communication (Stephenson et al., 2005), which includes the lens of how healthy sexual functioning is impacted in adulthood. Parenting styles have been categorized to understand the quality of parent-child relationships and communication. Initially developed in the 1960s by Diana Baumrind (1966), and further explored in the 1980s by Maccoby and Martin (1983), four types of parenting styles emerged: authoritative, authoritarian, permissive, and uninvolved.

In addition to the four parenting styles categorized in the 1960-1980s, Maccoby and Martin (1983) included two dimensions when categorizing parenting styles: demandingness and responsiveness. Demandingness is defined as the amount of control the parent attempts to exert over their child, while responsiveness is categorized by the emotional and physical warmth a parent displays toward the child (Rodriguez et al., 2009). Using the lens of demanding and responding, they expanded on and more clearly defined the existing parenting styles (Maccoby & Martin, 1983). The authors defined four parenting styles: authoritative (high demandingness and high responsiveness), authoritarian (high demandingness and low responsiveness), indulgent (low demandingness and high responsiveness), and neglectful (low demandingness and low responsiveness; Maccoby & Martin, 1983).

Levels of responsiveness (warmth), demandingness (parental control), and autonomy-granting all vary within each parenting style, and these factors relate to outcomes of child functioning (Rodriguez et al., 2009). Broderick and Blewitt (2003) described warmth as listening to the child, being supportive, and being interested in who the child is and the activities they enjoy. The amount of control and expectations for behavior, rules and standards, and the enforcement of those rules refer to demandingness (Broderick & Blewitt, 2003). Autonomy within the family is when a child can have and express their own ideas and opinions within the family and have these accepted and respected (Steinberg et al., 1994).

Authoritarian parenting (high demandingness and low responsiveness) often includes attempts by parents to control and evaluate their children's behavior based on a rigid set of standards (Baumrind, 1966, 1967). Parents in the authoritarian category tend to lack responsiveness to a child and are very demanding (Baumrind, 1967). They often are described as inflexible with rules and unable to negotiate restrictions as their child ages. Authoritarian parenting styles are associated with increased child psychopathology rates (Chang et al., 2003; Shelton et al., 1996).

Baumrind (1966) described permissive parents (low demandingness and high responsiveness) as warm, not controlling, and giving too much autonomy. Parents who identify as permissive place very little demands on their child (Baumrind, 1967). Permissive parents often focus on warmth and nurturing, allowing children to create autonomy early on with no structure or guidance from them. They could often feel that having a "close" or enmeshed relationship with their child is healthy and desired instead of creating a balance in the relationship.

Baumrind (1989, 1991) expanded her parenting style categories based on Maccoby and Martin's (1983) research to include neglectful parenting style. A neglectful parent (low demandingness and low responsiveness) does not demand behavior from their child and does not respond, either negatively or positively (Baumrind, 1989). A neglectful parent could be described as one who does not monitor their child's behavior, could often have other demands placed on them in other areas, and is uninterested or unable to attend to their child's needs, offer support, or be emotionally available.

Parents who identify as authoritative (high demandingness and high responsiveness) are most likely characterized by expecting certain behavior from their children, but who are also responsive and warm to their children (Baumrind, 1966). Displaying physical and emotional affection, being warm, approving, and loving are all behaviors that authoritative parents exhibit (Openshaw et al., 1984), while also having expectations for child behavior. These parents often display healthier relationship dynamics with their children.

Examining attachment styles in sexual functioning is still a relatively new field of research. Much more research was conducted in attachment styles and the effects they have on romantic relationships and sexual functioning than those studies conducted focus on parenting styles and sexual functioning.

Parenting Style and Adolescent Behavior. Through this research on parenting styles, negative and positive outcomes could be examined for children, adolescents, and even in adulthood. In particular, research has shown that adolescents with authoritative parents had the most favorable outcomes. In contrast, authoritarian and permissive parenting led to adolescents experiencing negative outcomes, and adolescents who experienced neglectful parenting had the poorest outcomes (Kuppens & Ceulemans, 2019).

Numerous studies have shown that authoritative parenting has been closely associated with positive development in adolescent psychosocial competence, including resilience, self-esteem, competence, and academic achievement (Baumrind 1991; Lamborn et al., 1991; Steinberg et al., 1994). Multiple research studies have indicated positive outcomes associated with authoritative parenting style, including a protective factor for adolescent substance use (Adalbjarnardottir & Hafsteinsson, 2001; Darling & Steinberg, 1993; Stephenson et al., 2005) and sexual behavior (Eastman et al., 2005; Huebner & Howell, 2003). Positive outcomes include higher academic achievement (Steinberg, Dornbusch et al., 1992; Steinberg, Lamborn et al., 1992), social and cognitive functioning (Baumrind, 1989, 1993), self-esteem (Carlson et al., 2000), social adjustment (Stewart et al., 1998), and social competence (Fagan, 2000). Additionally, lower child psychopathology rates have been correlated to an authoritative parenting style (Reiss et al., 1995). Overall, the benefits of engaging in an authoritative style of parenting consistently outweigh those of the other parenting styles.

Bednar and Fisher (2003) indicated that children are more likely to seek parents for a moral or informational decision instead of talking to peers first. The characteristics of authoritative parenting, such as having conversations about important issues, have been correlated to decreased adolescent drug use (Stephenson et al., 2005), and according to Huebner and Howell (2003), children of authoritative parents may also engage in less sexual risk-taking in adolescence.

Askelson et al. (2012) indicated that the number of sexually related topics discussed by parents and adolescents are influenced by an authoritative parenting style. Specifically, authoritative mothers demonstrated the widest variety of topics discussed with their children (Askelson et al., 2012). Adults who reported authoritative parenting anticipated discussions

regarding intercourse and contraceptives, bodily changes, such as menstruation, relationships, STIs, and alcohol use with their children at younger ages (Askelson et al., 2012). Interestingly, Askelson et al. (2012) did not discover a correlation between authoritative parenting style and communication about condoms, HPV, or sexual orientation.

In contrast, the permissive parenting style outcomes have been associated with internalizing difficulties and externalizing behaviors, along with difficulties with social skills, coping, and self-confidence (Lamborn et al., 1991; Steinberg et al., 1994; Williams et al., 2009; Wolfradt et al., 2003). Meaning, children with parents who engage in permissive parenting often display negative behaviors while internalizing negative feelings.

Aggression, somatic complaints, and anxiety have all been associated with authoritarian parenting style (Hoeve et al., 2008; Steinberg et al., 1994; Williams et al., 2009; Wolfradt et al., 2003). While adolescents in authoritarian parenting families sometimes perform well in academic settings, they typically also display dependent traits, are passive in relationships, and conform to others (Arnett, 2010; Grusec, 2002).

Neglectful (permissive) parenting style is associated with children lacking self-regulation, poor self-reliance and social competence, academic difficulties, anxiety, depression, and somatic complaints (Baumrind, 1991; Hoeve et al., 2008; Lamborn et al., 1991; Steinberg et al., 1994). Academically, adolescents in a family of permissive parenting are less involved in school, and they demonstrate more immaturity and irresponsibility in the school setting (Grusec, 2002). Numerous studies have also shown that children who experience neglectful caregiving or harsh, abusive parenting experience higher rates of difficulties in intimate, romantic relationships (Andrews & Brown, 1988; Birtchnell, 1993; Brown & Moran, 1994; Malinosky-Rummell & Hansen, 1993; Quinton et al., 1993).

Many research studies have indicated that adolescents with authoritative parents experience higher academic achievement and performance (Amato & Fowler, 2002; Brown & Iyengar, 2008; Jones et al., 2000). Conversely, lower achievement and performance are the outcomes of those adolescents with authoritarian parents (Blondal & Adalbjarnardottir, 2009; Steinberg et al., 1994). Rivers et al. (2012) did not find that parenting style was indicative of GPA in high school students. This study's findings are consistent with other research that the effects of parenting styles on academic performance vary between cultures, socioeconomic status, and ethnicities (Spera, 2005).

Attachment and Parenting Styles Impact on Adult Functioning

A majority of the research demonstrates the effects of parenting styles on functioning in childhood and adolescence. While research on parenting styles and how they affect adolescents' and children's behavior can help improve parenting techniques and clinical work, there is minimal research on the long-term effects of parenting styles on adult functioning, particularly for women's sexual functioning. A majority of the research has been conducted in non-westernized regions such as India or Africa. Research is also primarily focused on adolescent sexual functioning as opposed to adult sexual functioning.

There is more research regarding attachment styles and sexual functioning in adulthood compared to almost no research on parenting styles and sexual functioning in adulthood. Regarding attachment styles and sexual functioning, Ciocca et al. (2015) discovered that both men and women with sexual dysfunction display an insecure attachment style. Women with sexual dysfunctions display fearful or preoccupied insecure attachment, which is evident by multiple relational patterns, according to Ciocca et al. (2015). Compared to women with no sexual dysfunction, women who experienced sexual dysfunction reported discomfort with

closeness due to relationships as secondary and reported a need for approval (Ciocca et al., 2015). However, this study was conducted in Europe, and may not be generalizable to populations in the United States.

Multiple studies have confirmed that positive sexual health outcomes are associated with parental influence (de Graaf et al., 2010, 2011; Klein et al., 2018; van de Bonghardt et al., 2015, 2016). Specifically, Klein et al. (2018) looked at a longitudinal study of 16-year-olds and found that parental emotional engagement and support of autonomy during adolescence led to women who reported more sexual agency over their sexual experiences several years later. Research has shown that when parents invest in building a good relationship and communicate about sexual functioning with their teenage daughters, this positively impacts the child's sexual health and influences their development into responsible and sex-positive adults (Flores & Barroso, 2017; Markham et al., 2014; van de Bongardt et al., 2016. Parental encouragement of autonomy, support, and communication with their adolescents about sexuality are strongly related to making healthy and self-confident decisions in adulthood (Klein et al., 2018). This parental relationship of support, encouragement of autonomy, and open communication described by Klein et al. (2018) and can be described as the authoritative parenting style category. By maintaining an authoritative role in a parenting dynamic, the parent can foster women who become sexually healthy adults.

Those with a secure attachment in childhood most likely had parents with an authoritative parenting style. This suggests a connection between secure attachment, an authoritative parenting style, and overall function in adulthood (Teyber & Teyber, 2019). One factor contributes to another. If a secure attachment is created in childhood, that individual is likely to grow into a confident, balanced parent who displays authoritative parenting, and creates secure attachments

with their children and so on (Teyber & Teyber, 2019). This secure attachment cycle seems to create positive attitudes about sexual functioning (Grossman et al., 2014; Murry et al., 2014). However, when a child experiences abuse or neglect, in a home with permissive, authoritative, or neglectful parents that child is likely to grow into an adult that experiences challenges creating secure attachments with others (Brown et al., 2015; Brown & Moran, 1994).

Relationships

Another factor that may be affected by childhood experience is adult intimate relationships (Allen & Baucom, 2004). Those individuals exposed to safe and positive relationships in childhood are more likely to form secure attachments in adulthood (Kirkpatrick & Davis, 1994). Conversely, research indicates a negative relationship with a parent can lead to difficulties in intimate relationships in adulthood (Brown & Moran, 1994; McCarthy & Taylor, 1999; Mullen et al., 1994; Quinton et al., 1993) and that being exposed to tumultuous parental intimate partner relationships, along with a lack of outside support, leads to the development of emotional and relational difficulties in adulthood (Brown & Harris, 1978; Emery, 1982; Farrington, 1995; Jouriles et al., 1988; Patterson, 1982; Quinton & Rutter, 1988; Sampson & Laub, 1993). Furthermore, other studies have found higher rates of interpersonal difficulties and sexual functioning problems in victims of childhood sexual abuse (Beitchman et al., 1992; Finkelhor, 1983; Finkelhor et al., 1990; Mullen et al., 1994). However, there is extremely limited research on parenting styles and how they directly affect sexual functioning into adulthood.

Shortcomings of Parenting Model

A criticism of the current parenting styles model is that the four parenting styles are not inclusive, particularly when understanding ethnically diverse families such as Latino families (Rodriguez et al., 2009). The four parenting styles developed by researchers in the 1960s and

1980s were developed based on the values of White, middle-class families and parental expectations of adolescent behavior (Rodriguez et al., 2009). Viewing parent-child relationships through this narrow lens negates minority experiences and fails to account for variations in parenting influenced by race, culture, or belief systems.

For example, the current literature on parenting outcomes in Latino families suggests a prevalence of permissive (Julian et al., 1994) or authoritarian styles (Darling & Steinberg, 1993; Rodriguez et al., 2009), while other researchers describe Latino parent-child interactions as warm and nurturing (Vega, 1990). Additionally, there is still controversy regarding the long-term outcomes of parenting styles in Latino families. Several research studies have shown that in Latino families, an authoritative parenting style is the best predictor of overall positive outcomes for an adolescent (Carlson et al., 2000; Dornbush et al., 1987; Radziszewka et al., 1996; Steinberg, Dornbush et al., 1992; Steinberg, Lamborn et al., 1992). However, Park and Bauer (2002) reported that authoritative parenting style predicting positive outcomes applies to White children and is not an accurate predictor for positive outcomes in Latino families (Alfaro et al., 2006; Lindahl & Malik, 1999; Park & Bauer, 2002).

When examining the academic outcome of the children of Asian families, children are high achieving academically, but Asian parenting does not fall into an authoritative parenting style (Huang & Gove, 2015). Rather, Asian parents respond to their children with high demanding ness and high responsiveness in the academic arena (Huang & Gove, 2015). However, other studies have indicated that Asian and Asian American parents are more likely to engage in authoritarian parenting, but there is little evidence that an authoritarian parenting style causes detrimental effects (Lui & Rolluck, 2013. Likely due to high parental control being a representative of a culture that values obedience, respect for elders, and a collectivist culture (Lui

& Rolluck, 2013). However, studies examined focused on academic achievement of Asian adolescents and there is limited research on long term effects on the intersection of cultural values and long-term mental health impact.

In general, there is very little research on parenting style and its direct influence on an individual's overall sexual functioning in adulthood. Much more of the research is focused on attachment styles and how these affect romantic relationships. Examining the effects of parenting styles on overall functioning in adulthood allows clinicians and community support to better assess individuals' needs. Even though there is evidence that negative and traumatic childhood experiences have long-term effects and negative outcomes in adulthood, the research has not evaluated fully how parental involvement can mitigate long-term negative effects and promote sexual autonomy and assertiveness.

CHAPTER IV: RECOMMENDATIONS

The research examined inform several recommendations. This chapter also explores influences for adolescent girls, including the positive influences the parental relationship can have on adolescent behaviors and attitudes, communication between parents and children, and any additional considerations that could inform clinical recommendations. Recommendations discussed in the literature for parents include starting conversations early, being knowledgeable about sexual functioning, sex-positive views, and messages to adolescent daughters. Recommendations for parents to encourage autonomy, assertiveness, self-efficacy, and sexual agency in adolescent females, and integrating values and beliefs into conversations with adolescents are also discussed in the literature. Updates to the SBSE programs and establishing social programs that could support marginalized populations of women and other benefits of the clinical recommendation implementations are discussed.

Influences for Adolescent Females

There are many reasons why parents do not talk to their children about sexual functioning. Reasons parents refrain from discussing sexual functioning with their children include the belief that their children are already having sex, family or religious values that do not allow for sexual activity before a marital relationship, the uncomfortable nature of having a conversation about sexual activity, or the stigma surrounding sexual activity in American society. However, even though parents have reported these reasons not to talk about sex with their children, there are also benefits for parents and their children when having these conversations. Research has shown that positive discussions between parents and their teenagers around sexual activity are highly beneficial for adolescents and adult sexual functioning, particularly girls (Whitaker et al., 1999).

The current curriculum at schools, public programs, and overall approach when discussing teenage sexual activity and relationships, in educational, social, and home environments, have not been effective ways to encourage adolescents to engage in sexual activity in a responsible way. The U.S. has one of the highest teenage pregnancy rates out of any other Western country. The CDC most recently reported that in 2017 every 18.8 out of 1,000 teenagers between the ages of 15-19, had a child. Siedgh et al. (2015) reported that of 21 countries reporting the known teenage (ages 15-19) pregnancies, the US had the highest (57 per 1,000 births), while Switzerland reported the lowest numbers. When Sedgh et al. (2015) examined the statistics from other countries, the US had the third-highest teenage pregnancy rate, with Mexico being the only country with higher rates at 677,000 (130 per 1000 births) teenage pregnancies per year. However, the statistics examined in Mexico were not from the country directly, but from a sample of a study performed there. This data suggests that the programs the US has in place in school systems and the lack of communication from adult figures have been ineffective in preparing adolescents in the US to handle sexual situations in adolescence or adulthood.

Parents have influence over their children's behaviors, attitudes, and beliefs about themselves. Sexual functioning is not excluded from such parental influence. Students in college report their own attitudes about what was sexually appropriate and general knowledge about sexuality came from their family and their religion (Allen & Brooks, 2012). Parents and their relationship with their child are an integral part of their teenager becoming a healthy functioning adult, and there are much greater positive sexual health outcomes associated with parental influence (de Graaf et al., 2010, 2011; Klein et al., 2018; van de Bonghardt et al., 2015, 2016).

Positive Parental Relationship

Overall, research has indicated that a general positive parent-child relationship is important to general functioning, while the opposite is also true. Negative or abusive parent-child relationships often lead to more difficulty when functioning in adulthood. This includes difficulties in intimate relationships (McCarthy & Taylor, 1999), interpersonal difficulties, and sexual functioning problems (Beitchman et al., 1992; Finkelhor, 1983; Finkelhor et al., 1990; Mullen et al., 1994). If an adolescent believes the parent-child relationship is negative, they are much less likely to communicate about sex with their parent (Rosenthal et al., 2001). Additionally, negative outcomes have been associated with a parent trying to exert too much control over a child's behavior or attempting to get a child into a certain kind of behavior (Barber, 1996; Gray & Steinberg, 1999). Furthermore, Rodgers (1999) found that when parents attempt to exert too much control over their child's behavior, specifically when parents attempt to control their daughters' behavior by psychological means, it leads to high-risk sexual behavior. According to Dorius and Barber (1998), mothers categorized as intrusive have been linked to adolescents engaging in sexual intercourse at an earlier age than the average. Also, in adulthood, those children who developed an insecure attachment to their caregivers grow into adults who have difficulty communicating about sexual situations (Davis et al., 2006; Goldsmith et al., 2016; Leclerc et al., 2015).

When teenagers believe they have a better relationship with their parents, they are open to talking about sexual activity with them (Somers & Paulson, 2000) and delay sexual activity (Guilamo-Ramos et al., 2006; Karoksky et al., 2000). According to multiple research studies, parent-child closeness has been associated with postponing sexual activity and consistent use of contraception (Jaccard et al., 1996; Resnick et al., 1997; Weinstein & Thornton, 1989). The

quality of the relationship between the parent and child influences how anxious or avoidant the child was during the conversation regarding sexual functioning (Afifi et al., 2008).

Parents who can facilitate a close, healthy relationship with their child are likely to have an authoritative parenting category. People who experience authoritative parenting typically develop resilience, self-esteem, healthier sexual functioning, and general life and social competence (Baumrind 1991; Carlson et al., 2000; Fagan, 2000; Huebner & Howell, 2003; Lamborn et al., 1991; Steinberg et al., 1994). Adolescents with authoritative parents had the most favorable outcomes compared to the other types of parenting (Kuppens & Ceulemans, 2019). Authoritative parents, particularly mothers, demonstrate engagement and interest in a wide variety of discussion topics with their children (Askelson et al., 2012). This type of parenting seems to anticipate conversations with their children at younger ages regarding intercourse and contraceptives, bodily changes, relationships, STIs, and alcohol use (Askelson et al., 2012), which allows a parent to be more responsive and knowledgeable. Parents who can be receptive, informal, and composed during conversations with adolescents about sexual functioning create an environment for the teenager to experience less anxiety and, in turn, be less avoidant when discussing sexual functioning (Afifi et al., 2008).

While this literature review primarily focused on the parental relationship in discussions of sexual functioning with adolescents, other family members can play a major role in how a teenager approaches sexual situations. If an adolescent feels close to the family member or wants to learn about that family member's life experience or have had previous conversations with that family member that have been easy and nonjudgmental, a teenager is much more likely to go to that family member about sexual functioning (Grossman, Richer, Charmaraman et al., 2018).

There have been decades worth of research indicating that positive parent relationships have more positive outcomes during adolescence and into adulthood. Parents need to build a positive relationship with their child, particularly adolescent girls, to facilitate conversations about sexual functioning (Flores & Barroso 2017). In that way, the parent can make a positive impact on a child's future decisions and behavior and sexual interactions and decision-making about sexual activity and good relationships and communicate about sexual functioning (Flores & Barroso 2017) with their teenage daughters, this impacts the child's sexual health positively and influences their development into responsible and sex-positive adults (Markham et al., 2010; van de Bongardt et al., 2016).

Creating a positive parental relationship with female adolescents and children clearly results in greater positive outcomes. Women who have difficult parent child relationships go onto experience difficulty in adult relationships. Parents who attempt to control their child's behavior without high levels of responsiveness often leads to negative outcomes. When adolescents feel that they have a positive relationship with their parents they are more likely to discuss various topics including sexual functioning. Parents should attempt to focus on the quality of the relationship with their children to facilitate a close, positive relationship for the most positive outcomes for healthy functioning adult women. When individuals feel cared for, understood, and supported by their parental figures they are more likely to have overall healthier functioning, and more specifically sexual functioning.

Communication

While positive parent-child relationships positively impact functioning, it is important to discuss parents' actual communication to children about sexual functioning. Some adolescents report that parents do not talk with them about sexuality, even when overall communication is

viewed as positive (Rosenthal et al., 2001). From a parental perspective, reasons for not talking about sexual activity with their children can be seen as an invasion of their child's privacy or the parent does not believe they have enough knowledge about sexual activity to have an informed conversation with their child (Eastman et al., 2005; Guilamo-Ramos et al., 2006).

Cultural considerations are also a factor when parents are discussing sexuality with adolescents. Parents who identified as Hispanic experience more embarrassment when discussing sexuality with their children because it is not a subject openly discussed within their culture and with their parents (Wilson et al., 2010). Compared to Hispanic adolescents, African American adolescents reported their parents communicated more, in general (Santa Maria et al., 2014). African American women reported no concerns regarding communicating details about sexual situations with their adolescents, and researchers have hypothesized that Hispanic women may be unsure of how much detail to go into when discussing sexual functioning with their children (Murray et al., 2014). Conversations about sexual activity are influenced by culture, and cultural norms are considered when discussing sexual functioning.

The lack of communication from parents is demonstrated by the statistic that only 13.9% of people learned about STIs from their parents (Rosenbaum & Weathersbee, 2013). Unintended pregnancies have been shown to be reduced when parents and adolescents communicate about sexual functioning (Jaccard & Dittus, 1991). When talking about sexual activity or sexual functioning, the parent needs to have clear communication that the child understands because, based on a study by Rosenbaum et al. (2007), most parents do not communicate about sexual education in a way that a child understands.

Often, the way parents communicate with their child is by telling them not to engage in certain sexual activities and warning their child of the dangers of risky sexual behaviors (Baxter,

2009). As discussed previously, simply telling a child not to engage in sexual activity has been proven to be an ineffective way of discouraging adolescent sexual activity. The teenager or child needs to be comfortable with the adult and the communication if the quality of communication effectively communicates the message (Eastman et al., 2005). Although parents may feel that their children are resistant to having discussions because of a number of factors, it is important for parents to simply talk about sexual functioning in positive, factual ways. Parents who can be more responsive to their adolescents' needs and questions about sexual functioning and communicate in an open way about sexuality are more likely to be communicative with their own partners and more likely to use a condom during intercourse (Whitaker et al., 1999).

Parents need to begin conversations about sexual functioning with children. Parents who are able to have conversations in an open and honest way facilitate dialogs regarding sexual functioning. Research has shown that simply telling a child to not engage in sexual activity is ineffective, so parents that are able to have conversations that allows the child to ask questions, share experiences, discuss expectations of behavior, will help the adolescent feel supported and heard when navigating early sexual experiences.

Additional Considerations

While conversations are important to have about sexual functioning, it is not the only factor that can create healthy sexual functioning in adulthood. When asked how to influence their children's sexual behavior, many parents reported just having a conversation with their children about sexual functioning was enough (Wilson et al., 2010). However, other parents believe setting a good example for their children, monitoring daily activities, instilling values, establishing rules, enforcing discipline, and keeping them busy may be more effective than having a conversation about sex. While both of these approaches are shown to influence

adolescent behavior regarding sexual functioning, a comprehensive, integrative approach to fostering healthy sexual functioning in adolescence and adulthood would include conversations about sexual functioning and the previously mentioned factors discussed in the Wilson et al. (2010) study.

Start Early

It is a normal developmental progression for teenagers to begin discussing sexual activity with their peers. However, parents often wait until their children have begun puberty before they start discussing sexual activity with their children, but children often have already started talking to their friends to understand sexual topics (Simanski, 1998). Additionally, a study in 2000 reported that 15% of Euro-American and 50% of African American girls begin maturation and developing secondary sex characteristics by age 8 (Lemonick, 2000), indicating that girls' physical development happens much earlier than parents think.

A majority of parents believe children are exposed to a greater number of negative influences than they were during childhood, specifically more media exposure and peer pressure regarding sexual activities (Wilson et al., 2010). Additionally, parents are concerned that pornography is more easily accessible, there are more negative role models in the media, the sexual content of messages in music and video games, and the use of sexuality in advertising had all increased from when they were young (Wilson et al., 2010).

Sometimes, parents feel that their children are resistant to talk about sexual activity with them because they are not engaging in sexual activity (Eastman et al., 2005, Guilamo-Ramos et al., 2006), but approximately 55% of parents reported their child did not engage in sexual activity when their children reported being sexually active (Mollborn & Everett, 2010). Some parents believe their children are too young and unprepared to have a conversation about sexual

functioning, but parent-child communication about sex may be occurring after children are engaging in sexual activity (Somers & Paulson, 2000). So, while parents may hold the belief that their children are not engaging in sexual activity or the children are uncomfortable with the topic to begin having conversations about sexual functioning, based on the research, the earlier a parent begins a dialogue with their child, the more effective the conversations could be.

Acquire Knowledgeable

It has been established that it is necessary to have conversations about sexual activity with children. However, if parents can talk about sexual functioning in a comfortable, open way and are knowledgeable about the topic, an adolescent is more likely to talk with their sexual partner about sexual functioning (Whitaker et al., 1999). It is also important to examine the content of the conversations when discussing sexual topics. Many young adult students report they feel they did not receive sufficient education regarding sexuality during younger adolescence (Allen & Brooks, 2012), and research has shown that simply telling a child not to engage in sexual activity or only telling them the negative consequences of sexual activity, is an ineffective way to encourage positive sexual health for adolescents (Baxter et al., 2009). Therefore, it is important to communicate the correct factual information when parents begin to have these conversations with their children.

According to Eisenberg et al. (2004), often, parents have misinformation about condom effectiveness and STIs. It seems fathers struggle more than mothers when attempting to talk to their children about sexual activity due to fear that they may not be able to answer their children's questions about sexual functioning or a parent's values surrounding sexual activity (Wilson et al., 2010). Additionally, if a child thinks their parent is uncomfortable having conversations about sexual functioning or believes their parents are not competent regarding

sexual activity, the child's stress level surrounding those conversations increases (Afifi et al., 2008). Therefore, parents need to do their own research on sexual functioning and become more comfortable talking to their children about sexual activity. If a parent can answer questions knowledgeably and communicate clear expectations and boundaries with their child surrounding sexual activity, this can indicate more positive outcomes in general functioning, and sexual functioning, in adulthood. A parent continuing not to discuss sexual activity with their child opens the door for misinformation about sexual safety, sexual assertiveness, and overall physical autonomy in physical relationships (Netting, 1992).

Sex-Positive Views and Messages

The idea that parents should foster sex-positive views seems to be the most controversial part of discussing sexual activity with children. When discussions and attitudes around sexual activity deny female adolescent sexual desire and emphasize the risks of sexual activity, these discussions impact the view of female sexuality (Fine & McClelland, 2006; Tolman et al., 2003; Welsh et al., 2000). The messages and sexual scripts that girls receive throughout their lifetime are that they experience sexual risks and are vulnerable to the negative consequences of sex (e.g., unwanted pregnancy, STI infection, physical pain due to virginity loss), while boys and men can enjoy sex without the risks (Katz-Wise & Hyde, 2014). A sex-positive approach to sexual functioning recognizes that engaging in sexual activity is healthy, can be pleasurable, and does not assign moral value to engage in sexual activity (Brickman & Willoughby, 2017). A sex-positive approach to sexual activity is inclusive of diverse sexual experiences and emphasizes a person's right to make individual decisions for themselves (BuDough, 1976). The goals of sex-positive interventions are to reduce stigma about individual sexual choices, impart knowledge about contraceptive use and STI testing, and create overall healthy sexual functioning (Brickman

& Willoughby, 2017; Willoughby & Jackson, 2013). If sex-positive interventions that emphasize prosocial and social competency are implemented at home, school, and any social activity the child participates in early in life, the individual is much less likely to contract a STI as an adult (Hill et al., 2014). There are many resources online available to parents regarding sex positive parenting, what sex positive parenting means, and how to shape conversations with your child from a sex positive lens. Those websites have been included in the Appendix of this literature review.

Encourage Autonomy and Assertiveness

In terms of family dynamics, a child with autonomy is likely to have and express their own ideas and opinions, and those opinions are valued and respected by the family (Steinberg et al., 1994). As discussed in previous chapters, the parental granting of autonomy is related to functioning in childhood. This means that if a child is granted autonomy by their parents, along with some parental control and warmth, the child seems to have healthier overall functioning (Rodriguez et al., 2009).

Sexuality should be a healthy aspect of life that changes throughout a person's lifetime, and adults that are important to adolescents can help guide that in their autonomy (Morris, 1994). Approaching sexual activity in this way promotes a health-positive autonomy over one's own sexuality and sexual health. Many women who are low on sexual assertiveness are unable to express sexual needs and comfortability with their partner, thus increasing their vulnerability to sexual assault (Walker et al., 2011). Therefore, sexual assertiveness is a major factor in minimizing sexual assault, according to Walker et al. (2011).

There seems to be a cultural double standard for sexual behavior for men and women in terms of sexual autonomy. Men are expected to express their sexual autonomy and dominance,

but women are meant to take on a submissive role in the current sexual script theory (Sanchez et al., 2012; Wiederman, 2005). However, as previously mentioned, this idea that women should be low on sexual assertiveness and men should be high in sexual autonomy is detrimental for all genders in terms of sexual functioning. Young college women who had a strong influence of organized religion in childhood believe they are solely responsible for maintaining "sexual purity" (Allen & Brooks, 2012). On the other end of the spectrum, young men in college who had a strong influence of organized religion in their childhood believe their religion allowed them to have more sexual activity than women (Allen & Brooks, 2012; Risman & Schwartz, 2002). Understandably, these differences in attitudes for men and women regarding sexual activity in organized religion can cause difficulty later in life when one's identity and sense of self are so closely tied to sexual activity is a measure of personal faith.

Having parents who encourage autonomy, are supportive, and talk with their adolescents about sexuality is strongly related to making healthy and self-confident decisions in adulthood (Klein et al., 2018). Support of autonomy and emotional engagement by parents during adolescence is more likely to lead to women having greater sexual agency over their own experiences (Klein et al., 2018), which reduces possible victimization later in life.

Encourage Self-Efficacy and Sexual Agency

Sexual self-efficacy is the ability to say "no" in sexual situations, to communicate sexual desires and wishes, and the ability and willingness to exercise precautionary measures (Buzwell & Rosenthal, 1996). Women are often traditionally associated with a lack of sexual agency (e.g., Katz-Wise & Hyde 2014; Tolman, 2005). Sexual agency is the ability to make choices and be assertive when making those choices (Klein et al., 2018). However, parental relationships that

support autonomy and encourage emotional engagement with their adolescent, instead of controlling or monitoring, lead to greater sexual agency (Katz & van der Kloet, 2010).

Sexual agency allows adolescents to protect their own sexual interests, such as saying "no" to requests (Wyatt & Riederle, 1994). Practicing sexual agency is also related to positive sexual health outcomes, such as safer sex practices, sexual communication (Curtin et al., 2011), and refusal of unwanted sex (Levin et al., 2012), as well as overall sexual well-being and satisfaction (Horne & Zimmer-Gembeck, 2006; Mastro & Zimmer-Gembeck, 2015; Zimmer-Gembeck et al., 2011; Zimmer-Gembeck & French, 2016). Encouraging sexual agency and self-efficacy promotes ownership for one's body (Tolman, 1994), which is beneficial for all genders.

Parents who are able to begin at early ages explaining that a child's body is her own is an important building block to promoting self-advocacy. Explaining to a child that they are allowed to say no to physical affection is an important aspect of sexual agency. Parents should emphasize qualities rather than sexuality in adolescent females and empower their daughters to refuse requests that could have negative consequences or make them feel uncomfortable. Additionally, it is very important for parents to encourage their adolescent to communicate with them if an adolescent encounters a sexual situation in which they are uncomfortable. Normalizing sexual urges for females as well as hormonal changes in adolescent females is another way parents can encourage self-efficacy and sexual agency.

Identify Alternative Sources of Information

For parents who have difficulties engaging in communication about sexual functioning with their female child, identifying an additional source of support and information can be helpful. According to the research, if a child does not feel comfortable talking with their parent about sexual functioning, discussing sensitive topics with an adult whom they feel close to, such

as an aunt or close family friend, can encourage communication about sexual functioning (Grossman et al., 2018). A parent can help their child identify responsible adults with whom the parent and child feel comfortable engaging in conversations about healthy sexual functioning. Having another adult be a source of support and information can serve as a protective factor in female adolescent functioning.

Integrate Values and Beliefs into Conversations

It has been established that religion and family values influence attitudes and beliefs about sexual activity. Parental values and attitudes about sexuality and parental communication about such subjects have an important effect on initial intercourse experience (Jaccard et al., 1996; Luster & Small, 1997; Miller et al., 1998, 1999). These effects can be negative or positive, depending on parental attitudes and communication.

The research on religion and sexual activity indicates that religious affiliation does not necessarily deter one from engaging in sexual activity before marriage but changes the attitude about the self and sexual activity before a marital relationship. Many people who identify as Christian or Catholic believe sexual intercourse should be between spouses and that engaging in sexual activity reflects an individual's character and relationship with God (Eleuteri & Farulla, 2016; Jones & Hostler, 2002; Lenow, 2018). More than 70% of couples who have been married for less than five years in Southern Baptist churches in the South have had oral or vaginal sex prior to marriage (Rosenbaum & Weathersbee, 2013). Additionally, over 80% of individuals in the Rosenbaum and Weathersbee (2013) sample reported they were sexually active if they married after the age of 25, indicating that for people who identify as Southern Baptist, the older an individual gets, the more likely it is they will engage in sexual activity. In general, 75% of people have had sexual intercourse by age 20, 89% by age 25, and 93% by age 30 (Finer, 2007)

and those people over 24 years old, religious or not, engage in premarital sexual activity at the same rate (Rosenbaum & Weathersbee, 2013) Interestingly, women report engaging in sexual activity at younger and greater rates than men (Rosenbaum & Weathersbee, 2013).

Based on the research, religious affiliation does not deter one from engaging in sexual activity before marriage. In fact, after the age of 24, individuals engage in sexual activity at the same rate regardless of religious affiliation (Rosenbaum & Weathersbee, 2013). Therefore, it is important to lay a foundation of knowledge and awareness of sexual functioning, anatomy, and sexual autonomy, even when an adolescent or family may identify as religious. These principles can easily be integrated into a spiritual or religious belief system by trusted family members.

Update School-Based Education Programs

As discussed previously, there are many benefits to approaching discussions regarding sexual functioning from a sex-positive perspective. Regardless of religious affiliation, many parents are not opposed to their child learning about sexual intercourse in a school setting (Eisenberg et al., 2008). However, current SBSE programs teach abstinence-only behavior, which has shown to be ineffective (Cheng, 2001). Not only is SBSE outdated, but it is also not inclusive and discusses sexual functioning in a very narrow way, typically exclusive to vaginal intercourse (Rubin, 1993). By updating the SBSE curriculum, adolescents could be better informed, more engaged in the discussion around sexual topics, and could promote more sexual autonomy.

Sexual agency can be fostered in a school environment by integrating the curriculum based on what adolescents currently experience. SBSE that clearly defines consent, addresses exploitation of others on social media, and discusses STI and pregnancy prevention as both parties' responsibility could encourage self-efficacy and sexual agency. Parents can also follow

up with adolescents when SBSE begins being taught in schools by asking their child questions about the material, as well as their child's thoughts and feelings about sexual functioning. By engaging in conversations about sexual functioning in tandem with SBSE parents can address issues, such as consent, self-efficacy, and safety for females in sexual situations.

Programs in Place That Protect Against Victimization and Abuse

Much of the research simply identifies that there is a correlation between ACEs and maladaptive behaviors in adulthood. However, very few research studies identify the higher rates of victimization for minority populations and what protections can be put in place to prevent victimization from happening. There is a major need for more social programs to educate, inform, and provide resources to young women who could be, or are being, sexually victimized, particularly women of color. While social programs are not necessarily directly related to parental communication, parental communication can be included in these programs. Research has shown alarming statistics for women of color becoming victims to pressured sexual activity, sexual assault, and rape at very early ages, some as young as 11 years old (Tsuyuki et al., 2019). The number of women who engaged in sexual activity from ages 13-14 rises to 29%, but again, those women reported being forced or pressured to engage in sexual activity (Tsuyuki et al., 2019).

Many research studies have shown that the earlier a child engages in sexual activity, the greater likelihood they will contract a STI due to limited access to contraception, not having knowledge about STIs, or being a victim of sexual assault (Tsuyuki et al., 2019). Having social programs, with the inclusion of parental figure involvement, in place for adolescents would allow for and could promote access to contraception, education of female anatomy, autonomy

itself, and encourage the reporting of sexual assault when it happens. Therefore, these social programs could lower STI rates, lower teenage pregnancy rates, and improve society as a whole.

Social programs may also provide support for those women living through cumulative trauma. The current research examining the correlation of an individual having ACEs and the likelihood of becoming a victim of sexual violence in adolescence and adulthood is highly likely (Tsuyuki et al., 2019). Becoming infected with a STI or HIV, having a mental health diagnosis, and developing substance use disorders are all products of cumulative trauma. Having more social programs in place would allow those individuals who are continually being victimized to access necessary support. The American Academy of Pediatrics recommended screening adolescents for abuse (Pardee et al., 2017), but simply screening for abuse seems ineffective in facilitating lasting changes for cumulative trauma or generational trauma. However, identifying abuse when it occurs, providing education to parents, teachers, clinicians, and adolescents, and offering interventions could be beneficial (Tsuyuki et al., 2019). There are currently limited social programs designed specifically to be an additional protective factor against childhood victimization, but some of the available programs already in place that emphasize mentoring include Big Brothers and Big Sisters program, Boys and Girls Club, or Take Stock in Children Program. However, these social programs may not be comprehensive in training mentors or people in the organization to assess for victimization of participants, to begin conversations surrounding sexual autonomy, or to explain that self-efficacy is an important aspect of sexual health.

Changes for Adult Women

Throughout this literature review, there has been discussion surrounding how parents can communicate with their adolescents to promote healthier sexual functioning in adulthood.

However, there has not been extensive longitudinal studies on how parental influence in childhood and adolescence affects sexual functioning in adulthood for women. Many studies focus primarily on overall functioning for all genders, which can be beneficial to informing sexual functioning, but past research fails to examine the benefits or detriments of parental influence on sexual functioning in adulthood. Based on the research discussed in this literature review, the benefits of positive parenting communication regarding sexual functioning for women in adulthood is be discussed.

Improved Parental Relationships

It is widely accepted that childhood experiences shape how we function in adulthood. If parental figures can cultivate a healthy relationship with their child, positive, open communication is a part of that relationship. Parents who can create this kind of attachment with children make it more likely for positive parenting to continue. That child is then shown how to create positive attachments later in life with romantic partners and their own children. Parents who can create a close, healthy relationship with their child most likely fall into the category of authoritative parents. Authoritative parents who can be present with their child, set boundaries for their child, show their child warmth, are emotionally available for their child, and communicate clear expectations of their child's behavior can create a secure attachment with that child. If parents can create this kind of attachment with children, it is more likely for positive parenting to continue. That child is then shown how to create positive attachments later in life with romantic partners and their own children.

Influence on Adult Relationships

When parents discuss sexuality, risk of engaging in sexual activity, and condom use with their adolescent child, it is more likely that as an adult, that individual will communicate about

those topics with their partner (Whitaker et al., 1999). Parents that can communicate about sexual functioning at an early age, that individual will have more communication about topics previously discussed with their partner as an adult. Meaning, when open communication happens with adolescents with parents, those children grow into adults that are able to communicate with their own children. As discussed previously, the more parents communicate about sexual topics with their adolescent, the more likely the adolescent is to talk to their partner about those topics; this makes sense that if an individual is talking about the sexual topics as an adolescent, that will continue into adulthood. If an individual can discuss important sexual functioning topics with their parents in childhood, these skills carry through into adulthood. When adolescents can have healthy relationships with parents and open communication in adolescence, this interaction style continues into intimate relationships and sexual encounters in adulthood (Afifi et al., 2008).

Better Functioning Overall

Not only do parental relationships cultivate positive parenting, they also facilitate better overall functioning for adults. There have been numerous research studies on the associations of childhood experiences and how they shape overall functioning in adulthood (Dube et al., 2001; Herman et al., 1997). When a child encounters multiple ACEs, research has shown that functioning in adulthood is likely to be maladapted, including relationship dynamics and sexual functioning. The research has shown that a child who perceives a positive relationship with their parents can function better as an adult, in general.

Greater Sexual Satisfaction

Unsurprisingly, women who experience an insecure form of attachment to their sexual partner, particularly avoidance, have lower sexual satisfaction (Goldsmith et al., 2016; Tracy et al., 2003). Those women who have an insecure attachment to their partners adhere to rigid

gender roles and communicate less about their sexual functioning (Dewitte, 2012; Gentzler & Kerns, 2004; Stefanou & McCabe, 2012).

Parents who can create secure attachment with their children lead to those children growing into adulthood and creating their own secure attachments to intimate partners, leading to greater sexual satisfaction. Securely attached people typically engage in sexual activity to express love for their partner and enhance connection (Stefanou & McCabe, 2012), and these individuals who create secure attachment with others report higher levels of sexual satisfaction and lower levels of sexual dysfunction (Stefanou & McCabe, 2012).

Based on the research regarding secure attachment to an intimate partner, it is in adult women's best interest to have parental figures foster positive, healthy relationships, leading to greater sexual satisfaction and healthier sexual functioning. Research has shown that adult women can communicate their sexual needs to their partner in a healthy way when there has been an established secure attachment starting in childhood with parents.

Impact on Sexual Assaults and Gender Differences

An individual who develops autonomy during childhood within a family dynamic can learn how to hold and express their own ideas and opinions in future relationships. Practicing autonomy within a family dynamic allows an individual to translate that autonomy to sexual situations. Women who believe they cannot assert themselves in sexual situations can become uncomfortable and unable to express their sexual needs with another person. This inability to communicate about sexual activity, the unawareness of one's own boundaries in sexual situations, and the discomfort one experiences in sexual situations all increase a woman's vulnerability to sexual assaults (Walker et al., 2011). Sexual assertiveness seems to be a major factor in minimizing sexual assault (Walker et al., 2011).

Although much of the past research has been focused on how women can decrease their vulnerability to sexual assault, it is important to understand that there are different expectations and behavior for men and women, and these expectations begin in childhood. When women can be assertive and exercise autonomy overall, this assertiveness can translate to sexual situations in which women are empowered to say "yes" or "no" in sexual situations. Consequently, promoting sexual agency via strong parental-adolescent relationships that are characterized by emotional engagement and support of autonomy (instead of controlling or monitoring their children) in young women may function as an important model to help adolescents successfully navigate the complex and potentially risky world of sexuality, while feeling self-confident with their own sexual boundaries and desires.

Women are often expected to take a more submissive role in sexual situations while men are expected to exercise sexual autonomy (Sanchez et al., 2012; Wiederman, 2005). For example, condom use is typically associated with casual sexual encounters, and it is a societal expectation that women should only engage in sexual activity within the context of a committed relationship (Hynie et al., 1998). So, while it can be a responsible decision to practice using contraception when a woman exercises sexual autonomy and engages in a casual sexual encounter, there are conflicting messages for women regarding only having sexual intercourse in committed relationships (Hynie et al., 1998). This imbalance of sexual autonomy and conflicting societal messages can lead to detrimental situations and circumstances for women and men, especially when these conflicting messages are not discussed or acknowledged.

These differences in sexual autonomy for men and women can be found in our overall society, expanding even into religion. Even when men believe that organized religion has a strong influence in their life, they feel more freedom to engage in sexual activity than women do

(Allen & Brooks, 2012; Risman & Schwartz, 2002). Often, women believe they are solely responsible for maintaining sexual "purity," particularly women who identify as religious. While this way of thinking adheres to particular religious beliefs, it can be detrimental to an individual's sense of self, simply because there is a greater likelihood that a person will engage in sexual intercourse after age 24. This dichotomy of belief and sexual activity can cause significant anxiety for women.

These differences for men and women strongly influence how we approach sexual assault, sexual autonomy, sexual assertiveness, and overall standards for sexual behavior in modern, westernized society. When women value and exercise sexual autonomy, they make healthier, self-confident decisions in sexual situations during adulthood and have greater sexual agency over their own experiences (Klein et al., 2018). When women learn to practice sexual agency in adolescence, it is more likely to lead to safer sex practices, such as using a condom, greater communication about sexual functioning (Curtin et al., 2011), refusal of unwanted sex (Levin et al., 2012), as well as overall sexual well-being and satisfaction (Horne & Zimmer-Gembeck, 2006; Mastro & Zimmer-Gembeck, 2015; Zimmer-Gembeck et al., 2011; Zimmer-Gembeck & French, 2016).

As included in Appendix, parents are encouraged to foster a relationship with their daughter that has high levels of demandingness and high levels of responsiveness to a child's emotional needs. Simply beginning the dialogue with a daughter about sexual functioning at earlier ages can have positive outcomes, such as consistent contraception use. Parents who are able to approach conversations about sexual functioning in a casual, knowledgable creates for their child feelings of safety and security when they are in future sexual situations. Additionally, when female sexual functioning in a sex-positive way, this approach allows adolescents, and

adult females to exercise their autonomy and sexual assertiveness much more readily and advocate for themselves in sexually uncomfortable situations. Many parents seem to have difficulty reconciling religious beliefs with female adolescent sexual functioning. However, conversations parents have that integrate a family belief system, discuss parental exceptions of behaviors, outline safety and autonomy for the child, and has shown to have positive benefits, such as valuing academic achievement and a well-rounded sense of self. Overall, encouraging and promoting sexual autonomy, sexual assertiveness, and sexual agency over sexual experiences has exponentially beneficial outcomes for women and, in turn, society as a whole. Add to this conclusion by touching on all of the recommendations you suggested.

CHAPTER V: DISCUSSION

The purpose of this literature review was to examine the effects of parental communication influences on women's sexual functioning. The following questions guided this critical review of the literature:

1. How does parental communication influence female sexual functioning?
2. How do parent-child relationships, including parenting and attachment styles, influence sexual functioning?
3. What recommendations can be developed based on the existing research?

This review included discussion of commonalities of experience for women, including healthy sexual functioning, current views on female sexuality, sexual victimization of women, sexual assertiveness and agency, and women's knowledge of their own bodies.

Evaluation of the first question regarding conversations about sexual functioning from a parental perspective and an adolescent perspective explored and the research indicated that parents want children to learn about sexual functioning, such as anatomy, pregnancy prevention, STI transmission protection (Peter et al., 2015). Parents also reported that they feel that children are exposed to sexual content at earlier ages, but parents are not initiating conversations with their children about sexual functioning (Wilson et al., 2010). Parents reported several reasons that influences their communication with their child: they believe it is an invasion of the child's privacy, they not feel knowledgeable to respond to any questions, they are in denial that child may be sexually active, they feel that their child is not emotionally mature enough to have conversations about sex, they want child to indicate interest in sex before they start conversations, they are unsure to go about having conversations about sexual functioning

because no one discussed the topic with them as an adolescent, or they simply want their child to come to them with any questions (Wilson et al., 2010).

The quality, context, frequency, and factors that influence parental communication were examined also. The research indicates that when parents do discuss sexual functioning with their children, the messages the child receives are as such, delay sexual activity, use protection, and avoid pregnancy (Grossman et al., 2018). Research has shown that family communication is a primary protective factor that influences sexual functioning in adolescence, which includes adolescents being more comfortable discussing their own sexual experiences and lower rates of intended teenage pregnancies (Grossman et al., 2014; Murry et al., 2014). Research noted trends in parental communication, which was dependent upon the parents and the child's gender indicating that in general, mothers discussed sexual functioning more than fathers, but both mothers and fathers discuss sexual functioning with sons at equal rates, and fathers very rarely discuss sexual functioning with their daughters (Wilson and Koo, 2010). Decades worth of research has shown that when there is a positive parent-child relationship, that includes positive communication about sexual functioning, an adolescent is more comfortable discussing sexual topics with their own partners in adolescence (Afifi et al., 2008).

Critiques for school-based sexual education were discussed and expanded upon, including evidence that an abstinence based SBSE is ineffective at reducing teenage pregnancies and STI transmissions (Landry et al., 1999). In a majority of states, condom use and contraception is not discussed in SBSE programs and SBSE excludes autonomy, consent, or sexual pleasure in the curriculum. SBSE is also a heteronormative curriculum, which excludes a marginalized population of children who identify as LGBTQ+ (Bay-Cheng, 2003).

How religion influences sexual functioning in adolescence was also examined and studies indicate that religious institutions typically encourage parents to discuss sexual functioning with their children in the home, instead of addressing sexual functioning in a religious setting (Stephens, 2009). Research also indicated that while religious institutions emphasize abstinence before marriage, particularly for women to remain "pure" before marriage, but religion does not influence adolescents from abstaining from sexual activity (Allen and Brooks, 2012). However, those individuals that do engage in sexual activity report feelings of guilt regarding engaging in sexual activity before marriage, but that does not prevent an individual from engaging in sexual activity (Garceau & Ronis, 2017). Familial relationships and family values, as an influence on adolescent sexual behavior was also explored and research indicated that family values and culture influence adolescent sexual behavior (Hernandez et al., 2011; Hunt & Jung, 2009). Research showed that adolescents who reported parents who communicated about sexual functioning and created a warm, nonjudgmental home environment postponed sexual activity and consistently used contraception (Miller, 2002; Miller et al., 1998; Miller et al., 2001). Parents who attempt to psychologically control their child or create an invasive home environment have adolescent daughters who engage in higher risk sexual activity, according to recent research (Rodgers,1999).

In exploring the second question of this CRP regarding parent-child relationship experiences, including parenting and attachment styles affect sexual functioning in adulthood, the research has long established that childhood experiences shape how individuals functioning in adulthood. Recent research has shown that the more stressful and traumatic an individual's life is during childhood and adolescence the more negative outcomes in adulthood such as drug use, high-risk behavior, and difficulty managing emotions (Finkelor, 1990). An individual's

biological makeup is also shaped by the environment in which an individual is raised, based on research (Gerhardt, 2006).

Expanding further into adverse childhood experiences, the effects of ACEs were also extensively examined. Research has shown that women with higher numbers of ACEs engage in riskier sexual behavior (Fang et al., 2016; Hillis et al., 2001). Studies examining healthy sexual functioning for female adults and female adolescents is consistent in both stages of life, indicating that when an adult woman has positive sexual experiences and positive communication in childhood and adolescence the healthier sexual functioning she will demonstrate in adulthood (Baumgartner et al., 2009).

There is a lack of research on contributing factors for early sexual initiation for Black women and women of color was also expanded upon. The limited amount of research that does exist demonstrated that Black female adolescents engage in sexual activity at younger ages than their white counterparts. However, it was observed that research failed to make connection between Black female adolescents engaging in sexual activity at younger ages than white female adolescents and the significantly high rates of sexual assault and victimization in childhood and adolescence, which perpetuates lack of services and resources for Black female children, a vulnerable population.

This literature review also explored aspects of parenting and attachment styles and how these styles influence general functioning and sexual functioning in adulthood, which include secure, avoidant, ambivalent, and disorganized. Attachment styles and sexual functioning research was also examined, and studies indicated that attachment styles impact adult sexual functioning and relationship dynamics. Those individuals who are securely attached in relationships prefer monogamous, intimate committed relationships, rather than casual sexual

encounters, according to research (Dewitte, 2012). Research indicated individuals who are securely attached reported more positive feelings regarding sexual activity than those individuals who fall into an insecurely attached category (Brassard et al., 2015). Individuals that demonstrate controlling behaviors, being unfaithful in monogamous relationships, or being preoccupied with a partner's feelings and actions are examples of an individual being insecurely attached in relationships (Bogaert & Sadava, 2002). Research has shown that insecure attachment leads to an individual having a negative self-evaluation which contributes to feelings of unattractiveness, which in turn leads to unhealthy sexual functioning (Birnbaum, 2007). These insecure attachment styles influence an individual's sexual experiences including, but not limited to sexual preferences during intercourse, sexual positions, feelings about intercourse, and the duration of a sexual relationship (Brennan et al., 1998; Hazan et al., 1994). The literature on attachment style and gender was also examined and research showed that women that display a rigid adherence to gender roles report lower levels of sexual satisfaction, which typically falls within an ambivalent attachment style (Goldsmith et al., 2016).

Parenting styles, which included authoritative, authoritarian, permissive, and neglectful parenting categories, were also explored. Demandingness and responsiveness in parenting were also examined and research indicated that parents that were high on demandingness and high on responsiveness fell in the authoritative parenting category and individuals that had parents that feel into that category demonstrated the healthiest functioning in adolescence, while adolescents who experienced neglectful parenting had the poorest outcomes (Kuppens & Ceulemans, 2019). There is consistent data that authoritative parenting style has the greatest number of benefits for healthy functioning overall in adolescence, while other parenting styles are associated with poorer adjustment in adolescence, including sexual risk taking and drug use (Baumrind 1991;

Lamborn et al., 1991; Steinberg et al., 1994). In terms of parenting styles and conversations about sexual functioning and adolescents research indicates that authoritative parents demonstrate the widest variety of topics discussed with their children, including sexual functioning (Askelson et al., 2012). Overall research consistently shows that authoritative parenting has positive effects for individuals, which includes sexual functioning and positively influences one's feelings surrounding such (Lamborn et al., 1991; Steinberg et al., 1994; Williams et al., 2009; Wolfradt et al., 2003).

Attachment and parenting styles and how such these may impact functioning in adulthood were explored. However, very little research on parenting styles and how they influence women's sexual functioning in adulthood was identified. Most research indicated how parenting style influences sexual functioning in adolescence and evolves to examining attachment style and how it influences sexual functioning in adulthood for women. Most women who experience sexual dysfunction displays some type of insecure attachment style, according to the research. However, approximately 60% of women report experiencing sexual dysfunction at some point in her life (Hayes et al., 2008), which statistically seems to be inconsistent with the research regarding attachment. No research studies were found reconciling the amount of sexual dysfunction reported and the correlation with insecure attachment. The limited research that was examined on parenting styles indicated that parental emotional engagement and support of autonomy during adolescence led to women who reported more sexual agency over their sexual experiences several years later and develop into responsible and sex-positive adults (Teyber & Teyber, 2019).

The parenting model was evaluated, and numerous shortcomings were found. Shortcomings of the current parenting styles included the current model not including diverse

populations, the influence race and socioeconomic status plays, or an individual's beliefs systems plays in parenting (Rodriguez et al., 2009).

Recommendations presented in the literature were also reviewed for evaluation of the third question of the CRP. Recommendations, based on the research reviewed, included fostering a positive parental relationship, including open and positive communication about a wide variety of topics. Research reports that parents who are receptive and engage in a dialogue with adolescents create a healthier bond and more comfortability when discussing sensitive topics like sexual functioning, which then leads to their child feeling more comfortable when discussing sexual functioning with their own partners. Modeling positive behavior for your children is also included in clinical recommendations for parents attempting to foster healthy parent child relationships. While having conversations regarding healthy sexual functioning is an important aspect of healthy sexual functioning in the future for children, emphasizing positive aspects of a child's character and positive life goals are also important for parents to address because this allows sexual experiences to be a part of overall positive functioning.

Another recommendation provided included for parents to begin conversations about sexual with their children at early ages. Research has shown many parents wait until after their child has been engaging in sexual activity to have conversations about sexual functioning. While there is a variety of reasons as to why parents do not initiate conversations about sexual functioning with our children it is important to begin these difficult conversations at early ages to communicate with a child family values, parental expectations of behavior, healthy relationship dynamics, and promoting a sense of safety and autonomy for a child.

Parents should be encouraged and supported to become knowledgeable about current sexual functioning and attempt to be inclusive in their conversations with their child, according

to recommendations discussed in the literature. Parents who are able to answer questions in a comfortable, informal way with their child promotes feelings for their child, to be more comfortable when having conversations about sexual functioning with friends or potential partners. Research shows that parents often have misinformation regarding STI transmission and condom use effectiveness. Therefore, a recommendation is that parents inform themselves on those statistics and information before entering into a conversation with their child.

Another recommendation for parents would be to promote sex positive views and messages when discussing sexual functioning with their child. Parents should attempt to gain clarification on what sex positive culture is. The messages that sex positive conversations include was also discussed. Discussing sexual functioning from a sex positive viewpoint normalizes a pleasurable sexual experience for females. Parents who are able to have conversations with female adolescence about their sexual experience, according to research, promote knowledge of contraceptive use an STI testing, create overall healthy sexual functioning, and encourage an individual choice in engaging in sexual activity. Parents who are able to encourage autonomy and assertiveness in their female daughters, value and encourage their children to express their own ideas and opinions. Females who have grown up in environments that have parents that encourage assertiveness and autonomy are much more likely to practice that assertiveness in sexual situations and exercise healthy and self-confident decisions in adulthood, which is why this aspect of parenting is included in the clinical recommendations for creating healthier sexual functioning. Additionally, it is recommended to parent that they encourage self-advocacy and sexual agency in conversations with their adolescent daughters in regards to sexual functioning. If parents are able to encourage this in their conversations with adolescent females disempowers

daughters to say no in sexual situations, they are uncomfortable with and recognize sexual assault and lack of consent when it occurs.

Religious beliefs and how they influence conversations around sexuality and sexual functioning would be important to include in the recommendations. Research indicated that parental values have an important effect on the initial intercourse experience. However, studies also indicated that while religion plays a part in feelings of guilt after sexual activity before marriage, it does not deter individuals from engaging in sexual activity before marriage. Therefore, clinical recommendations included parents integrating their own beliefs system into conversations surrounding sexual functioning and communicating family values and expectations for the individual child behavior, while keeping in mind a person can identify as religious and also engage in sexual activity.

The need to update SBSE was also discussed, citing abstinence only SBSE has historically been shown to be in effective at reducing STI transmission and adolescent pregnancy rates. Also, a review of SBSE literature indicated that the current curriculum is outdated and demonstrate a lack of diversity when considering the LGBTQ+ communities. Another major clinical recommendation is the lack of programs and resources that prevent victimization and abuse, particularly for women of color and other marginalized populations.

Parents who are focused creating a positive attachment with their child improve their overall relationship, which then influences a woman's ability to cultivate healthy adult relationships, which include her aspects of sexuality. Additionally, women would benefit through positive parental relationships and better functioning overall. Research has shown that positive parental relationships lead to healthier functioning in adulthood. Women who are able to create secure attachment which most likely can come from secure parental attachment report greater

levels of sexual satisfaction, according to research. This literature review also examined the impact positive parental relationships and the benefits those relationships can have on females feeling confident in reporting sexual assaults and minimize the negative effects of societal expectations for men and women's behavior.

Clinical Implications

Based on the findings of this literature review, clinicians who are working with parents or adolescents who find it difficult to engage in conversations about healthy sexual functioning can be an additional source of support. Clinicians are able to offer psychoeducation regarding the benefits of beginning these conversations, process uncomfortable feelings with parents and children surrounding such conversations, and conduct collaborative dialogue with a parent to initiate conversations about healthy sexual functioning. Psychoeducational groups can also be facilitated by clinicians who are working with families who find conversations around sexual functioning challenging. Appendix A included in this literature review is an additional resource that can be shared with parents.

Limitations

This literature review focused on parent-child relationships, parenting style, and communication. The research on parenting styles and their impact on sexual functioning reviewed revealed several limitations. In general, limited research has been conducted on the longitudinal effects of parenting styles on sexual functioning for adults. Additionally, research app that has been done on parenting and sexual functioning in general is somewhat dated. There have been fewer current research studies have been conducted on the longitudinal effects of parental relationships and communication on sexual functioning , which led this literature review to included more dated studies for informational purposes.

Many research studies on parent-child dynamics focused on adolescent behavior. Studies also indicated that negative childhood experiences have lasting negative impacts on generally functioning in adulthood. However, besides studies that examined early sexual assault and the outcomes of sexual trauma in childhood, very few studies, if any, specifically examined parenting styles and sexual functioning in adulthood.

Some studies in this literature review were quantitative and limited to a small sample within certain regions of the United States. Along with having a small sample size from a specific region, the Afifi et al. (2008) study primarily examined White families. Based on this lack of diversity and small sample size it is difficult to generalize the results of those limited studies to a majority of the population in the United States.

Little research on the double standard and conflicting messages, or sexual scripts, women receive regarding condom use. A study referenced in the review of the literature assessed that while women should be exclusively sexually active in committed relationships, while on the other hand condom use is reserved for sexual activity outside of relationships (Hynie et al., 1998). Other research on attachment styles indicated that monogamous sexual activity indicated secure attachment styles, which is not always accurate and seems to be more rigidly apply to women's behavior versus men's sexual behavior.

Limited research was found on culturally competent suggestions for parents on how to approach conversations about sexual functioning with adolescents. For this literature review, no research was found that was specific to a culture in how to approach difficult conversations with an adolescent.

While Whitaker et al. (1999) interviewed mothers and adolescents very few studies examined specifically father and daughter conversations regarding sexual functioning. Studies

indicated that it is the least likely that fathers will discuss sexual functioning with daughters, when compared to mothers.

Besides Bay-Cheng (2001, 2003) studies there has been little research on SBSE in recent decades. This indicates a need of up-to-date review of the curriculum, as well as, implementation of updated literature.

While many studies looked at the prevalence of premarital sex in individuals that identify as religious other studies failed to examine the long term affects religious influences could have on a females sexual functioning. For this literature review, no studies were found examining the long term affects that religion plays in female adult's attitudes regarding her sexual functioning.

There was no research found in this literature review linking childhood sexual assault and the higher reports of Black women engaging in sexual activity at earlier ages than their White peers. This literature review has found that many research studies failed to consider the diversity impact on women's sexual functioning. When examining ACE scores, a correlation is recorded between ACE scores and certain sexual behaviors but fails to report additional considerations when discussing sexual behavior, particularly for Black female adolescents. Researchers have reported from a narrow lens that Black female adolescents engage in sexual activity at younger ages than their White peers (Finer & Philbin, 2014). However, Black women are five times more likely to experience childhood abuse than White women (Siddiqi et al., 2015). In the majority of the literature, contributing factors to early sexual activity go largely unreported in the United States. Additionally, not only did this literature review not find a link, but it also uncovered language used by previous researchers, like "early sexual initiation", that tends to frame victims to sexual assault and coercion as an active participant (Tsuyuki et al., 2019).

A limitation on the current parenting styles referred to in current literature is based on White, middle class families and fails to take diversity, race, or belief systems into consideration (Rodriguez et al., 2009). Very little research conducted on minority populations and parenting styles is applicable in current society.

Suggestions for Future Research

Sex-positive models that promote sexual health and well-being have begun to become a part of the research and current literature (Harden, 2014; Horne & Zimmer-Gembeck, 2006; Tolman & McClelland, 2011). However, these frameworks for sex-positive culture, specifically for women, did not become a part of the discussion involving adolescent sexuality until the 2000s. Conducting research through a sex-positive lens allows for more autonomy and critical analysis of past research and how it influences current detrimental attitudes toward female sexual functioning.

An overall lack of research studies conducted in the U.S. regarding female sexual functioning in adulthood has been overwhelmingly found during this literature review. This finding indicates a lack of awareness or necessity of sex-positive female functioning within the United States. Studies should continue to frame research from a sex-positive lens to promote sexual autonomy, less victimization, greater awareness of cultural norms and standards of behaviors in sexual situations, and more resources for parents to discuss sexual functioning through a more sex-positive lens. In addition, individuals who identify as sexually fluid, non-binary, or non-gender conforming should be included in further research to assist in defining how healthy sexual functioning is experienced within the United States.

Most of the studies reviewed focused on attachment styles and their effects on relationship dynamics, overall functioning, and sexual functioning. However, most of the studies were conducted based on cultural norms of sexual activity in monogamous relationships.

Overall, the limited literature on the effects of parenting on women's sexual functioning suggests the need to further understand and document any impacts that parental communication, or lack of, may have on future sexual functioning of women. Additional research is also needed on women's sexual functioning and how women's experiences in sexuality can be improved. Increased research on women's sexual functioning and how childhood experiences impact such functioning can promote sexual autonomy, less victimization, and an overall improvement in women's life experiences.

Parenting models need to be updated to reflect an inclusive population and represent diversity. The current parenting styles model appear limited in accurately assessing parents and children's needs. By re-defining parenting styles and their contribution to the most positive outcomes in sexual functioning, it is important to consider all cultures and ethnicities in the United States. Additionally, current parenting style model does not appear to accurately depict present parenting styles. Conceptualization of these styles need revision and documentation as the original model was formulated based on a White middles class model. Inclusion of diversity, cultural, and current societal norms for parenting is needed. For example, the model is not an accurate predictor for positive outcomes in Latino, African American, or Asian families. Therefore, future research should re-examine parenting models and adapt them to become inclusive of various cultures, diversity, and family structures. Many individuals would benefit from research Being conducted from an updated parenting model. Having a parenting model that

is more inclusive and takes into account all families function differently would be beneficial to updated societal norms.

Historically, societal attitudes have held different expectations for men's and women's sexual behaviors. Recognizing that there are cultural, societal, and religious differences when discussing men's and women's sexual behavior is an important starting point for further research. Presently, research has reported that fathers often have difficulty discussing sexual functioning, particularly with female daughters. Research exploring how gender differences influence conversations around sexual functioning could be beneficial for parents, along with research that explores what interventions could be most beneficial for a particular parenting style and improving parental relationships and quality of communication. Particularly, parental relationships with non-binary, non-gender conforming, and sexually fluid individuals would be beneficial to include in future research. Longitudinal studies on the repercussions of the lack of parental conversations on healthy female sexuality would also be beneficial to current research.

Conducting research from a sex-positive orientation would allow for less bias when performing research studies. Researchers would be able to withhold judgment and not assign value to women's sexual experiences, but rather measure the contributing factors to initiating sexual activity, the emotional effects of the encounter, and in what way the woman was prepared for sexual contact. For example, almost all research examined in this literature review discussed delaying sexual activity with a positive partner but delaying sexual experiences in adolescence is not necessarily negative or unhealthy if it is not coerced. Most research advocated for adolescence delaying sexual activity, but adolescents engaging in sexual activity has been established to be a normal part of development.

Until recently, the majority of the research has not emphasized a sex-positive perspective

for women, particularly adolescent girls. The research reviewed focused primarily on adult women's sexual activity in monogamous, heterosexual relationships, which continues to contribute to the social script that women should not engage in casual sexual encounters and that it is abnormal for women to desire casual sexual activity. A majority of the research defined female sexual functioning in a relatively narrow, rigid way, which is informing research from a non-sex-positive perspective. Risky sexual behavior for women has been defined by heterosexual, monogamous norms in past and most of the current research. This definition of risky sexual behavior is a narrow view of sexual functioning and defined by heterosexual, monogamous norms. Future research should be re-examined when discussing female sexual functioning to hold a more sex-positive view, which would include editing definitions and social contexts of what healthy and unhealthy sexual functioning can be for both adolescent and adult females.

The view that sexual activity should happen in monogamous relationships for women also contributes to attachment theory. Research done on sexual functioning related to attachment theory implies that women who demonstrate secure attachment engage in sexual activity in a monogamous partnership to feel connection and intimacy with their partner. However, the idea that an individual engages in sexual activity to demonstrate intimacy, instead of simply engaging in sexual activity for pleasure, informs how society views and responds to women's sexual functioning.

There are implications in the research reviewed that sexual activity in monogamous relationships is better than casual sexual encounters for women. The research that focuses on sexual activity in monogamous relationships does a disservice to women who engage in casual sexual encounters and fails to address additional sexual functioning such as masturbation.

Conducting research from a sex-positive view would also allow researchers to include all sexual experiences, instead of just vaginal intercourse, and all gender identities.

Most importantly, until recently, the majority of research has been conducted on what women can do for themselves to avoid victimization, while very little research has been conducted on what interventions are effective for those who would be at risk of sexually assaulting others. The idea that it is primarily the woman's responsibility to maintain sexual purity for religious reasons and limit the number of partners with whom she engages in sexual activity to avoid victimization is pervasive in U.S. culture and, until recently, research studies. Understandably, research is very limited because no known social, educational, or religious programs specifically address these kinds of behaviors, beliefs, and ideas. Currently, our culture emphasizes less sex-positive ideas and more protection against victimization.

Future research should be conducted with an awareness of cultural biases, allowing researchers to approach studies in a nonjudgmental and non-value-assigning way. If research could explore the need and benefits of sex-positive information and views, this could shift the lens from which the United States views sexual functioning for women. While some recent studies have conducted research through a sex-positive model (Harden, 2014; Horne & Zimmer-Gembeck, 2006; Tolman & McClelland, 2011), studies should continue to frame research from a sex-positive lens to promote sexual autonomy, less victimization, more awareness of cultural norms and standards of behaviors in sexual situations, and more resources for parents to discuss sexual functioning in a healthier, more knowledgeable way.

The current literature primarily indicates that Black women engage in "sexual initiation" at earlier ages than White women but have failed to identify causation and effective interventions for Black women or women of color. The lack of connection between factors, such as ACEs,

sexual victimization, and a lack of protective factors contributing to early sexual activity and early sexual experiences is alarming. Diversity consideration and exploration is necessary for further research. The higher rates of early sexual victimization for Black women and women of color are alarming, and the lack of research on causation and effective interventions are possibly reflective of the lack of support and concern minority populations have received through the decades. Future research on the rates of sexual victimization and effective clinical interventions to address victimization can identify strategies to minimize victimization for women of color and Black women, improvements could be made for a marginalized group of people.

Conclusion

Sexual functioning is a challenging topic to discuss. As women reach adulthood, some struggle with sexuality, sexual identity, past sexual trauma, along with many other issues related to sexual functioning. While these conversations are difficult to have, parents can be instrumental in initiating conversations about sexual functioning at home, in a safe environment, for their child to ask questions and feel comfortable talking about sexual topics. If parents can begin conversations early on, women are much less likely to become victimized and struggle with sexual functioning later on in life. By beginning these conversations, women can feel empowered and have autonomy over their own sexual experiences. Parents who cultivate positive relationships with their kids allow open, honest communication for all subjects, including sexual functioning. Assisting parents in developing a level of comfort in discussing sexual functioning with their daughters can also be an effective way to support women's sexual development. For decades, women's physical, mental, and sexual health, particularly women of color and Black women, has gone unremarked, undiscussed, and underdressed. It would benefit society as a whole for clinical research and society to place a greater value on women's

empowerment in this area, which could improve their sexual health.

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Appendix

Recommendations for Conversations with Adolescent Girls About Sexual Functioning

Start discussions at an Early Age

- Children are exposed to sexual situations at earlier ages. Therefore, it is important for parents to begin discussions with children about sexual functioning at early ages.
- Younger Children Topics
    - What love and good relationships look like.
    - What are good touches and not good touches.
    - Allowance to say "no" in physical touch situations ("no thank you" to hugs or affection from adults)
- Older Children Topics
    - Set realistic expectations for sexual encounters.
    - Discuss possible exposure to pornography.

Be Knowledgeable

- Gather knowledge on contraception effectiveness, STI's, and male and female anatomy.
- Approach conversations with minimal stress
- Normalize sexuality changes over time.

Sex Positive View and Sex Positive Message

- Less emphasis on risks of sexual activity
- More emphasis on emotional safety, physical safety, and saying "no" in situations in which they are uncomfortable.
- Independent sexual activity can be pleasurable.
- Sexual activity with a partner can be pleasurable.

Encourage Autonomy and Assertiveness

- Allow your child to express their general ideas and opinions and value them.
- Encourage your child to speak up for their needs.
- Emphasis on sexual encounters as a decision made together with a partner.

Encourage Self-Efficacy and Sexual Agency

- Discuss the ability to yes and no in sexual situations.
- Discuss what consent is and what it looks like for
- Encourage your child to require a partner to exercise precautionary measures.
- Encourage your child to be assertive in sexual situations.
- Discuss emotions and feelings surrounding possibility of sexual activity.

Integrate Values and Beliefs

- Acknowledge you can be consistent with your personal values while discussing healthy sexual functioning with your child.

Websites:

- https://sexpositivefamilies.com/resources/results/
- https://www.plannedparenthood.org
- https://positivesexuality.org/education/