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## History of Childhood Sexual Abuse in Mexican Origin Undergraduate Students and Its Relationship to Impulsivity

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HISTORY OF CHILDHOOD SEXUAL ABUSE IN MEXICAN ORIGIN UNDERGRADUATE  
STUDENTS AND ITS RELATIONSHIP TO IMPULSIVITY

A Thesis

by

JESSICA LEE GRAHAM

Submitted to the Graduate School of the  
University of Texas-Pan American  
In partial fulfillment of the requirements for the degree of  
MASTER OF ARTS

August 2011

Major Subject: Experimental Psychology



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STUDENTS AND ITS RELATIONSHIP TO IMPULSIVITY

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JESSICA LEE GRAHAM

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August 2011



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## ABSTRACT

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It is estimated that twenty-five percent of undergraduate female students have experienced some form of sexual abuse while under the age of 18. The definition of childhood sexual abuse, CSA, consists of abusive behaviors of varying intensity and duration and varies across states. Few studies have been done addressing the relationship between CSA and impulsivity. The purpose of this study was to determine if there was an association between a history of childhood sexual abuse and impulsivity in adults of Mexican origin. One hundred fifty-one undergraduates from UTPA participated. For the purposes of this study focus was placed on the 137 Hispanics of Mexican origin. Of these participants, 37 (11 males, 26 females) were identified as having experienced some form of CSA. A Pearson coefficient found that there was no significant correlation between having been sexually abused, impulsivity, and risky behaviors.





## DEDICATION

The completion of my graduate studies would not have been possible without the support and encouragement of my family. Both my thesis and degree are dedicated in the memory of my “editor in chief”, my mother, Carolyn Iris Graham-Garcia, who was always there to read and edit my works throughout my entire educational career. It was her constant patience, love, and guidance, which motivated me to continue working towards my Masters, even after having lost her during my second semester into the graduate program. I would also like to thank my father, Gerardo M. Garcia for his continued emotional support which kept me going when I wanted to stop. My daughters, Jasmin Almanza and Brenda Lares, who sacrificed family time so that I could finish my course work in order to graduate with my Master’s Degree in Experimental Psychology. Thank you for your love and continued support.



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## CHAPTER I

### INTRODUCTION

#### CHILDHOOD SEXUAL ABUSE

Childhood sexual abuse has been reported up to 90,000 times a year, but the number of unreported instances is far greater, most likely because the children are afraid to tell anyone what has happened, for the fear of the consequences (Child Sexual Abuse, 2011). It is estimated that twenty-five percent of the female population and sixteen percent of the male population will have experienced an episode of sexual abuse while younger than 18 years of age (Botash, MD, 1997). Because Hispanics compose 38 percent of Texas' population (James, 2011), it is important to explore their cultural values, especially those around childhood sexual abuse. According to the U.S. Census Bureau, 16.3 percent of the population identifies itself as being of Hispanic or Latino origin, making Hispanics the fastest growing ethnic group in the country (U.S. Census Bureau, 2010).

Mennen (1995), found that "a child's race/ethnicity may influence the way the experience of sexual abuse is processed, the meaning of the abuse to the victim, and the severity and kinds of symptoms that develop" (as cited by Andres-Hyman, Cott, & Gold, 2004, p. 320). The Arroyo et al. (1997) study was the first to describe childhood sexual abuse (CSA) experiences of Hispanic and non-Hispanic Caucasian college women. Hispanic women reported CSA

experiences that were more serious on almost every dimension (e.g., beginning at a younger age, more physically intrusive; Arroyo , Simpson, & Aragon, 1997).

Finding a clear definition of childhood sexual abuse is a difficult task; no one definition is used consistently throughout the literature. Each study defines abuse so that it is measurable for its specific purpose. The term “sexual abuse” covers a range of abusive behaviors of varying intensity and duration (Briere & Elliott, 1994). The legal definitions, of childhood sexual abuse (CSA) vary from state to state. One such definition is that CSA is a form of childhood abuse in which an adult or older adolescent uses a child for sexual stimulation (Child Sexual Abuse, 2008). The forms of abuse vary from asking or pressuring a child to engage in sexual activities (no matter the outcome) to actual physical sexual contact against a child (Dube et al., 2005).

Although responses to sexual abuse vary, more extreme symptoms are associated with abuse onset at an early age, extended or frequent abuse, or the use of force (Adult Manifestations of Childhood Sexual Abuse, 2006). Childhood sexual abuse can lead to a variety of long-term effects extending into adulthood. A fifth of all victims develop serious long-term psychological problems, according to the American Medical Association (Child Sexual Abuse, 2008). Children who are victims of sexual abuse have an increased likelihood of depression, substance abuse, sexually transmitted disease, and difficulties in adult relationships (Dube, et al., 2005).

### **Impulsivity**

One major criticism of the DSM-IV is that it has not been sensitive to culture/ethnicity and how those factors affect diagnoses and statistics. White Kress, Eriksen and Ford (2005) urged counselors toward culturally sensitive diagnostic practices because being aware of these differences is necessary for effective mental health treatment. Counselors need to carefully

consider clients' culture and past and present life experiences to avoid misdiagnosis or the use of unnecessary diagnoses (White Kress, Eriksen, Rayle, & Ford, 2005).

Although impulsivity is mentioned in the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition* (DSM-IV; American Psychiatric Association [APA], 1994) no clear and comprehensive definition is described in the manual (Favaro et al., 2005). Impulsivity is a personality trait characterized by the inclination of an individual to initiate behavior without adequate forethought as to the consequences of their actions, or acting on the spur of the moment (Winters, Botzet, Fahnhorst, Baumel, & Lee, 2009). Eysenck and Eysenck related impulsivity to risk-taking, lack of planning, and making up one's mind quickly (Sato, 2005). Martin and Wills (as cited in Winters, et al., 2009) found that, some individuals with problems of self-regulation, when faced with risk-taking opportunities, such as sexual activity and drug use, that promise some type of immediate reinforcement, were more likely to engage in the risky behavior (Winters, Botzet, Fahnhorst, Baumel, & Lee, 2009).

Some forms of risky behavior, whether they be substance abuse or sexual in nature, are mentioned as long-term effects of the trauma related to CSA. Few studies have been done addressing the relationship between CSA and impulsivity, and how one's impulsiveness can in turn lead to risky behaviors. The reason for this is unclear. The purpose of this study was to determine if there is a relationship between a history of childhood sexual abuse and impulsivity in undergraduates of Mexican origin which lead to risky sexual behaviors. I hypothesized that adults reporting having experienced CSA before the age of 18 will reveal greater levels of impulsivity and more frequent risky sexual behaviors. If confirmed, these findings that CSA comprises self-regulation in adults in ways that are dangerous to their health and well-being will

indicate the need for increased awareness of CSA and its effects on the Mexican origin population by medical professionals.

## CHAPTER II

### LITERATURE REVIEW

#### **Age of victimization**

Anda (2006) found that sexual abuse is a common yet traumatic childhood stressor, which tends to be kept secret. By their very nature, interactions related to child sexual abuse are full of shame for most people touched by it, but this is especially true in the Mexican culture. More recent data suggest that CSA may be more common in Latina women but less disclosed resulting in same percentages for Caucasians and Hispanics. Feeling shame is the internal process, the devaluing and rejecting of one's self (Fontes, 2007). Victims feel ashamed because they have participated, even though unwillingly, in activities related to childhood sexual abuse and have maintained secrecy about those events. Latino families are said to emphasize the maintenance of harmony and to avoid controversy and conflict (Guilamo-Ramos, et al., 2007). Reporting an instance of child abuse would create conflict among the family and those involved. Being involved in any way in the reporting of child abuse is in itself a shaming experience for most, but especially for many Latino families (Fontes, 2007). Because of this shame and guilt associated with CSA, as well as the social stigma of such experiences, it is likely that individuals

with histories of sexual trauma would attempt to escape from or avoid memories associated with the events (Rosenthal, Rasmussen Hall, Palm, Batten, & Follett, 2005).

Early childhood is considered to be between infancy and puberty. Therefore, childhood sexual abuse most often refers to any time prior to the age of 18 years old. Conte and Schuerman found that the variables associated with increased distress included molestation at an especially early age (as cited by Briere & Elliott, 1994, p. 63). There is now evidence from neurobiology and epidemiology which suggests that early life stressors such as abuse and related adverse experiences can cause lasting brain dysfunction that, in turn, affects health and quality of life throughout the lifespan (Anda, et al., 2006). During early childhood, the brain is in its beginning stages of development and is forming all the proper connections. If a child is sexually abused during this time, it can drastically affect his or her brain development (Anda, et al., 2006, p. 175). Our brains are sculpted by our early experiences. Teicher (2007) found that early abuse molds the brain to be more irritable, paranoid, and impulsive.

Victims of CSA experience physical and emotional trauma, and many times they are unsure of how to process the situation. No child is psychologically prepared to cope with repeated sexual stimulation (Child Sexual Abuse, 2008). Being exposed to childhood sexual abuse can lead to numerous differences in the structure and physiology of the brain (as cited by Anda, et al., 2006, p. 175). Findings from a study conducted by Batten et al. (2001) suggested that individuals, who reported a history of CSA before the age of 14, exhibited more trauma-related symptoms of distress.

### **Type of abuse**

CSA commonly involves the use of force or threats in order to make the child participate. According to research conducted by Ulibarri, Ulloa, and Camacho, 2009, compared to other

ethnic groups, Latina girls are more likely to be abused by male family members or relatives (Ulibarri, Ulloa, & Camacho, 2009, p. 407). In another study conducted by Arreola, Neilands, and Diaz, (2009), Hispanic girls who victims of more physical sexual abuse had more depressive and anxiety symptoms than African-American or Caucasian girls. They also found that Latino boys were more likely to have experienced sexual abuse by an extended family member with exposure to more sexually abusive behaviors, such as anal abuse (Arreola, Neilands, & Diaz, 2009). The more severe the abuse, the more severe the long term affects. These factors are related to poorer mental health outcomes (Kendall-Tackett, Williams, & Finkelhor, 1993; as cited by Ullman & Filipas, 2005, p. 68).

### **Risky behaviors**

The long-term effects of CSA experiences are many and vary in intensity. Research has found increased risks of low self-esteem, a feeling of worthlessness, an abnormal or distorted view of sex, (Child Sexual Abuse, 2008), and having several sexual partners (Mosack et al., 2010). Studies of CSA have demonstrated strong relationships with several negative health, behavioral, and social outcomes among male and female survivors (Dube et al., 2005). Risky sexual behaviors include an increased likelihood of having sex on the first date or with a stranger and one's inability to practice safe sex with partners in adulthood (Mosack et al., 2010). Some children who have been sexually abused have difficulty relating to others except on sexual terms and often have had a first (voluntary) sexual intercourse at an earlier age (Child Sexual Abuse, 2008).

In a study by Boudewyn and Liem (1995), it was observed that both male and female college students, with a history of CSA displayed more thrill seeking and risk-taking behaviors



(Boudewyn & Liem, 1995). Several studies have looked at the relationship between risky sexual behaviors and childhood abuse. Green et al. (2005) studied female undergraduate students to find a relationship between risky sexual behaviors measured by different types of childhood trauma. As predicted, the study found that the group with a history of abuse reported more risky behaviors. Creatsas (1997) found that risky sexual behaviors are increasing worldwide, given the increasing prevalence of adolescent pregnancies and sexually transmitted diseases (STDs) (as cited by Timmermans, van Lier, & Koot, 2008, p. 386). For the purpose of this study, risky sexual behavior was defined by the number of sexual partners the participant has had in the past 12 months, having had an STD, sexual intercourse prior to age 14, and the use of contraception during sexual encounters. In a study conducted by Binson, Dolcini, Pollack, and Catania (1993), having more than three sexual partners in a 12 month period was considered to be high risk.

Green et al. (2005) found that women college students who did not experience their first sexual trauma until adolescence still displayed more risky behaviors associated with the abuse (Winters et al., 2009, p. 52). Eysenck and Eysenck (1977) included temperamental traits, such as sensation-seeking and risk-taking, in the definition of impulsivity (Favaro, et al., 2005, p. 62). In a study conducted by Favaro, impulsive subjects reported a significantly higher frequency of childhood abuse experiences (Favaro, et al., 2005). Winters, et al. (2009), posed the question of whether there was an inter-relationship between sexual risk, and impulsivity. The researchers found that the variables were significantly related to one another (Winters, Botzet, Fahnhorst, Baumel, & Lee, 2009).

There have been plenty of research studies done on childhood sexual abuse and its long term effects on the population but few focus on victims of Mexican origin (Kenny & McEachern, 2007). One reason for this may be that there has not been an interest to research this specific

population. My hypothesis is that undergraduate students of Mexican origin, who were sexually abused before the age of 18, will be more likely to be impulsive and therefore exhibit high risk sexual behaviors as adults.

## CHAPTER III

### METHODS

#### **Participants**

After receiving IRB approval, undergraduate psychology students from the University of Texas Pan American (UTPA) were recruited as participants for this study. The participants were offered extra credit, determined by their professors, for participating in a research study. The students were given the details of when and where to participate. Approximately 90% of the student body at UTPA is Hispanic and, of these, about 95% are of Mexican origin (Ernst, Salinas, & Perez, 2009).

Inclusion criteria for this study were: (a) undergraduate students above the age of 18 (b) with and without a history of childhood sexual abuse, as noted by self-report; and (c) Mexican origin, as defined by self-report. The exclusion criterion for this study was having answered race as being non-Hispanic in origin. The sample included 137 Mexican origin undergraduates, 43 (31%) males and 94 (69%) females, ranging in age from 18 to 46 ( $M=23.73$ ;  $SD=5.52$ ) years. The sample consisted of two groups, CSA, and Non-CSA. For the purpose of this study participants who identified themselves as being sexually abused as a child were drawn from the larger sample to create the CSA group (27%), the remaining participants were identified in the Non-CSA group (73%).

## Measures

Five different measures were used for this research study to address impulsivity, childhood sexual abuse, and cultural values.

1. Demographics- A general demographics questionnaire was completed answering questions such as: Sex, Age, Gender, Race/Ethnicity, in what country were you born, etc.
2. Impulsivity- the Barratt Impulsiveness Scale Version 11<sub>A</sub> (BIS-11;Patton, Stanford, & Barratt, 1995) is a 30-item self-report questionnaire, and is used to measure impulsive personality traits. The earlier mentioned definition of impulsivity by Eysenck and Eysenck, related impulsivity to risk-taking, and lack of planning. These traits can be found in either the first or second order factors. The assessment tool measures six first-order factors (attention, motor, self-control, cognitive complexity, perseverance, cognitive instability) and three second-order factors (attentional impulsiveness [attention and cognitive instability], motor impulsiveness [motor and perseverance], non-planning impulsiveness [self-control and cognitive complexity]). The items are scored on a four point Likert-type scale using Rarely/Never (1), Occasionally (2), Often (3), Almost Always/Always (4), with some being scored in the opposite order (BIS-11; Patton, Stanford, & Barratt, 1995). The total score is calculated by summing the factors and dividing by 24, this number is then multiplied by 30. This is done because the BIS-11<sub>A</sub> is an intermediate version that excludes six questions, this prorated scoring process was developed by Dr. Marijn Lijffijt, the reliability of this procedure is questionable, but it is reasonable to

- deal with this data (ISRI, 2000-2011). The Cronbach's alpha for this scale was .659, a reliability score of 0.70 or higher is considered to be reliable.
3. Childhood sexual abuse- A previously used childhood sexual abuse questionnaire was revised using a legal definition to determine the type of abuse that occurred and at what age the abuse occurred. For the purpose of this study, childhood sexual abuse is defined as any sexual behaviors (i.e. sexual touching) whether it is Verbal sexual, Visual sexual, or Physical sexual, that involved any person 5 or more years older than the participant. Verbal sexual abuse is defined as asking the child to participate in sexual activities (no matter the outcome). Visual sexual abuse includes exposure of genitals or pornography to a child (no matter the outcome). Physical sexual abuse to a child involves actual contact with the child's genitals (Dube, et al., 2005). Prior versions of this questionnaire have been used to obtain the frequency of child sexual abuse. Because this is just one portion of a bigger questionnaire, the Cronbach's alpha was not estimated to be reliable.
  4. Cultural values- *Cultural Values Scale* (Unger, Ritt-Olson, Teran, Huang, & Palmer, 2002), a 19-item self-report questionnaire. This tool is a four-point Likert- scale using (1=*Strongly Disagree*, 2=*Disagree*, 3=*Agree*, and 4=*Strongly Agree*) as possible answers. These questions are designed to measure cultural values by asking such questions as, "as long as my parents are alive, I won't move to a faraway state or country", and "I'm willing to make sacrifices for my parents, even if it's difficult for me." This scale had a Cronbach's alpha for reliability of .88; this is considered to be a very reliable scale.

5. Risky Sexual Experiences- A self-report questionnaire of specific questions were asked to determine risky behaviors. A scale consisted of “yes/no” items that measured a range of sexual risk behaviors, including the following: “Have you ever had a sexually transmitted disease?”, “Did you have sexual intercourse before you were 14 years old?”, “Did you use protection the last time you had sex?”, “Do you use protection every time you have sex?”, and “Number of sexual partners have you had in the last 12 months?” The four questions on this portion of the questionnaire were so small, that the calculated Cronbach’s alpha for this measure was only .304.

## **Procedures**

Due to the nature of the topics addressed in the questionnaires, arrangements were made with the university to use two classrooms to conduct the research, one room for females and the other for the males. Participants were greeted by research assistants and given time to read the informed consent. To maintain anonymity no signature on the consent form was required. Once it was read, they were instructed to go back to the researcher to obtain the questionnaire. The participants were then given a questionnaire with a randomly selected number, and instructed to sit apart from each other and complete it. They were then told to place the finished questionnaire in a box marked confidential. Before leaving they were told to sign their name along with their course name to be turned in to their professor for extra credit points. The questionnaire completion process was identical for male and female participants.

Participants were given the questionnaire informing them that their participation was voluntary, and that their answers would be confidential and would be destroyed by shredding after the data are compiled. Demographics such as age, gender, race/ethnicity, and marital status were asked of the participant. The first questionnaire to be completed was the Barratt

Impulsivity Scale Version 11<sub>A</sub>, followed by questions on sexual abuse. Sexual abuse was clearly defined at the top of the page for the participants along with a reminder of their confidentiality and an option whether they wanted to proceed. They were asked “I believe I was sexually abused before age 6”, “I believe I was sexually abused between ages 6 and 12”, and “I believe I was sexually abused between ages 12 and 18”. A “yes” answer to any of the three “I believe I was sexually abused” questions, determined whether or not CSA occurred. Those that answered “no” were used as part of the control group, having no history of CSA. The last questionnaire was the cultural values scale, the answers to which were collected to determine the mean. The mean then used to determine their cultural values.

### **Statistical Analysis**

The data that were collected from the questionnaires completed by the participants and then inputted into Microsoft Excel in order to perform analyses. Once organized using the inclusion and exclusion criteria, the data were transposed into SPSS for Windows, Release 18.0 (2010), and Statistica (Statsoft, Tulsa, OK), for statistical analysis. Descriptive analysis, *t*-tests, Chi-Squared ( $X^2$ ), Yates Chi-Squared corrected( $X^2$ ), and Proportional Difference Tests were conducted to analyze the data.

## CHAPTER IV

### RESULTS

For the purpose of this study, risky sexual behaviors and impulsivity were classified as the dependent variables, having a history of childhood sexual abuse served as the independent variables i.e., impulsivity and risky sexual behaviors were considered as potential interrelated outcomes of childhood sexual abuse. More than one risky sexual behavior was measured: The number of sexual partners in the past 12 months (a continuous variable), whether or not the participant had reported sexual intercourse before the age of 14, whether the participant reported using protection during the last time the participant had sex, and whether or not the participant reported using protection on every occasion of sex (all dichotomous variables).

According to the answers reported by the participants, the variable age of victimization, was broken into six different groups, CSA before age 6, CSA between 6 and 12, CSA before age 12, CSA between 12 and 18, CSA before 18, and continuous CSA, or more than one age. These groups and frequency of occurrences are noted in Table 1. The frequency table reveals that sixty-seven percent of childhood sexual abuse occurred before the age of 18.



Table 1

*Frequency and percentages of the different ages at which Childhood Sexual Abuse occurred divided by gender*

Variable (N= 37)	Females		Males		Total%
	(N=26)	%	(N= 11)	%	
Age of victimization					
Before age 6	3	12	1	9	11
Between 6-12	9	35	3	27	32
Between 12-18	6	23	3	27	24
Total	18	69	7	64	67

The types of abuse, defined as verbal sexual, visual sexual, physical sexual, or multiple types of sexual abuse, are represented in Table 2. Both males and females who were identified as being victims of CSA, reported higher instances of physical sexual abuse (N=19), defined as actual physical contact with their genitals.

Table 2

*Frequency and percentages of the different types of Childhood Sexual Abuse by Gender*

Variable (N= 37)	Females		Males		Total%
	(N=26)	%	(N= 11)	%	
Types of abuse					
Verbal Sexual	1	4	2	18	8
Visual Sexual	1	4	2	18	8
Physical Sexual	15	58	4	36	51
More than 1type of abuse	8	31	2	18	27
Missing	1	4	1	9	5

In order to compare risky behavior and impulsivity, the number of sexual partners in the past 12 months and the score on impulsivity were used to generate a Pearson correlation. The

results revealed there was no relationship between the number of sexual partners and impulsivity ( $r = 0.151, p = 0.079$ ).

A Pearson correlation was conducted to obtain a statistical comparison of the means of the previously mentioned risky sexual behavior, # of sexual partners in the past 12 months, and cultural values score. The results indicated that there was no statistical significance in between the number of sexual partners in a 12 month period and cultural values of Mexican origin undergraduate students ( $r = 0.003, p = 0.973$ ).

The dichotomous measures of risky sexual behaviors identified in the study were analyzed by frequency comparisons using three different statistical analyses ranging from liberal to very conservative. The variables were compared using Chi-square ( $X^2$ ), Yates Corrected Chi-Square ( $X^2$ ), and a Proportional Difference Test using Statistica (Statsoft, Tulsa, OK). The three tests were used to provide a thorough look at the dichotomous variables using statistical analyses that varied in how conservative they were as tests of differences in proportionality. The conclusions drawn, which are represented in Table 4, however, are based on the most conservative of the three tests (Yates). On that basis, none of the proportions are considered to be statistically significantly different ( $p > .05$ ) between those with a history of CSA and without.

Table 3

*Proportional Comparisons of Risky Sexual Behaviors in Subjects with and without Histories of Childhood Sexual Abuse*

Risky sexual behaviors (N=37)	CSA (N=100)		Non-CSA		$X^2$	Corrected		Yates		Proportional
	<i>f</i>	%	<i>f</i>	%		<i>df</i>	<i>p</i>	$(X^2)$	<i>p</i>	
Had a sexually transmitted disease	8	22	8	8	3.65	1	.056	2.62	.105	P< .0001
Sexual intercourse before 14 years old	2	5	1	1	2.30	1	.129	.75	.387	P= 0.11
Use contraception last time had sex	12	32	49	49	1.22	1	.269	.86	.354	P=0.0826
Use contraception every time you have sex	10	27	34	34	.32	1	.573	.13	.714	P= 0.4359

## CHAPTER V

### DISCUSSION

This study explored the understudied issue of history of childhood sexual abuse and impulsivity in adults of Mexican origin, as measured by risky sexual behaviors. My hypothesis was that undergraduate students of Mexican origin, who were sexually abused before the age of 18, will be more likely to be impulsive and therefore exhibit high risk sexual behaviors as adults. Prior research indicates that impulsivity is an underlying factor for sexual risk behaviors (Winters et al., 2009). A Pearson correlation was conducted and there was no statistical significance between risky behaviors and impulsivity. An adapted version of the BIS-11, by Oquendo et al. (2011), to Spanish showed adequate equivalence between the English and Spanish versions (Orozco-Cabal, Rodriguez, Herin, Gempeler & Uribe, 2010). A high reliability of this version was shown by Spinella (2007) (Orozco-Cabal, Rodriguez, Herin, Gempeler & Uribe, 2010). One reason for the low Cronbach's alpha, maybe that the BIS-11A may not have been validated using the Mexican origin population. Considering a clients' culture is important when using these diagnostic tools for effective mental health treatment I speculate that the reason for this is that, depending on when they were sexually abused they may try to avoid risky situations.

Cultural family values were another factor investigated as an influence of risky sexual behaviors. A Pearson Correlation was conducted and revealed that there was no statistically

significant relationship between cultural values and risky sexual behaviors. I speculate that this is because in the Mexican culture, sex is a topic that is not widely discussed. This is especially true of childhood sexual abuse. Child sexual abuse would be perceived as shameful for most if not all people and tends to be kept secret, but this is especially true in the Mexican culture (Anda, et al., 2006). The Mexican family is a close-knit family, full of pride and respect. Children are taught to respect their elders and their extended family members, such as aunts, uncles, godfathers, and friends. The research mentioned earlier, stated that Latinos were most likely to be abused by someone in their immediate or extended family. The child that has been sexually abused is likely to keep quiet because they do not want to bring disrespect upon their elders. Those abused by their much respected elders, such as a grandfather, will most likely keep the abuse secret because of the stigma related to the abuse.

The measures of risky sexual behaviors identified in the study were analyzed by frequency comparisons. The variables were compared using Chi-square ( $X^2$ ), Yates Corrected Chi-Square ( $X^2$ ), and a Proportional Difference Test using Statistica (Statsoft, Tulsa, OK). The three tests were used to provide a thorough look at the variables using statistical analyses that test differences in proportionality. None of the proportions were considered to be statistically significantly different ( $p > .05$ ) between those with a history of CSA and without.

No evidence was found in this study that students reporting CSA were engaging in any more risky sexual behaviors, for instance lack of protection that increases the possibility of STD's, than those who were not abused. Mosack, et al., reported in their study that adults who reported CSA, were less likely to use protection during sexual encounters (Mosack et al., 2010).

In this study, sexually transmitted diseases were not more frequently disclosed by persons reporting CSA compared to those who reported no history of CSA.

The small sample size was a major limitation in this study. Research using a larger sample may have given a better representation of the population. Since self-report questionnaires were used to collect data, we faced potential problems of over or under reporting of CSA experiences by the participants. We sampled college students and the external validity of our study begins and ends with this population.

Future research should investigate undocumented residents as a possible reason for not reporting CSA. Even though the Spanish language is increasing throughout the United States, illegal residents from Mexico may find it a threat to their resident status to report any type of sexual abuse. I speculate that this is especially true in the Rio Grande Valley. Many families do not want to get involved with authorities regardless of the situation. Therefore instances may go unreported for fear of those involved being deported. This is an issue that should be addressed in future research.

Lastly this study lacked statistically significant findings. The lack of relationships between having been sexually abused as a child, impulsivity, and risky sexual behaviors needs to be addressed in the future. The effects of CSA are a very serious matter that may affect other areas of the young adult's life.

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## APPENDIX A

**THANK YOU VERY MUCH FOR ASSISTING OUR RESEARCH PROGRAM BY AGREEING TO COMPLETE THIS BRIEF QUESTIONNAIRE**

PLEASE REMEMBER THAT YOUR PARTICIPATION IS VOLUNTARY AND THAT YOU SHOULD FEEL FREE TO WITHDRAW FROM ANSWERING AT ANY TIME WITHOUT PENALTY. **DO NOT PUT YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE!**

This demographics page and a cover sheet are provided to keep your answers private. No one else will have access to this questionnaire except the persons doing this research. The information you provide will be input into a computer database by Dr. Ernst or a research assistant and the questionnaires will be destroyed by shredding.

**\*\*\*\*\* CONFIDENTIAL \*\*\*\*\***

**Please provide this information and answer the questions which follow ONLY IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU WANT TO.**

Please circle your preferred answer when given more than one option to choose from.

\*\*\*\*\* Demographics \*\*\*\*\*

SEX \_\_\_\_\_ AGE \_\_\_\_\_ CLASS STANDING: *Freshman* *Sophomore* *Junior* *Senior*

RACE/ETHNICITY (Circle One): *Mexican-American/Mexican-origin* *European-American*  
*Asian-American* *African-American* Other \_\_\_\_\_

I am *right* *left* handed

In what country were you born? \_\_\_\_\_

If you were NOT born in the U.S., how many years have you lived here? \_\_\_\_\_

In what country was your mother born? \_\_\_\_\_

If your mother was NOT born in the U.S., approximately how many years has she lived here?

\_\_\_\_\_

In what country was your mother's mother born? \_\_\_\_\_

In what country was your mother's father born? \_\_\_\_\_

In what country was your father born? \_\_\_\_\_

If your father was NOT born in the U.S., approximately how many years has he lived here?

\_\_\_\_\_

In what country was your father's mother born? \_\_\_\_\_

In what country was your father's father born? \_\_\_\_\_

Are you Bi-Lingual? Yes No      What is your "first language"? \_\_\_\_\_

What is your "second language"? \_\_\_\_\_

Age of your *mother* when you were born \_\_\_\_\_ Age of your *father* when you were born \_\_\_\_\_

Do you live with your parents?      Yes      No

MARITAL STATUS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

NUMBER OF OLDER SISTERS \_\_\_\_\_ NUMBER OF YOUNGER SISTERS \_\_\_\_\_

NUMBER OF OLDER BROTHERS \_\_\_\_\_ NUMBER OF YOUNGER BROTHERS \_\_\_\_\_

RELIGIOUS PREFERENCE \_\_\_\_\_

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate circle on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

	○ Rarely/Never	○ Occasionally	○ Often	○ Almost Always/Always
1 I plan tasks carefully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I do things without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I am happy-go-lucky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I have "racing" thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 I plan trips well ahead of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 I am self-controlled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 I concentrate easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 I save regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 I find it hard to sit still for long periods of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 I am a careful thinker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 I plan for job security.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 I say things without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 I like to think about complex problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 I change jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 I act "on impulse".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 I get easily bored when solving thought problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 I have regular medical/dental checkups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 I act on the spur of the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 I am a steady thinker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 I change where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 I buy things on impulse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I finish what I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 I walk and move fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 I solve problems by trial-and-error.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 I spend or charge more than I earn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 I talk fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 I have outside thoughts when thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 I am more interested in the present than the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 I am restless at lectures or talks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 I plan for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\*\*\*\*\* **PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY** \*\*\*\*\*  
**IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU ARE SURE YOU WANT TO.**

(Select one of these options):    I elect to continue \_\_\_\_\_    I prefer to not continue \_\_\_\_\_

\*\*\*\*\*

\*\*\*For the purpose of this study, childhood sexual abuse is defined as any unwanted sexual behaviors (i.e. sexual touching) whether it is *Verbal sexual*, *Visual sexual*, or *Physical sexual*, that involved any person 5 or more years older than the participant. **Verbal sexual** abuse is defined as asking the child to participate in sexual activities. **Visual sexual** abuse includes exposure of genitals or pornography to a child. **Physical sexual** abuse to a child involves actual contact with the child's genitals. \*\*\* (USLegal.com, 2001-2011)

Please **circle** the correct answer as it applies to you...

- |   |               |                 |
|---|---------------|-----------------|
| 1. I believe that I was sexually abused before age 6.           | <i>Yes</i>    | <i>No</i>       |
| 1a. Type of abuse:  | Verbal Sexual | Visual Sexual   |
|   |               | Physical Sexual |
|   |               |                 |
| 2. I believe that I was sexually abused between ages 6 and 12.  | <i>Yes</i>    | <i>No</i>       |
| 2a. Type of abuse:  | Verbal Sexual | Visual Sexual   |
|   |               | Physical Sexual |
|   |               |                 |
| 3. I believe that I was sexually abused between ages 12 and 18. | <i>Yes</i>    | <i>No</i>       |
| 3a. Type of abuse:  | Verbal Sexual | Visual Sexual   |
|   |               | Physical Sexual |

4. If “Yes “ to any of # 1 through # 3, please **circle** any of the following people you have talked to about these experiences.

- |                      |                      |                  |                |                              |
|----------------------|----------------------|------------------|----------------|------------------------------|
| <i>Family Doctor</i> | <i>Psychologist</i>  | <i>Husband</i>   | <i>Parent</i>  | <i>Uncle/Aunt</i>            |
| <i>Psychiatrist</i>  | <i>Social Worker</i> | <i>Counselor</i> | <i>Sibling</i> | <i>Friend</i> <i>Teacher</i> |

Other \_\_\_\_\_ (Please specify)

5. Which of these people did you talk to FIRST? \_\_\_\_\_

6. If “Yes” to any of #1 through #3, please estimate the **percentage** (0% to 100%) of “adjustment to” or “recovery from” the effects of the experience(s) you feel **at this time in your life.**

\_\_\_\_\_ %

\*\*\*\*\*

Sexual Behaviors

7. During the last 12 months, how many sexual partners have you had? (By sexual partners, we mean anyone with whom you have had sexual intercourse, even if it was just one time).

Enter Number of Partners\_\_\_\_\_

Risky Sexual Experiences

**Instructions:** The following questions are about past sexual experiences.

**Please circle the correct answer as it applies to you...**

- |     |   |            |           |
|-----|---|------------|-----------|
| 8.  | Have you ever had a sexually transmitted disease?             | <i>Yes</i> | <i>No</i> |
| 9.  | Did you have sexual intercourse before you were 14 years old? | <i>Yes</i> | <i>No</i> |
| 10. | Did you use protection the last time you had sex?             | <i>Yes</i> | <i>No</i> |
| 11. | Do you use protection every time you have sex?                | <i>Yes</i> | <i>No</i> |

\*\*\*\*\* **REMINDER: PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY** \*\*\*\*\*  
**IF YOU ARE COMFORTABLE DOING SO AND ONLY IF YOU ARE SURE YOU WANT TO.**

(Select one of these options): I elect to continue \_\_\_\_\_ I prefer to not continue \_\_\_\_\_

\*\*\*\*\* Cultural Values Scale \*\*\*\*\*

DIRECTIONS: Below is a list of issues concerning the family in general, not your own. Please read all statements very carefully and respond to all of them on the basis of your beliefs using the following answer choices. Read each statement and put an X on the appropriate circle on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.				
	O SD = Strongly Disagree	O D = Disagree	O A = Agree	O SA = Strongly Agree
38. After my parents die, I will still live according to their values and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. When I make an important decision (like choosing a college, starting a romantic relationship, or taking an after-school job), I think about how my decision will affect my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I must obey my parents, whether I agree with them or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. As long as my parents are alive, I won't move to a faraway state or country.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The worst thing a person can do is disrespect his or her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. When I choose a spouse, I'll consider my parents' opinion of the person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Even if I don't like the way my parents are acting, I must always respect them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. After my parents die, I will try to finish the project and goals they left unfinished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. I want to be successful in life so that people will know that my parents raised me right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I'm willing to make sacrifices for my parents, even if it's very difficult for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. If my family members asked me to, I would give up my favorite activities (like sports, clubs, or hobbies) to spend more time with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I try to avoid doing dangerous things, because I don't want my parents to worry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Even if a child believes that his parents are wrong, he should obey them without question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. When someone has problems, one can count on the help of relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. I expect my relatives to help me when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. A person should share his/her home with uncles, aunts, or first cousins if they are in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. A person can count on help from his/her relatives to solve most problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. The family should consult close relatives (uncles, aunts) concerning its important decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. No matter what the cost, dealing with my relatives' problems comes first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## BIOGRAPHICAL SKETCH

Jessica Lee Graham of Torrance, California, graduated from Torrance High School in 1994 with her high school diploma in college preparatory courses. She went on to attend El Camino Community College in Torrance, where she earned her A.A. in Sociology in 2003. While going to school as an undergraduate, Jessica worked for Torrance Unified School District's ASSISTT program from 2001 to 2006 where she implemented in-home programs with children with a diagnosis of autism. Having graduated from El Camino, she transferred to California State University, Dominguez Hills in 2004. In 2006, she graduated with Honors in her major, receiving a B.A. in Sociology and a minor in Psychology. Shortly after graduating, she moved to Edinburg, Texas where she continues to reside at 3631 Oregon Dr., Edinburg, Texas 78542. In August 2011, she earned a Masters of Arts degree in Experimental Psychology with a concentration in BCBA from the University of Texas-Pan American. In addition she plans to sit for the Board certification in Applied Behavior Analysis in 2012. Jessica is currently employed by Easter Seals-RGV's Early Childhood Intervention program, where she is a Family Service Coordinator and Early Intervention Specialist.