



2019

Dating violence and Latina/o emerging adult's attitudes towards condoms and condom use behaviors: Examining the role of culture

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Dating violence and Latina/o emerging adult's attitudes towards condoms and condom use behaviors: Examining the role of culture

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science at Virginia Commonwealth University.

by

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Acknowledgment

The author wishes to thank her advisor, Dr. Rosalie Corona, for her mentorship and support on this project as well as Dr. Corona's continuous investment in her personal and professional growth. Additionally, she would like to thank her thesis committee members Drs. Conley and Sullivan for their comments, direction, and expertise during this project. Lastly, she would like to thank her partner, Nelson Gaspar, her mother and sister, Dora Myriam Avila, and friends for their unwavering love and constant motivation throughout her educational career, and specifically, during her first three years of graduate school.

“Sometimes, a breakdown can be the beginning of a kind of breakthrough, a way of living in advance through a trauma that prepares you for the future.”

- *Dra. Cherrie Moraga*

La autora desea agradecer a su consejera, la Dra. Rosalie Corona, por su tutoría y apoyo en este proyecto, así como por la constante inversión de la Dra. Corona en su crecimiento personal y profesional. Además, quisiera agradecer a los miembros del comité de tesis, los Dras. Conley y Sullivan por adelantado por sus comentarios, orientación y experiencia durante el curso de este proyecto. Por último, le gustaría agradecer a su pareja, Nelson Gaspar, a su madre y hermana, Dora Miriam Avila, y a sus amigas por su inquebrantable amor y motivación constante a lo largo de su carrera educativa, y específicamente, durante sus primeros tres años de estudios de posgrado.

"A veces, un desajuste total puede ser el comienzo de un tipo de avance, una forma de vivir por adelantado a través de un trauma que lo prepara para el futuro"

- *Dra. Cherrie Moraga*

Esta tesis es para mi bisabuela, Guadalupe “Tita” Villanueva, y abuelo, Jesús “Chuy” Cavazos.

“Te echo de menos en cada momento, y ni siquiera tu precioso recuerdo, compensa tu ausencia”

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Abstract

DATING VIOLENCE AND LATINA/O EMERGING ADULT'S ATTITUDES TOWARDS CONDOMS AND CONDOM USE BEHAVIORS: EXAMINING THE ROLE OF CULTURE

By Melissa Avila, B.A.

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University.

Virginia Commonwealth University, July 9, 2019

Director: Rosalie Corona, Ph.D., Professor, Department of Psychology

Latina/o emerging adults living in southern states may be especially at risk of being disproportionately affected by HIV. In 2015, Latina/os aged 20 to 24 accounted for 14.7% of all 20-24-year old's living with HIV in southern states, despite the fact that 20 to 24-year-olds make up 3.7% of the region's overall population of individuals living with HIV (CDC, 2016; U.S. Census Bureau, 2017). Specifically, there continues to be groups of Latina/o emerging adults who do not use condoms when they are sexually active and who are not using condoms consistently. Condom use literature suggests that relationship factors, such as power dynamics and dating violence (DV) victimization, can play an essential role in Latina/o emerging adults' attitudes towards condoms and condom use behaviors. Hence, there is a continued need for studies focused on identifying factors that serve as barriers to and supports for southern-residing, Latina/o emerging adults' condom use behaviors. To this end, 196 Latina/o emerging adults (59 males, 137 females) completed a survey that asked questions about their sexual attitudes, behaviors, intentions, cultural factors, and DV. This study sought to examine the inter-relations among Latina/o emerging adult's DV experiences (i.e., victimization, perpetration), cultural factors (i.e., acculturation, traditional gender roles (TGRs), familismo), and condom use

outcomes (i.e., attitudes toward condoms, condom use efficacy, condom use negotiation efficacy). Second, it sought to investigate whether biological sex and cultural factors moderated the relationship between DV experiences and condom use outcomes.

Bivariate correlations revealed a number of associations between the variables and regressions analyses suggest that adherence to TGRs significantly affected whether or not females had perpetrated or experienced DV. Further, biological sex was found to moderate the relationship between DV perpetration and condom use negotiation efficacy and DV perpetration and Attitudes towards condoms such that the effect is stronger for Latinos compared to Latinas. Lastly, familismo beliefs was identified as an exacerbator, such that the positive relationship between DV victimization and condom use efficacy is particularly strong for individuals who possess higher familismo beliefs than those with lower familismo beliefs. This study's finding of Latina's increasing condom use negotiation efficacy among Latina's that perpetrate DV sheds insight into the possibility of Latinas utilizing physical violence as a method of achieving a balance of power and sexual control in a romantic relationship to protect themselves against STIs. Given this, future researchers should longitudinally investigate the nuances in DV perpetration and victimization behaviors among emerging adults with an emphasis on relationship power dynamics in heterosexual relationships among Latina/os.

Dating violence and Latina/o emerging adult's attitudes towards condoms and condom use behaviors: Examining the role of culture

The sexual health of Latina/o¹ emerging adults continues to be a national and local public health priority. In 2016, Latina/os represented approximately 18% of the United States (U.S.) population but accounted for an estimated 25% of people living with HIV and an estimated 24% of all persons with newly diagnosed infections (Centers for Disease Control & Prevention, 2016). Not only did all U.S. individuals between the ages of 13 to 24 (U.S. youth) account for 22% of all new HIV diagnoses in 2015 but 80% of those diagnoses occurred among emerging adults aged 20 to 24 (Centers for Disease Control & Prevention, 2016). While the rates of new HIV diagnoses among Latina/o youth² have roughly remained the same, newly diagnosed HIV cases among Virginia's overall youth² population (ages 13 to 24) has increased in recent years. In 2011, 18% of the new diagnoses were among said the age group, compared to, 23% of the new diagnoses belonging to this group in 2016 (Virginia HIV Epidemiologic Profile, 2016).

Latina/o emerging adults living in southern states may be especially at risk of being disproportionately affected by HIV. In 2015, Latina/os aged 20 to 24 accounted for 14.7% of all 20-24-year old's living with HIV in southern states, despite the fact that 20 to 24-year-olds make

¹ I have used "Latina/o" to reference women/girls/females and men/boys/males of Latin American descent instead of the non-binary term "Latinx" to remain consistent with the terminology used within each study. If a study references an individual's gender and sex distinctly (i.e., Latina female; Hispanic), this article will reflect said terminology. See Scharrón-del Río & Aja (2015) about the importance of the word "Latinx" and Isasi-Díaz & Mendieta (2012) for a perceptive analysis of linguistic imperialism and transcending binary gender.

² I have used "youth" throughout this document to remain consistent with the terminology used within the literature to represent adolescent and emerging adults ages 13 to 24. While many studies present their adolescent (ages 13 to 17) and emerging adult (ages 18 to 24) data separately, other studies and national data sets present both age groups as one category.

up 3.7% of the region's overall population of individuals living with HIV (Centers for Disease Control & Prevention, 2016; U.S. Census Bureau, 2017). Further, Latina/os accounted for 20% of new HIV diagnoses in southern states, including Virginia, but make up 17.4% of the region's population (Centers for Disease Control & Prevention, 2016; U.S. Census Bureau, 2017). In addition to being at high risk of contracting HIV, Latina/os in southern states are also at risk of contracting other sexually transmitted infections (STIs). In fact, in Virginia, Latina/os were the only ethnic group to report an upward trend of new diagnoses in STIs (e.g., HIV, syphilis, chlamydia, gonorrhea) from 2012 to 2016 (Virginia STD Surveillance Report, 2016).

The rates of STIs, including HIV, among Latina/os living in southern states, is especially concerning given that these numbers may underestimate the prevalence of HIV among this group. Undocumented Latina/o immigrants are less likely to access healthcare services (Bustamante et al., 2012; Hacker, Anies, Folb, & Zallman, 2015; Ortega et al., 2007), have significantly lower rates of ever having been tested for HIV in their lifetimes (Fernández et al., 2005; Lee & Yu, 2018), and are more likely to enter HIV treatment at a more advanced stage of the disease than their documented counterparts (Poon, Dang, Davila, Hartman, & Giordano, 2013). Further, Lee and Yu (2018) found that the fear of getting into trouble when accessing services may be particularly salient for undocumented immigrants in deciding whether or not to be tested for HIV. These findings suggest that HIV prevalence rates reported by U.S. governmental agencies may be lower than in actuality since most official surveys do not ask about citizenship/residency status (National Center for Health Statistics, 2017). Further, undocumented Latina/os may refuse to participate due to concerns about being arrested and deported, especially during periods of increased anti-immigrant sentiment nationwide (Lee & Yu, 2018; Martinez et al., 2015). Taken together, it is clear that Latina/o emerging adults share a

disproportionate burden of STIs, including HIV. As such, identifying factors that may increase and decrease this risk could help inform prevention efforts.

Condoms are a widely available method for preventing the transmission of HIV and other STIs (World Health Organization, 2010); yet condoms are not always used consistently (Gómez & Marín, 1996; Pettifor, Measham, Rees, & Padian, 2004; Stokes, Harvey, & Warren, 2016). For example, in a national survey, 4.8%, 50.3%, and 27.6% of sexually active college students had “mostly or always used a condom or other protective barrier” during oral, vaginal, and anal sex, respectively (American College Health Association, 2017). While this national survey did not provide data by race/ethnicity, convenience samples similarly demonstrate that some Latina/o emerging adults do not use condoms when they are sexually active and do not use condoms consistently. For instance, Tschann et al. (2010) found that 37% of sexually active Latina/o youth (ages 16-22; $M= 18.47$) reported never using a condom during sexual activity within the last month. Latino youth were more likely than Latinas to use condoms and to perceive their sexual partner as wanting to use condoms more often. Similarly, Luquis, Brelsford, and Pérez (2015) found that while the majority of Latina/o participants (ages 18-25; $M= 20.60$) had ever engaged in any sexual intercourse (79%) or had engaged in vaginal sex within the past three months (81%), less than half (49%) had used condoms the last time they had vaginal intercourse. In comparison, a condom use behavior study conducted on a sample of adults (ages 15-44) throughout the U.S.—77% of the sample identified as non-Hispanic, white or Black/African American—demonstrated that 53% of emerging adults (ages 20-24) had used a condom at last intercourse in the past 12 months (Copen, 2017).

Thus, despite campus-and community-wide HIV and STI disease prevention efforts, emerging adults still engage in sexual practices that increase their likelihood of contracting STIs,

including HIV. Specifically, there continues to be groups of Latina/o emerging adults who do not use condoms when they are sexually active and who are not using condoms consistently. Hence, there is a continued need for studies focused on identifying factors that serve as barriers to and supports for Latina/o emerging adults' condom use behaviors.

A robust finding in the literature is that relationship factors, such as power dynamics and dating violence (DV) victimization, can play an essential role in Latina/o emerging adults' attitudes towards condoms and condom use behaviors. While studies have examined the association between power dynamics and DV victimization and condom use, much of the literature is focused primarily on white³ Americans. Yet, there are cultural components (e.g., toughness, sensitivity, sexual responsibility) and gender ideologies/components (e.g., hypermasculine posturing and achievement) that suggest that findings from middle class, white Americans (e.g., college students) may or may not generalize to Latina/o emerging adults (Byers, 1996; Doss & Hopkins, 1998; Krahe, 2000; Santana, Raj, Decker, La Marche, & Silverman, 2006). For example, some Latina/o adolescents and emerging adults from working-class families may not have received extensive sexual education, may not know the steps to effectively use a condom, or they may believe that condoms make sex intercourse uncomfortable or affect a man's level of masculinity (Becker et al., 2014; CDC, 1999; Kelly et al., 1994; Tschann, Flores, de Groat, Deardorff, & Wibbleman, 2010).

The added stressors of family and community expectations (i.e., caring for younger siblings, caring for family elders, providing household income, preparing meals for the family,

³ I have capitalized "Black/s" and "Latina/o/s" and lower-cased "white" despite the APA custom to capitalize both terms (APA, 1994). "Black," "Latina/o," and other "minorities" constitute a specific cultural group which requires denotation as a proper noun. The same cannot be said for "white" Americans. See McGoldrick & Hardy (2008) and Crenshaw (1988 & 1991) citing Mackinnon (1982) for an insightful analysis of decolonizing epistemologies.

becoming an active member in houses of worship or community centers, becoming a family provider for males and caring for children for females in the future) of Latina/o adolescents and emerging adults coupled with mixed messages about sexual health practices from family, friends, and media, may result in some Latinos behaving in ways (e.g., dominant, controlling) related to the negative construct of *machismo*—similar to the Western concept of male chauvinism—instead of *caballerismo* or chivalry. Caballerismo is a positive construct in which men value dignity, protection of the family, hard work, responsibility, and spirituality (Connell, 1995). Unlike benevolent sexism's (i.e., protective paternalism, complementary gender differentiation, heterosexual intimacy) undermining effect on woman's cognitive performance and patronizing perpetuation of gender inequality (Becker & Wright, 2011; Dardenne, Dumont, & Bollier, 2007), men who rate higher on caballerismo not only feel valued in their family relationships but they display qualities that are less aligned with sexist values (e.g., display more innovative, egalitarian problem-solving skills, possess high social connectedness, and are more in-touch with their feelings as well as those close to them) (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008).

Within Western society, Latinos may be more susceptible to adopt a negative construct of machismo since Eurocentric views/expectations prevalent in mainstream white American culture avoid machismo's positive construct which in turn, fosters a power dynamic that legitimizes mainstream American male chauvinism as the correct masculinity and suppresses machismo as a degenerated "non-white form of domestic violence and backwardness" (Adams, 2006, pg. 36; Arciniega et al., 2008). Thus, this dynamic can produce a sense of helplessness within Latinos in their manifestation of their masculinity. The data underscore the gap in the literature regarding cultural and environmental mechanisms (e.g., family connectedness, cultural values) (Langhinrichsen-Rohling, Selwyn, & Rohling, 2012; Renner & Whitney, 2010; Santana et al.,

2006) that may place Latina/os at an increased risk for DV victimization and adverse sexual outcomes. Accordingly, the primary goal of this study is to explore how Latina/o cultural factors may increase or decrease the strength of the relationship between DV experiences and attitudes towards condoms and condom use behaviors.

Is Dating Violence Related to Latina/o Emerging Adult's Condom Use Outcomes?

According to Behavioral Decision Theory (Jaccard, 2016), people will consider their attitude and intention toward a behavior before deciding whether or not to engage in said behavior. This theory also demonstrates that individuals will consider many factors (e.g., social evaluation, possession of specific knowledge/skills, cultural norms) that influence the extent to which their intention/decision measured at one-time point predicts engagement in said behavior at a later time point. Hence, understanding Latina/o emerging adult's attitudes towards condoms and their self-efficacy in using and negotiating condoms may aid in understanding their reasons for not using condoms.

Latina/o emerging adults have many reasons (e.g., relationship power and status, gender norms, communication and cultural values) as to why they do not use condoms during sexual encounters (Arévalo & Amaro, 2010; Deardoff, Tschann, Flores, de Groat, Steinberg, & Ozer, 2013; Holland & French, 2012; Schiffner & Buki, 2006; Tschann et al., 2010). Open sexual communication (i.e., negotiating condom/contraceptive use) is central to safe sexual health behaviors. However, communication about condoms within heterosexual Latina/o couples may not happen frequently and openly because of conservative cultural upbringings, machismo, or additional daily stressors such as immigration and discrimination (Arévalo & Amaro, 2010). While open sexual communication among Latina/o couples is associated with safe sex practices (Schiffner & Buki, 2006); partners may not be having the same sexual conversations. For

instance, Arroyo and Pinzón (2006) found that Latino emerging adults' sexual conversations with their romantic partners focused on granting their partner permission to use contraceptives whereas Latina's conversations focused on love or trust.

Establishing effective sexual communication can be particularly tricky for Latina emerging adults because of traditional gender role (TGRs) beliefs. For example, less acculturated undergraduate Mexican American students (men and women) rated women who introduced condom use with their partners as higher on a promiscuous scale, compared to more acculturated Mexican American or white students (Arroyo & Pinzón, 2006). Moreover, some Latinas may hold beliefs that respectable women should be ignorant to sexual matters, that it is the man's duty to decide on contraceptive use, and as a result, they may not use condoms in an attempt to show commitment and/or maintain their partner's happiness (Arroyo & Pinzón, 2006). While Latina gender role attitudes have become more egalitarian over time, especially in more acculturated Latina/os (Frost & Driscoll, 2006), this has not been the case for less acculturated Latina/o couples who are at an increased risk for imbalanced relationship power and unsafe sexual behaviors.

When an imbalance of power characterizes Latina/o romantic relationships, some Latinos may engage in sexual coercion and feel less comfortable having sexual conversations (Arévalo & Amaro, 2010). Consequently, an imbalance of power increases women's risk of not using or negotiating condom use when sexually active, for acquiring HIV/AIDS and other STIs. Moreover, an imbalance of power in a relationship may increase Latinas risk of being victimized by their sexual partner since men may turn to violence to maintain their power to control contraceptive decision making in their relationships (Castañeda & Collins, 1998; Dávila, 2005; Harvey, Beckman, Browner, & Sherman, 2002).

Teitelman and colleagues (2016) found that for adolescent girls, DV perpetration and lower relationship power (i.e., adapted Sexual Relationship Power scale; SRPS Pulerwitz, Gortmaker, & DeJong, 2000) increased adverse sexual health outcomes (e.g., unintended pregnancy, HIV or pelvic inflammatory disease as a result of STIs) through condom non-use. Further, among adolescent girls with higher levels of relationship power, a high sense of sexual control was inversely related to verbal and emotional abuse from their romantic partner. This inverse relationship may suggest that having greater sexual control may protect adolescent girls against DV or, inversely, DV experiences may lead adolescent girls to feel less power within their relationship. On the other hand, for adolescent boys, DV perpetration and lower relationship power are associated with higher condom use, but adolescent boys with higher levels of DV experiences are more likely to have multiple partners. Also, adolescent girls who report physical or sexual DV are four to six times more likely to have ever been pregnant than their non-abused peers (Glass et al., 2003; Plichta, 1996; Silverman, Raj, Mucci, & Hathaway, 2001). Furthermore, Wingood and colleagues (2001) observed that adolescent girls who reported a history of DV were approximately three times as likely to have had an STD and a non-monogamous partner, half as likely to have used condoms consistently during the last six months, and twice as likely to have ever been pregnant when compared to adolescent girls with no history of DV.

Findings associated with adolescent DV patterns provide necessary insight into DV patterns within emerging adults given that the onset of DV in adolescence is a significant predictor of DV in emerging adulthood (Halpern, Spriggs, Martin, & Kupper, 2009; Yan, Howard, Beck, Shattuck, & Hallmark-Kerr, 2010). Decker, Silverman, and Raj (2005) found that sexually active adolescent girls (75% white) that reported experiencing DV were three times

more likely to have been tested for an STI/HIV and 2.6 times more likely to have tested positive for an STI. While similar findings in STI/HIV testing (Hathaway et al., 2000) and diagnosis (Martin et al., 1999; Wingood & DiClemente, 1997; Wyatt et al., 2002) have been noted within women DV victims, that is not the case for adolescent boys and men. Also, Latina/o adolescents that have experienced DV victimization report decreased efficacy to use condoms and overall low condom use (Coker, Smith, Bethea, King, & McKeown, 2000; Silverman et al., 2001).

Since it is common for adolescents to stop using a condom when sexually active if they have a steady sexual partner (Lescano, Vazquez, Brown, Litvin, & Pugatch, 2006), adolescents in violent romantic relationships are particularly vulnerable to harmful sexual outcomes if relationship/sexual power is unbalanced. Past studies examining DV and sexual health outcomes suggest that differences between men and women in relationship power may account for the male and female differences in the DV and sexual health outcome relationship. For example, Giordano et al., (2010) noted that adolescents that reported having sex with a dating partner and perceived a less favorable power balance in the relationship were at increased odds of perpetuating DV. Adolescents who reported violence perpetration were found to be significantly more likely than their non-violent partners to report greater verbal conflict, jealousy, cheating, and a lack of identity support; male perpetrators, perceived lower power in their respective relationships as well. Likewise, higher sexual power, among Latina and African American women (ages 18 to 44) has been found to foster consistent condom use practices (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002; Pulerwitz, Gortmaker, & DeJong, 2000) and to be inversely related to experiencing DV. Given the significant impact of intra-and interpersonal factors on the nature of adolescent relationships, romantic relationships among emerging adults may be more volatile (Tschann et al., 2010). Intimate issues that more often arise in emerging

adulthood, such as economic interdependence especially during cohabitation, initiation of sexual relations, the birth of children, or solidified cultural/identity beliefs of masculinity among men, can make it harder to break away from unfulfilling romantic relationships and exacerbate DV in comparison to adolescence.

To my knowledge, no studies have investigated the relation between DV, and condom use outcomes, exclusively, among Latina/o emerging adults (i.e., study samples include adolescent and emerging adult-aged participants from various ethnic backgrounds, under sampled Latina/os). In a sample of predominantly Hispanic (74.9%) and Black (21.9%) men (aged 18-35, $M_{age} = 24$) with a steady female romantic partner, Raj, Santana, Marche, Amaro, Cranston, and Silverman (2006) found that men who reported perpetrating DV during the past year (41.3%) were significantly more likely to report inconsistent or no condom use during vaginal and anal sexual intercourse, forcing sexual intercourse without a condom on their partner, having sexual intercourse with other women, and having fathered three or more children. While the men's female partners were not surveyed by Raj et al., (2006), previous studies have recorded a relation between DV and forced pregnancy as well as higher rates of sexual risk behaviors among women with abusive male partners (Hathaway, Willis, Zimmer, Silverman, 2005; Raj, Liu, McCleary-Sills, & Silverman, 2005). Moreover, Exner-Cortens, Eckenrode, & Rothman (2013) did not observe an association between sexual risk behaviors and DV in emerging adulthood within adolescent boys and girls who experienced DV when they were adolescents. Given that 66% of their victimized sample consisted of white, non-Hispanic individuals—44% identified as races/ethnicities other than white, including Hispanic/Latina/o—this finding may not be reflected in a Latina/o study sample, in which cultural factors may moderate the relationship between DV and sexual health outcomes.

Moderators of the Relationship between Dating Violence and Emerging Adults' Attitudes towards Condoms Use Outcomes

Cultural factors, such as acculturation, are directly related to sexual health outcomes and DV experiences. Much of the literature in this area has explored the relationship between these cultural factors and each outcome (e.g., their relationship to DV or their relationship to condom use outcomes) independent of the other outcome. Relatively fewer studies have explored whether these cultural factors moderate the strength of the association between DV experiences and attitudes toward condoms and condom use behaviors. As such, I will review the direct associations and then, if available, review literature that explores the associations among all three variables.

Traditional gender roles. Bem's Sex Role Inventory (BSRI) (1974) depicts traditional representations of masculine as "assertive-dominant" and "independent" and feminine as "affectionate and warm" and "gullible." Among Latinx culture and families, TGRs are commonly expressed as *machismo* (i.e., the belief that women are expected by their romantic partner to be obedient, while men assume the role of family provider and possess an exaggerated masculinity) (Deardorff et al., 2008) and *marianismo* (i.e. beliefs that Latinas should remain a virgin until marriage and are nurturing, emotionally stronger than men, and self-sacrificing) (Castillo et al., 2010; Deardorff et al., 2008). *Caballerismo*—an additional expression of masculinity present in Latinx culture—is typically understood as positive, representing aspects of social responsibility, emotional connectedness, and nurturing, family-centered, and chivalrous attitudes and behaviors among Latino boys and men (Arciniega et al., 2008; Haglund et al., 2008).

Among a sample of Norwegian undergraduate emerging adults, TGR adherence and

sexual outcomes were found to be related such that male and female participants high on feminine tendencies were more likely to be electronically victimized by a romantic partner (Bayraktar, Machackova, Dedkova, Cerna, & Ševčíková, 2015). Among North American white men, the presence of TGR ideologies appears to increase the likelihood of DV perpetration and sexual coercion (Byers, 1996; Krahe, 2000; Doss & Hopkins, 1998; Santana et al., 2006). Initial studies focusing on Black and Latina/o emerging adults indicate they possess similar TGRs, DV, and condom use behavior outcomes as their white counterparts (Raj, Santana, La Marche, et al., 2006; Santana et al., 2006).

While contextual factors that propagate DV behaviors have not been thoroughly investigated within Latina/o emerging adults, TGRs have been found to moderate the relation between mother-adolescent communication about sex and condom use attitudes (Velazquez et al., 2017) and predict age of sexual debut (Kaplan, Erickson, & Juarez-Reyes, 2002) among Latina/o adolescents. Such recent findings confirm past research implications, which suggest TGRs impact female and male sexual behavior differently. A stronger belief in TGRs among Latina adolescents is not only associated with delaying age at sexual debut (Kaplan et al., 2002) and past condom use and/or likelihood to use condoms—if religiosity is included as a component of TGRs when measuring TGRs (Villarruel, Jemmott, Jemmott, & Ronis, 2007)—but once adolescents are sexually active, acculturation and substance use factors appear to be more influential on an adolescent's sexual risk-taking.

A stronger belief in machismo and marianismo values has even been demonstrated to lead Latina/os to value the virginal status of their sexual partners as an important component in their sexual value (Deardorff et al., 2008). Latina adolescents that value sexual satisfaction more than virginity status are more likely to use a condom consistently within their first month of

sexual activity than those who valued the idea of virginity more (Deardorff, Tschann, & Flores, 2008; Deardorff, Tschann, Flores, & Ozer, 2010). Latino adolescents who follow TGRs more closely than their peers are more likely to have more influence over their female partners in deciding to utilize a condom during sexual activity (Albarracin, Albarracin, & Durantini, 2008) but are less likely to actually utilize a condom during sexual intercourse (Gilliam et al., 2004; Santana et al., 2006; Shearer, Hosterman, Gillen & Lefkowitz, 2005).

Numerous studies have explored the direct associations between TGRs and DV perpetration and victimization. In a nationally representative sample, Gillmore, Chen, Haas, Kopak, and Robillard (2011) found that adolescents with more TGR attitudes were at greater risk of perpetrating sexual and injury-resulting DV in emerging adulthood and at higher odds of psychological, physical, and injury-resulting DV victimization. They also found that Latino adolescents who report adhering to more TGR attitudes in 10th grade are at significantly higher risk of later perpetrating emotional and physical DV in emerging adulthood (Gillmore et al., 2011). These findings remained significant even after controlling for childhood abuse and witnessing domestic violence in childhood—established predictors of DV. It is important to note that more or less adherence to a specific conceptualization of TGRs such as masculinity (i.e., higher value in caballero qualities vs. macho attributes) can influence an individual's gender role expectation, which may manifest as more or less tolerant attitudes toward DV (Haglund et al., 2004).

Various qualitative studies have reported that a Latina/o adolescent's adherence to specific conceptualization of TGRs greatly influence DV attitudes such that Latino adolescents commonly expect male partners to have more control in relationships (Haglund et al., 2004) and that women should listen to their male partner or violence may result (Black & Weisz,

2005). Adherence to TGRs among Latina/o adolescents has also been positively associated with not preventing fights among boys and not asserting oneself without fighting among girls (Pleck & O'donnell, 2001), which is consistent with qualitative studies among Latino boys whom acknowledge Latinas as perpetrators of violence as a response to male physical violence or as an act to gain control (Haglund et al, 2004).

The relation between machismo and DV-prone relationship dynamics is documented in the literature among adult immigrant Latinas (Brabeck & Guzmán, 2009; Klevens et al., 2007; Marrs Fuchsel, 2013; Marrs Fuchsel, 2012; Vidales, 2010) and indicates that women's perceptions of DV and help-seeking behaviors are influenced by the negative characteristics of machismo and that they are more accepting of TGRs (Vidales, 2010). Despite Latina's consideration of their husband's machismo as a negative concept with no positive characteristics, a direct relationship between whether the women's' husbands' being macho engendered more violence in their family is not always found (Marrs Fuchsel, 2012). Prior investigators that have found a higher endorsement of machismo to be associated with increased risk of DV (Kasturirangan, Krishnan, & Riger, 2004; Santana et al., 2006) and reconcile contradictory findings such that the women's' perception of negative traits hint at their *general perception* of their husbands and not how much they value their husbands, regardless of DV incidents. In other words, the women did not appear to relate a husband's machismo with increased violence. Immigrant Latina women that are more accepting of TGRs are more likely to believe that husbands are entitled to physically harm their wives (Marrs Fuchsel, 2012; Vidales, 2010) and marianismo beliefs among Latina adolescent mothers influence their decision to remain in romantic relationships despite incidences of emotional and physical DV (Kulkarni, 2007).

Further, researchers postulate that marianismo beliefs normalize men's control and power (Perilla et al., 2012) and discourage Latinas' help-seeking behaviors (Reina et al., 2014) in relationships in which relationship power is unequally distributed. Among recently immigrated Latina emerging adults, Latinas who have experienced a low number of DV incidents report higher subordinate to others/self-silencing to maintain harmony beliefs—one of the five dimensions of marianismo—and more overall psychological distress and symptoms than peers who report a high number of DV incidents (Da Silva et al., 2018). Such findings highlight the importance of investigating Latina's understanding of cultural concepts like marianismo and machismo since Latinas may or may not consider acts under specific contexts (e.g., sexual infidelities) as incidences of DV but these acts may still place them at increased risk of contracting STIs from their male partners.

Latina women and Latino men may adhere to cultural values that can increase the risk of experiencing and perpetrating DV differently. For example, machismo and *familismo* beliefs (i.e., a strong belief that the needs of the family unit are above all else) can emphasize the needs of the family unit so much so that in some instances, mothers may remain in a violent relationship to ensure that their children's basic needs are met, particularly women with low levels of education (Firestone, Harris, & Vega, 2003; Romero, Wyatt, Loeb, Carmona, & Solis, 1999). Women born in Mexico, where TGRs are still evenly upheld (Marrs Fuchsel, 2013) may not consider DV a problem if there were no social support services in their community of origin (Marrs Fuchsel, Murphy, & Dufresne, 2012) in comparison to Latinas born in Central American countries where TGRs are slightly less salient (Perilla, 1999; Spencer, Renner, & Clark, 2016).

Although, recent findings among first-generation Mexican immigrants suggest that machismo, along with other cultural factors, does not account for why family violence is higher

in 1.5 or later generations compared to first-generation Mexican immigrants (Curry, Morales, Zavala, & Hernandez, 2018). Researchers have attributed such findings to the Latino or Immigrant Paradox (i.e., being an immigrant acts as a protective buffer against family violence experiences and other types of crimes) (Alvarez et al., 2014; Bersani, 2014). Owing to substantial differences in cultural values and family dynamics between Latina/o and white American populations studied in the majority of the DV literature, there is a significant need to examine intimate partner relationships. DV victimization and perpetration must also be studied in order to identify contextual factors that propagate DV. Such work can enable culturally informed recommendations to be made to address this public health concern (Aldarondo, Kantor, & Jasinski, 2002).

Existing DV research with Latina/o adults, including emerging adults, supports the notion that having more TGR attitudes are a risk factor for psychological and physical DV perpetration for Latinos in emerging adulthood. These findings also indicate that TGR attitudes are not exclusively associated with Latina/o culture; since DV studies conducted with primarily white samples have shown similar outcomes (Anderson, Simpson-Taylor, & Herrmann, 2004; Santana et al., 2006; Silverman & Williamson, 1997). Whereas the overarching literature supports evidence that cultural factors among Latina/os (i.e., acculturation as embodied by a greater alignment to U.S. values and TGR attitudes (González-Guarda et al., 2012)) can be risk factors for DV (Falconier, Nussbeck, & Bodenmann, 2013; Reed et al., 2011; Santana et al., 2006) few studies have examined whether gender roles influence the relation between attitudes towards condoms and condom use behaviors and DV experiences.

Biological Sex⁴. The robust sexual health literature has constantly displayed differences in sexual behavior and DV experiences based on adolescent and adult biological sex. Of the nationally surveyed adolescents within the Youth Risk Behavior Survey in 2015, 62.3% of sexually active heterosexual boys and 52.5% of girls endorsed utilizing a condom during their last sexual intercourse experience. Among college-aged undergraduates, 53.7% of men and 46.3% of women endorsed utilizing a condom within the last month (American College Health Association, 2017). Further differences in sexual behaviors based on biological sex are evident within Latina/os considering that adolescent and adult Latinas report higher inconsistent condom use (Gilliam, Warden, Goldstein, & Tapia 2004; Gillmore et al., 2011; Marrs Fuchsel, 2014) than their male counterparts and that their male partners more often than not decide contraceptive methods, which can make condom negotiation difficult for Latinas (Gillam et al., 2004).

Bouris et al. (2012) and Tschann (2010) have found similar sexual outcomes among Latina/o adolescents which bolsters the existence of a double-standard hypothesis—belief and adherence to different rules regarding sexual behavior between males and females—among Latina/o culture. Among Latina/os a double-standard hypothesis may be rooted in machismo, marianismo, and traditional Catholic ideals; albeit such values are not exclusive to Latina/o culture (Crawford & Popp, 2003). Moreover, Latina/o parents may reinforce the double standard hypothesis since they are more likely to discuss sexual matters with their daughters than with

⁴I have used "biological sex" to reference individuals who self-identified as males or females. While I use the term "biological sex," to differentiate female vs. woman and male vs. men, some studies use the terms "women/girls/females" and "men/boys/males" interchangeably. If a study references an individual's gender and sex distinctly or interchangeably (i.e., Latina female; Hispanic boys), this article will reflect said terminology. See Risman (2004) for an analysis of gender situated in four theoretical traditions: 1) individual sex differences—biological (Udry, 2000) and social (Bem, 1993); 2) social behavior (Epstein, 1988); 3) "doing gender" (West & Zimmerman, 1987); and 4) socially constructed stratified system (Lorber, 1994).

their sons, perhaps explaining discrepancies in risky sexual behaviors, by biological sex (Gillmore et al., 2011). Latinos report higher condom use efficacy and condom negotiation efficacy in comparison to Latinas and are more likely to use condoms (Gillmore et al., 2011; Marrs Fuchsel, 2014). Latinas may have lower efficacy ratings due to the previously mentioned complex interplay of gender roles and biological sex (Vidales, 2010). Latina emerging adults have reported more benefits of condom use and costs of unprotected sex, fewer benefits of unprotected sex and costs of condom use, higher self-efficacy for practicing safer sex, and less situational temptation for unprotected sex compared to Latino emerging adults (Parson et al., 2000). The use of withdrawal and inconsistent condom use remains prevalent among Latina emerging adults. The discrepancy between reporting higher self-efficacy for safe sex practices and not carrying out such behaviors may be linked to Latinas struggling to negotiate condom use with their male partners and their partner's control over contraceptive use decision-making (Gilliam et al., 2004).

In assessing the relation between male or female sex and DV behaviors among Latina/o emerging adults, Gillmore, Chen, Haas, Kopak, and Robillard, (2011) noted that both Latina/os reported both DV perpetration and victimization with similar rates. Existing DV literature in Latina/o populations confirms the bidirectional nature of DV, since both men and women report perpetrating DV and experiencing DV (i.e., victimization) in a romantic relationship (O'Leary et al., 2008; Renner & Whitney, 2012; Ulloa & Hammett, 2016). A marginally higher percentage of Latinos reported physical (59.1%) DV victimization, whereas Latinas reported higher rates of emotional (59.5%) and physical (60.5%) DV perpetration. To my knowledge, the saliency of the aforementioned sexual behaviors or the impact of cultural factors or an individual's biological sex on the strength of the relationship between attitudes toward condoms and condom use

behaviors and DV among Latina/os emerging adults particularly, those that have experienced DV, remains to be investigated.

Acculturation. Acculturation is defined as a “phenomenon, which results when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” (Berry, 1997; Chun, Organista, & Marín, 2002; Redfield, Linton, & Herskovits, 1936). Acculturation levels may vary depending on an array of social factors such as acquisition/competency of the English language, ethnicity of friends or social relations (Marín, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). The acculturation literature demonstrates numerous methods of measuring acculturation including multi-dimensional scales—language use/competency, media exposure, and social relations—and uni-dimensional proxy measures such as length of time residing in the U.S., ethnic identity, and immigrant status (Marín et al., 1987). More acculturated Latina/os are presumed to have been born in the U.S. or immigrated to the U.S. at a young age and have above-average command of the English language or are fluently bilingual or monolingual English speakers.

The relation between acculturation and condom use outcomes is complex. Some studies have demonstrated that greater acculturation to U.S. culture among Latina/os increases the likelihood of engaging in risky sexual behaviors such as a higher number of sexual partners and lower contraceptive use self-efficacy (Newcomb et al., 1998; Peragallo, 1996; Rapkin & Erickson, 1990; Sabogal, Perez-Stable, Otero-Sabogal, & Hiatt, 1995; Unger, Molina, & Teran, 2000). In a nationally representative sample of 1,073 Latina adolescents (ages 11–20) transitioning into emerging adulthood (ages 18–27), Lee and Hahm (2010) concluded that U.S.-born Latinas who spoke English at home (i.e., a proxy for greater acculturation) were more likely to have STIs and to exhibit sexual risk behaviors (e.g., regret of sex initiation after alcohol use,

not using condoms during sexual intercourse) than their foreign-born counterparts who did not speak English at home. In a different study, Latino undergraduates who reported higher levels of acculturation towards mainstream culture had more casual sexual encounters (Meston & Ahrold, 2010). Among Hispanic men, Sabogal et al., 1997 found that acculturated Hispanic men engaged in more sexual risk behaviors (e.g., younger age of first sexual intercourse and lower frequency of condom use) in comparison to less-acculturated Hispanic men. Thus, it may be the case that Latina/o and white American cultures, individually, allow Latino men to carry out certain behaviors such as casual sexual encounters under the guise of “machismo” or “manliness.”

On the other hand, greater acculturation to U.S. culture has also been found to be associated with greater contraceptive use (Afable-Munsuz & Brindis, 2006; Ford & Norris, 1993; Marin, Tschann, Gómez, & Kegeles, 1993; Romo, Berenson, & Segars, 2004) and increased contraceptive use self-efficacy among Latina/o emerging adults, particularly for Latinas (Craig, Dehlendorf, Borrero, Harper, & Rocca, 2014; Gilliam, Neustadt, Whitaker, & Kozloski, 2011; Noris & Ford, 1995; Roncancio, Ward, & Berenson, 2012; Warren, Harvey, & Bovbjerg, 2011). It appears that greater acculturation leads to a greater acceptance of behaviors that can reduce the risks associated with sexual activity. While acculturation measurement issues and perceptions of self-efficacy have been suggested as possible reasons for the association between increased acculturation and decreased contraceptive use efficacy, the relation remains mostly unclear. For instance, one hypothesis suggests that a decrease in culturally-sanctioned restrictions against sexual risk behaviors (e.g., premarital sexual intercourse) without an equivalent increase in self-efficacy to protect oneself from the potentially harmful consequences of such behaviors (Smith, 2015; Smith, 2017; Unger, Molina, & Teran, 2000) may be an underlying mechanism. Culturally-relevant, evidence-based risk reduction intervention focused on empowerment,

healthy relationships, and reproductive health and condom use have been shown to increase condom use adherence and condom use efficacy among unmarried, Spanish-speaking, Latinas ages 18-35 (Wingood et al., 2011). Similar interventions adapted to Latina emerging adults, particularly more acculturation (i.e., U.S.-born, later generational status) may mitigate such risky sexual behaviors.

The relationship between acculturation and DV has also produced mixed findings. Among Latina/o adults (older than the age of 25), greater acculturation (i.e., Anglo orientation, non-immigrant status, later generational status) increases the risk of DV perpetration and victimization (Capaldi, Knoble, Short, & Kim, 2012; Curry et al., 2018; Field & Caetano, 2004; Sabina, Cuevas, & Schally, 2012). When DuPont-Reyes, Fry, Rickert, and Davidson (2015) measured level of acculturation by three proxies such as language use at home, chosen survey language, and nativity, acculturated Latina adolescents reported a greater likelihood of perpetrating and experiencing physical violence than their “not at all or somewhat” acculturated counterparts—after controlling for fear within the context of the relationship and non-partner sexual abuse history. Additionally, Latino boys who associated more with U.S. cultural values were found to be at greater risk of perpetrating physical DV in emerging adulthood than their “not at all or somewhat” acculturated counterparts (Caetano, Cunradi, Schafer, & Clark, 2000; Cummings, González-Guarda, & Sandoval, 2013; Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005; Lown and Vega 2001; Santana et al., 2006; Sorenson and Telles, 1991). Speaking primarily English at home was identified as a significant predictor of physical violence regardless of U.S. nativity and chosen survey language after controlling for sexual abuse and fear level (DuPont-Reyes et al., 2015). Lower acculturation to U.S. culture—higher Hispanic orientation—in adolescence has been associated with lower odds of perpetrating physical DV

and DV victimization resulting in physical injury in emerging adulthood (Grest, Amaro, & Unger, 2018). Thus, increased use of Spanish at home seems to function as a protective factor against DV and negative sexual behavior among adolescents, which may be an indication of a household's maintenance of familismo values and strong family network/support. Still, among adult Latinas, this proxy of acculturation may function inversely and place them at an increased probability of potentially risky sexual behavior and DV (East & Hokoda, 2015).

In regards to the impact of acculturation in the relation between condom use outcomes and DV, González-Guarda, Williams, Merisier, Cummings, and Prado (2014) found that Cuban-American adolescents that scored high on Hispanic-orientation were at lower odds of reporting physical DV victimization and those that reported not using a condom during their last sexual intercourse were at much higher odds of reporting physical DV victimization. Other studies have demonstrated no significant differences in the level of acculturation of Latinas who reported inconsistent condom use and DV experiences (González-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; González-Guarda et al., 2012) and few have considered how acculturation may affect the relationship between DV and condom use outcomes (Tschann et al., 2010).

Familismo. Familism, also known as familismo, emphasizes interdependent relationships (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999), loyalty and solidarity (Marín & Van Oss-Marin, 1991), and the responsibility and obligations that people feel towards their immediate and extended family members (Guilamo-Ramos, Bouris, Jaccard, Lesesne, & Ballan, 2009a; Sabogal, Marín, Otero-Sabogal, Marin, & Perez-Stable, 1987). Among Latina/o populations, as an individual's level of acculturation to U.S. cultures increases, their level of familismo usually decreases (Lopez-Tamayo, Seda, & Jason, 2016; Marín et al., 1998).

When examining Latina/o emerging adult's risky sexual behaviors, Becker et al., (2014) found no association between familismo and risky sexual behaviors (e.g., earlier age at sexual debut, no condom use at last sexual encounter, use of illicit substances before last sexual encounter). Similarly, Villarruel, Jemmott, Jemmott, & Ronis (2007) found that familismo and TGR attitudes did not predict past condom use or condom use intentions among Latina/o adolescents. While high levels of familismo have been associated with higher parental monitoring—a protective factor against adverse sexual health outcomes— (Vélez-Pastrana, González-Rodríguez, & Borges-Hernández, 2005), high levels of familismo have also been associated with more tolerant attitudes towards male-perpetrated physical abuse among Mexican-American adolescents (Goldberg-Edelson, Hokoda, & Ramos-Lira, 2007) and increased sexual risk-taking among Mexican, Puerto Rican, and Dominican adolescent girls (Guilamo-Ramos et al., 2009b).

Higher parental control—more common within Latina/o families that highly value familismo (Romero & Ruiz, 2007)—has also been associated with higher inconsistent condom use among Mexican American youth (aged 11-21; $M=15.57$), especially among girls (Gillmore, Chen, Haas, Kopak, & Robillard, 2011). In a more recent study, Velasquez et al., (2017) found that Latina/o adolescents with a higher sense of familismo had a more positive attitude towards using condoms. Sexually active, adolescent girls who perceive a positive relationship with their biological fathers, as demonstrated by feeling close to and supported by their fathers, communicating with their fathers, and engaging in activities with their fathers, are less likely to engage in sexual risk behaviors (Alleyne-Green, Grinnell-Davis, Clark, Quinn, & Cryer-Coupet, 2016). High level of familismo has even been found to impact to impact adolescents' preferences for a romantic partner who embraces familismo which is associated with lowered intentions to have sex for both boys and girls (Guilamo-Ramos, Bouris, Jaccard, Lesesne,

Gonzalez, & Kalagerogiannis, 2009a). High levels of familismo have also been associated with more male-dominated sexual decision-making abilities among Latina/o adult relationships (Muñoz-Laboy, 2008).

Among Latina adolescents (McNaughton Reyes et al., 2016) and adults, the cultural influence of familismo has been shown to be a factor in their decision to report or ability to report DV incidences (Edelson et al., 2007; Marrs Fuchsel, 2014; Ulibarri, Ulloa, & Camacho, 2009; Vidales, 2010). Studies on the cultural influences that affect Latina/os' ability to disclose DV incidences suggest that familismo may serve as an overall protective factor against DV (Curry et al., 2018) and emotional support for the victimized partner as they are more likely to reach out to family members. However, Latinas may also be ashamed or reluctant to reach out for help in fear of disrupting family harmony (Ahrens, Isas, Rios-Mandel, & Lopez, 2010; Marrs Fuchel, 2013). Focus group data with 65 Latinas (43.1% ages 18-29) indicates that some adult immigrant Latinas experience DV in their romantic relationships but do not identify certain acts (e.g., verbal abuse, isolation from family, slap across the face, marital rape, locked in a room for hours, threatening statements) as DV. While support from family members—a dimension of familism—is often discussed when examining the relation between cultural factors and DV, most adult Latinas report that extended family members are not supportive after they reach out for help after a violent DV-related incident that ultimately leads in divorce (Marrs Fuchel, 2013). It appears as though the family is a salient presence in their daily lives, but women are hesitant to disclose due to embarrassment and feelings of failure toward their relationships. These findings support the claim that adult Latinas may significantly underreport previous DV incidences (Lira et al., 1999). Thus, research on the strength of family connectedness between adolescents and specific family members and adults and extended family members depicts the significant role

family relationships may play in Latina/o emerging adult's decisions concerning romantic relationships and sexual behavior. Certain aspects of familismo are not related to, operate as risk factors for, or serve as protective factors against DV and negative sexual health outcomes within distinct Latina/o populations (i.e., genders, acculturation levels, age ranges).

Current Study

Gaining a more complete understanding of the factors that relate to Latina/o sexual behavior and condom use and attitudes could aid in the identification of target areas for prevention initiatives, particularly among college-aged Latina/os. While prior research has established the significance of DV experiences on Latina/o emerging adults' sexual behaviors, little is understood about factors that may moderate this relation. The current study aimed to:

Aim 1. Examine the inter-relations among Latina/o emerging adult's DV experiences (i.e., victimization, perpetration), cultural factors (i.e., acculturation, TGRs, familismo), and condom use outcomes (i.e., attitudes toward condoms, condom use efficacy, condom use negotiation efficacy).

Hypothesis 1.1. Reporting experiences of DV victimization will be positively associated with condom use outcomes in Latina/o emerging adults.

Hypothesis 1.2. Reporting experiences of DV perpetration will be negatively associated with condom use outcomes in Latina/o emerging adults.

Hypothesis 1.3. Individuals who report lower levels of acculturation and familismo will be more likely to report perpetrating and experiencing DV than individuals who report higher levels of acculturation and familismo.

Hypothesis 1.4. Individuals who report higher adherence to TGRs will be more likely to report perpetrating DV and experiencing DV than individuals who report lower beliefs in TGRs.

Hypothesis 1.5. Higher adherence to cultural factors (i.e., acculturation, familismo, and TGRs) will be negatively associated with condom use outcomes in Latina/o emerging adults.

Aim 2. To explore whether cultural factors predict condom use outcomes and DV experiences differently for males and females. Examine whether biological sex moderates the relationship between DV experiences (e.g., victimization and perpetration) and condom use outcomes.

Hypothesis 2.1. Latinas who report greater adherence to familismo and TGRs will report more favorable attitudes towards condoms.

Hypothesis 2.2. Latinas who report greater adherence to familismo and TGRs will report lower levels of condom use efficacy and negotiation.

Hypothesis 2.3. Latinas who report higher levels of acculturation will report higher levels of condom use efficacy and negotiation.

Hypothesis 2.4. Latina emerging adults who report experiencing DV (i.e., DV victimization) will be more likely to report lower levels of condom use efficacy and negotiation, compared to Latino emerging adults.

Hypothesis 2.5. Latina emerging adults who report perpetrating DV will be more likely to hold more favorable attitudes about condom use, compared to Latino emerging adults.

Aim 3. Examine whether cultural factors (i.e., acculturation, familismo, TGRs) moderate the relation between Latina/o emerging adult's DV experiences (e.g., victimization and perpetration) and condom use outcomes.

Hypothesis 3.1. The relationship between DV perpetration and condom use outcomes will be stronger among individuals who report higher levels of acculturation.

Hypothesis 3.2. The relationship between DV victimization and condom use outcomes will be stronger among individuals who report lower levels of acculturation.

Hypothesis 3.3. The relationship between DV (e.g., perpetration and victimization) and condom use outcomes will be stronger among Latina/o emerging adults with lower levels of familismo-oriented beliefs.

Method

Participants

196 Latina/o emerging adults (59 males, 137 females) completed a survey that included measures of sexual attitudes, behaviors, intentions, cultural factors, and DV. Participants were eligible if they: (a) were between the ages of 18 and 25; (b) were able to complete the measures in English; and (c) self-identified as Latina/o. The mean age was 20.6 years (SD=1.78). Almost half (43%) the participants were first-generation college students and the majority (97%) were currently enrolled in college. Most participants were second-generation immigrants with 78% been born in the U.S. and 91% reported having at least one immigrant parent. Immigrant participants had resided in the major 48 states for at least 13 years. Additionally, U.S.-born participants reported their family's country of origin (both parents) as: 6.2% from Puerto Rico, 5.1% from the Caribbean, 15.7% from Mexico, 36.5% from Central America, 28.7% from South America, and 7.9% had one parent from one region and another parent from another (e.g., mother from Central America and father from the Mexico). Further information on participation characteristics are in Table 1.

Table 1.

Participant Characteristics

Characteristics	Percent of Sample
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Age		
	18	15%
	19	16%
	20	21%
	21	18%
	22	13%
	23	11%
	24	5%
	25	1%
Sexual Behavior		
	Have had sexual intercourse in lifetime	84%
Level of Education		
	Did not graduate from high school	3%
	High school graduate	14%
	Attended some college, trade school but did not finish	70%
	Graduated from a two-year college	6%
	Graduate from a four-year college	5%
	Attended some graduate school	1%
	Earned a Graduate degree (M.A., Ph.D.)	1%
Currently Enrolled in College		97%
First-generation College Student		43%
Generational Status		
	US Born	78%
	Immigrant Born	22%
Primary Language		
	English	86%
	Spanish	12%
	Both English & Spanish equally	2%
	Portuguese	1%
Biological Sex		
	Male	30%
	Female	70%
Parental Education-Father		
	Less than high school	16%
	Some high school but did not graduate	13%
	High school graduate/GED	22%
	Some college	19%
	Graduated from a two-year college	5%
	College degree	15%
	Some graduate education	1%

Graduate degree	7%
Parental Education-Mother	
Less than high school	19%
Some high school but did not graduate	10%
High school graduate/GED	24%
Some college	16%
Graduated from a two-year college	7%
College degree	12%
Some graduate education	3%
Graduate degree	8%
House-hold Family Income (SES)	
Less than \$25,000 per year	11%
\$25,000 - \$50,000 per year	33%
\$50,000 - \$75,000 per year	26%
\$75,000 - \$100,000 per year	15%
\$100,000 - \$125,000 per year	9%
\$125,000 - \$150,000 per year	4%
More than \$150,000 per year	2%
Mother Country of Origin	
United States	16%
México	11%
Perú	4%
Central América	36%
South América	23%
Cuba	1.5%
Puerto Rico	3%
Dominican Republic	4%
Other	1.5%
Father Country of Origin	
United States	15%
México	13%
Perú	6%
Central América	34.5%
South América	20%
Cuba	1%
Puerto Rico	5%
Dominican Republic	4%
Other	1.5%

Procedure

Participants were recruited from the three college campuses (one private and two public) in the U.S. southeast. The three universities possess a student body comprised of about 7 to 11% Latina/o students, which is characteristic of the Latina/o ethnic composition in the respective communities. The private university retains a smaller student body than either of the two public universities, which are comparable in the number of enrolled students. Various recruitment strategies were implemented such as snowballing techniques, university online newsletters, flyers, and speaking at Latina/o student group events. Interested students were informed that the survey sought to examine Latina/o emerging adults' relationship and health attitudes and participants were asked to complete an anonymous, one-time survey in English at a specific campus location. The participants were given an informational handout about the investigation with the study coordinator's contact information. Bilingual graduate students carried out the data collection and the survey procedures took roughly 40 to 60 minutes to complete. Participants were compensated \$20.

Measures

Demographic Information. Participants were asked demographic questions, including birth date, country of origin, parent's education level, immigration status, weight, height, and household structure. Six male and 21 female emerging adults had never had sexual intercourse in their lifetimes but were included in the analyses since the outcome variables assess an individual's attitudes toward condoms and their perceived efficacy in using condoms appropriately and negotiating the use of condoms with a partner regardless of whether or not said individual had ever experienced sexual intercourse.

Physical Dating Violence. Participants completed the *Safe Dates* questionnaire (Foshee

et al., 1996; Foshee et al., 1998) that asked about physical behaviors that a dating partner may have done to the participant (victimization) or the participant had done to a dating partner (perpetration). Example items include: “Someone I have been on a date with has...Slammed me or held me against a wall” and “I have done this to a person I have been on a date with...Physically twisted their arm.” Participants rated how often each item had occurred to them and how often they had inflicted each item on a dating partner throughout their lifetime using a 4-point scale ranging from 0 “*This has never happened*” to 3 “*10 or more times.*” Each subscale contained 16 items and the items were summed for total subscale scores. Higher scores indicate more victimization and more perpetration. The Safe Dates Physical Violence – victimization and perpetration subscales have displayed significant internal consistency among adolescent populations ($\alpha = .92$ and $\alpha = .95$, respectively). One study used this scale with college students but did not report subscale alphas. During data analysis, the variable for physical DV victimization was dichotomized such that 0 responses were categorized as “Never experiencing physical DV” and 1, 2, or 3 responses were categorized as “Having experienced physical DV at least once”. Similarly, the variable for physical DV perpetration was dichotomized such that 0 responses were categorized as “Never having perpetrated physical DV” and 1, 2, or 3 responses were categorized as “Having perpetrated physical DV at least once”. The items were dichotomized due to the lack of variability in participant’s responses and the fact that the research questions are focused on any exposure to DV instead of the number of DV instances. In this current study’s sample of Latinx emerging adults, the victimization and perpetration subscales displayed appropriate internal consistency ($\alpha = .83$ and $\alpha = .79$, respectively).

Cultural Values. Participants completed the *Mexican American Cultural Values Scale* (MCVS) (Knight et al, 2010) to assess their adherence to Latina/o cultural values. The MCVS

includes four subscales representing Latina/cultural values, including TGRs (five items), familismo (16 items), respeto (eight items), and religiosity (seven items). In this study, I used two subscales in data analyses: TGRs and familismo. Example items include: “It is important for the man to have more power in the family than the woman” (TGRs) and “A person should share their home with relatives if they need a place to stay” (familismo). Participants rate how much they believe in traditional values on a 5-point scale from 1 “*Not at all*” to 5 “*Completely*.” Items were averaged to obtain total subscale scores with higher scores indicating greater adherence to TGRs and familismo. The familismo, respeto, religiosity and TGRs subscales have shown good reliability in prior work with adolescents and college students (Knight et al, 2010; Morgan Consoli & Llamas, 2013). Cronbach’s alphas for the three familismo subscales (i.e., support, obligation, and referent) are .67, .65, and .67, respectively (Knight et al, 2010). The respeto ($\alpha = .75$), religiosity ($\alpha = .78$), and TGRs ($\alpha = .73$) subscales have also shown adequate reliability (Knight et al, 2010). The MCVS subscales have demonstrated good reliability among Mexican-American college students as well (familismo-support ($\alpha = .82$), familismo-obligation ($\alpha = .78$), familismo-referent ($\alpha = .78$), respeto ($\alpha = .86$), religiosity ($\alpha = .97$), and TGRs ($\alpha = .77$) (Morgan Consoli & Llamas, 2013). In addition, this current study’s sample of Latinx emerging adults demonstrated appropriate reliability in the familismo ($\alpha = .87$) and TGR ($\alpha = .72$) subscales.

Acculturation. The *Short Acculturation Scale for Hispanics* (SASH) (Marín, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987) was used to assess participant’s inclination toward Latina/o and U.S. behaviors such as Spanish or English language preference, media choices, and social relations. The SASH consists of three subscales: Language, Media, and Ethnic Social Relations. Example items include: “In what language(s) are the TV programs you usually watch?” Participants rated their proficiency and preference for speaking English or Spanish in a

number of settings, language of media, and preferred ethnicity of their social interactions using a 5-point scale ranging from 1 “*Only Spanish*” to 5 “*Only English*” or 1 “*All Latinos/Hispanics*” to 5 “*All Americans*.” A total score is calculated by averaging the items with higher scores indicating higher levels of acculturation. Marín et al., (1987) demonstrated that the total scale ($\alpha = .92$) possesses adequate reliability among Latina/o adults. The total scale displayed good reliability in this current study’s sample of Latinx emerging adults ($\alpha = .83$).

Attitudes toward Condoms. Participants’ attitudes towards condom use was assessed using the *Condom Attitude Scale* (Hood & Shook, 2013). Example items include, “Sex with a condom doesn’t feel natural” and “Condoms are messy.” The scale consists of 25 items (15 items representing affect and 10 items representing cognition) in which participants indicate their endorsement of each statement from 1 “*Strongly disagree*” to 7 “*Strongly agree*.” Some items were reverse scored and then items were averaged to create a total score. Items were averaged such that higher numbers reflect more positive attitudes towards using condoms. Internal reliability in the current sample was 0.71.

Condom Use Efficacy. The *Condom Use Efficacy Scale* (DiClemente & Wingood, 1995) is a 9-item scale that assessed participant’s confidence in using a condom. Response options ranged from 1 “*not confident*” to 3 “*very confident*.” Example items include: “How confident are you that you could start over with a new condom if you placed it on the wrong way?” Items are averaged and higher scores indicate higher levels of condom use efficacy. The scale has demonstrated adequate reliability among adults ($\alpha = .91$) (DiClemente & Wingood, 1995). Internal reliability in the current sample was 0.95.

Condom Negotiation Efficacy. The *Condom Negotiation Efficacy Measure* (DiClemente & Wingood, 1995) is a 7-item scale that assessed participant’s ability to negotiate condom use.

Response options ranged from 1 “*definitely no*” to 4 “*definitely yes*.” Example items include: “Can you insist on condom use every time you have sex even when you are under the influence of alcohol and/or drugs?” Items are averaged to obtain a total scale score with higher scores indicating higher levels of condom negotiation efficacy. The scale has demonstrated adequate reliability among adults ($\alpha=.81$) (DiClemente & Wingood, 1995). Internal reliability in the current sample was 0.83.

Data Analysis

Power Analysis. Given that this was a secondary data analysis, to identify whether we had an adequate sample to carry out the data analysis for this study, a post hoc power analysis using G*Power 3.1 (Faul et al. 2007) was conducted. G* Power indicated that with a sample size of 196, power was 0.99 to detect a medium effect ($f^2 = 0.15$) and exceeded 0.99 to detect a large effect ($f^2 = 0.35$) for the least powerful test of the hypotheses (six predictors: DV-victimization, DV-perpetration, sex, acculturation, familismo, TGRs).

Data Preparation and Preliminary Analyses. The independent, moderator, and dependent variables in the data set contained no missing data and data screening procedures were conducted to identify and correct for the presence of normality, uni- and multivariate outliers, and linearity. Initially, if skewness and kurtosis statistics were within the range of -1 and 1, the data was considered normal. The DV-victimization only and DV-perpetration only variables were found to be kurtotic, which is not uncommon when dealing with dichotomous predictor variables. However, the variables were not transformed since linear regression analyses do not assume normality for predictor variables (Kim, 2015) and violations of skewness/kurtosis between 1 and 2 are not as problematic among data sets with larger samples (approximately 200 or more) as long as there are no outliers (Tabachnick & Fidell, 2007). Scatterplots of the

residuals and results of Levene's test showed that the data is homoscedastic and linearly distributed. Significance for all tests was defined as a .05 alpha level, two-tailed (Pallant, 2007). Outliers were identified through the calculations of Z-scores and any data points greater than 3.29 or less than -3.29 were transformed through the winsorizing (Tukey, 1961), next-highest-score-method. Three extreme (i.e., greater than 3.0 interquartile range) cases in the familismo total score variable and one case in the TGR total scale variable were transformed to ensure the underlying assumptions of the analyses and normality were met. None of the outliers were a result of missing data or coding errors.

Control variables. Certain demographic factors (e.g., age, nativity status, first-generation in higher education, virginal status, primary language, and socio-economic status) relation to the cultural, DV, and condom-related variables were examined through Spearman's Row (i.e., nativity status, primary language, and SES) and point-biserial (i.e., first generation status and virginal status) correlations. Fisher's exact test between the categorical demographic variables (i.e., primary language, nativity status, and SES) was carried out to assess any potential relationship between categorical variables.

If any relation was found between the demographic variables to independent or dependent variables, those variables were controlled for by placing them in the first step of any regression analysis. First-generation college student status was significantly related to an individual's level of acculturation, $r_{pb} = .20, p = .01$; emerging adults with higher levels of acculturation tend to report not being the first in their family to attend college than emerging adults with lower levels of acculturation. Biological sex was significantly related to an individual's adherence to TGRs, $r_{pb} = -.42, p = .00$; emerging adults with lower adherence to TGRs tend to be female than emerging adults with higher levels of TGRs. In terms of condom

use behaviors, biological sex was significantly related to condom use negotiation efficacy, $r_{pb} = .18, p = .01$, and condom use efficacy, $r_{pb} = -.38, p = .00$ such that female emerging adults reported higher levels of condom use negotiation efficacy but lower level of condom use efficacy.

Primary language was significantly related to condom use efficacy, $r_s = -.22, p = .002$; emerging adults who primarily speak Spanish or another language other than English reported lower levels of condom use efficacy than emerging adults whose primary language is English. Nativity status, primary language, and socioeconomic status were significantly related to an individual's level of acculturation; emerging adults with lower levels of acculturation tended to be foreign-born, $r_{pb} = -.24, p = .001$ or primarily speak Spanish or another language other than English, $r_{pb} = -.39, p = .00$. Emerging adults with higher levels of acculturation tended to report higher family household socioeconomic status. $r_{pb} = .26, p = .00$ (see Table 2).

Table 2.

Correlations Between Control, Independent, and Dependent Variables

Variable	FAM	TGR	ACC	CAS	CNEM	CUE	Age
Nativity Status	.08	.05	-.25**	.06	.07	.06	.13
Primary Language	-.03	.07	-.46**	.01	.00	-.25*	.07
Socioeconomic Status	-.02	.12	.28**	-.02	-.02	.10	.12
First-generation Student ^T	.02	.05	.20**	-.07	.03	.09	.06
Virginal Status ^T	-.12	.02	-.08	.02	-.10	-.07	-.20**
Biological Sex ^T	-.12	-.42**	-.05	.12	.18*	-.38**	-.07

All correlations coefficients are Spearman Rho except ^T are point biserial

**Correlation is significant at 0.05 (two-tailed); **Correlation is significant at 0.01 (two-tailed)*

FAM = Familismo; TGR = Traditional Gender Roles; ACC = Acculturation

CAS = Attitudes toward Condoms; CNEM = Condom Use Negotiation Efficacy; CUE = Condom Use Efficacy

Lastly, nativity status was significantly related to first-generation college student status ($\chi^2 (6) = 15.64, p = .02$) and primary language ($\chi^2 (3) = 44.8 p = .02$); foreign-born emerging adults were more likely to report being the first in their family to attend college and primarily speak Spanish or another language other besides English than U.S.-born emerging adults. SES

was significantly related to DV victimization, ($\chi^2(13) = 25.88, p = .002$, Fisher’s exact test) and DV perpetration ($\chi^2(3) = 20.62, p = .03$, Fisher’s exact test); this relation indicates that emerging adults who reported experiencing DV victimization and/or perpetration in their lifetime were more likely to possess higher levels of SES in comparison to emerging adults from who reported never having experienced DV victimization and/or perpetration (see Table 3). Thus, age, first-generation college student, primary language, SES status, and nativity status were entered as covariates in the moderation analyses. Nativity status (i.e., U.S. born, or Non-U.S. born) and age were not significantly related to any of the dependent or independent variables but were included and controlled for in the analyses due to their relation to condom use outcomes in the overarching DV and risky sexual behavior literature.

Table 3.

Chi Square/Fisher Exact Test Results Between Control Variables and Dating Violence

Variable	DV-VIC ^a	DV-PERP ^a	FG	BS	VS	NS	PL	SES
Nativity Status	4.25	4.87	15.64*	5.24	4.92	---		
Primary Language	14.64	14.04	25.47	19.7	22.8	44.8**	---	
Socioeconomic Status	25.88*	20.62*	12.01	2.58	2.76	29.9	63.7	---

Note: Chi-square test used unless otherwise noted. ^a Fisher’s exact test used
 *Relationship is significant at 0.05 (two-sided); **Relationship is significant at 0.01 (two-sided)
 DV-VIC = Dating Violence - Victimization; DV-PERP = Dating Violence – Perpetration
 NS = Nativity Status; PL = Primary Language; SES = Socioeconomic Status;
 FG = First-generation Status; BS = Biological Sex VS = Virginal Status

Demographic missing data. Item-level analysis of missing data values indicated that missing data were minimal (0.0-2%) across certain demographic variables of interest (e.g., age, nativity status, first-generation in higher education, virginal status). However, two demographic variables (e.g., SES and primary language) possessed moderate missing data, 3.6% and 8.2%, respectively. There is no established cutoff, but missing rates of 5% or less tend to be inconsequential and 10% or less unbiased (Dong & Peng, 2013). Although, little MCAR’s test demonstrated they were not missing completely at random (MCAR), $\chi^2(16) = 41.57, p = .000$.

Separate variance t-tests indicated that missing cases in the primary language variable were significantly correlated with the acculturation variable; suggesting that those not reporting (“Missing”) their primary language scored significantly higher on level of acculturation than those who did report (“Non-missing”) their primary language. The missing cases in the primary language variable were not correlated with any of the other indicator variables (i.e., age, attitudes toward condoms, condom use efficacy, condom use negotiation efficacy, familismo, TGR, and acculturation) that possessed more than 5% missing cases; thus, the data cannot not be considered MCAR nor can it be confirmed that the data are missing at random (MAR) or missing not at random (MNAR).

As such, the missingness cannot be well predicted by variables in the model and can be considered effectively MNAR. There is no commonly accepted cut off for “when multiple imputation (MI) is so imperfect that data must be considered MNAR” and the difference between MAR and MNAR is “a continuum, not a dichotomy” (Garson, 2015, p.467). While some researchers would argue that proceeding with MI in this situation is not appropriate since missingness on the primary language variable is insufficiently correlated with the other study variables—undermining the effectiveness of usual imputation methods—the alternative (i.e., listwise deletion) would result in a smaller sample size ($N = 180$), lower power, and increased chance of Type II error due to large standard errors. Imputation can distort significance and effect size coefficients (Kalton and Kasprzyk, 1982) but typically results in best-guess estimates of significance and effect-size coefficients. In short, while imputation assumes MAR, MI is always “at least as good as old procedures (e.g., listwise deletion)” even when MAR assumptions are violated (Graham, 2009, p.559). Thus, pooled estimates from 100 imputations were utilized

to correct for the missing data associated with the demographic control variables (e.g., age, first-generation in higher education, primary language, SES, and nativity status).

Hypothesis Testing. Moderation analyses were conducted using regression analyses following the steps provided by Baron and Kenny (1986). SPSS Version 25 was used to conduct all data analyses.

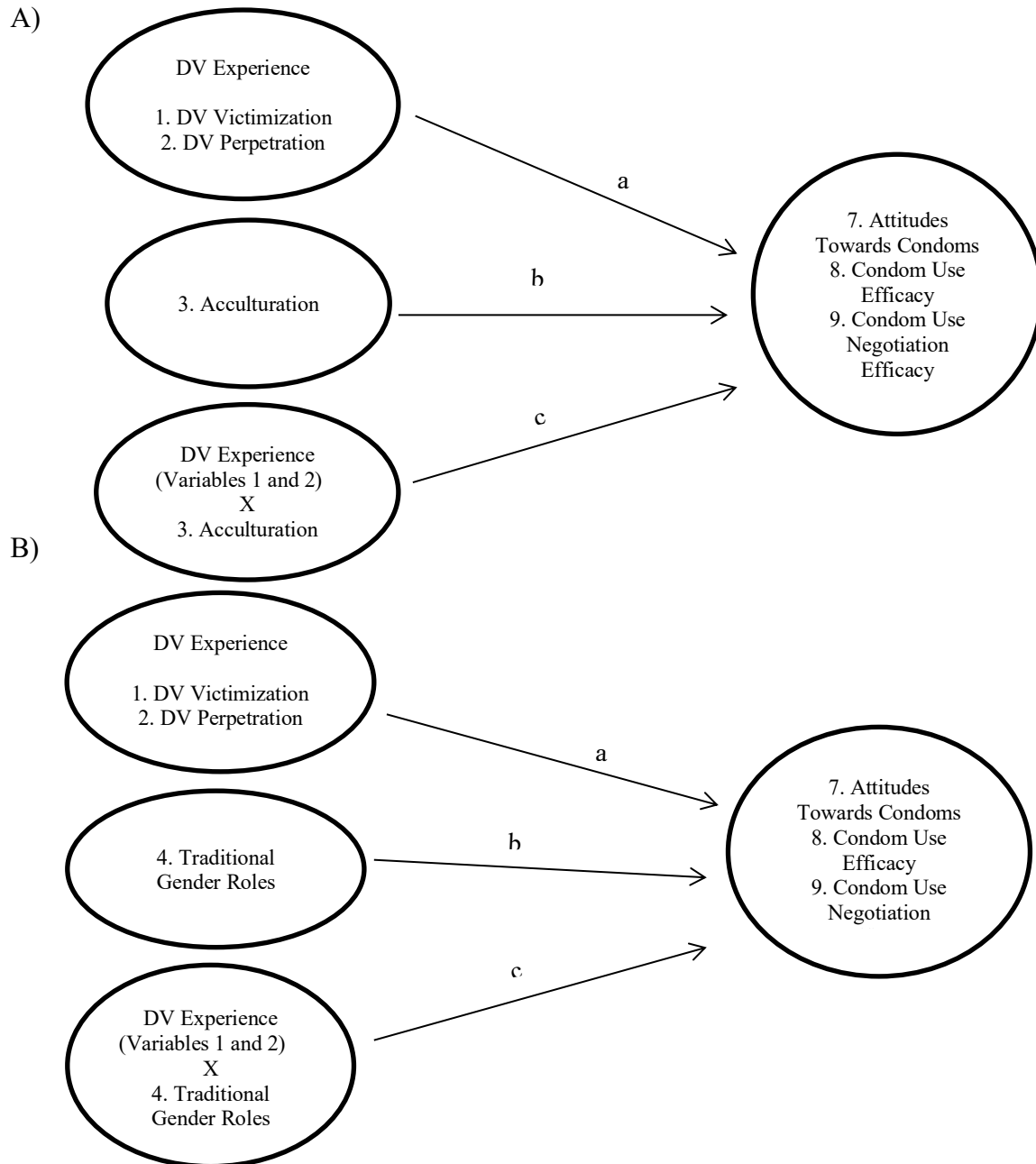
Aim 1: The first aim of the study was to explore the inter-relationships between Latina/o emerging adult's physical DV experiences (i.e., victimization and perpetration), cultural factors (i.e., acculturation, TGRs, and familismo), and condom use outcomes (i.e., attitudes towards condoms, condom use self-efficacy, and condom use negotiation self-efficacy). Pearson's correlations were conducted to examine whether there were any relationships between the DV experiences, cultural factors, and condom use behaviors and attitudes.

Aims 2 and 3. The second and third aims were to: 1) explore whether cultural factors predict condom use outcomes and DV experiences differently for males and females; and 2) examine whether cultural factors and biological sex moderate the relation between Latina/o emerging adult's DV experiences and condom use behaviors and attitudes. Direct logistic regression analyses were carried out to determine whether higher or lower levels of cultural factors better predicted DV victimization and DV perpetration among males and females. Next, a simultaneous multiple regression was conducted to examine the cultural predictors of attitudes toward condom use, condom use efficacy and condom use negotiation efficacy by biological sex (e.g., male and female). Lastly, using the Baron and Kenny (1986) method, path a consists of DV experiences predicting condom use behaviors and attitudes. Path b examines the effect of the moderators (i.e., three cultural factors and biological sex) on condom use behaviors and attitudes. Path c consists of examining the interaction between DV experiences and the moderators. Thus,

each model consisted of the main effect of DV experiences, the main effect of a given moderator, and the two-way interaction between DV experiences and the moderator. Separate regressions were run for each outcome and each moderator ((Figures 1 and 2). Finally, if the interaction term was significant, it was plotted to help with interpretation.

Figure 1.

Cultural Factors as Potential Moderators of the Relationship between Dating Violence Experiences and Attitudes Toward Condoms and Condom Use and Negotiation Efficacies



C)

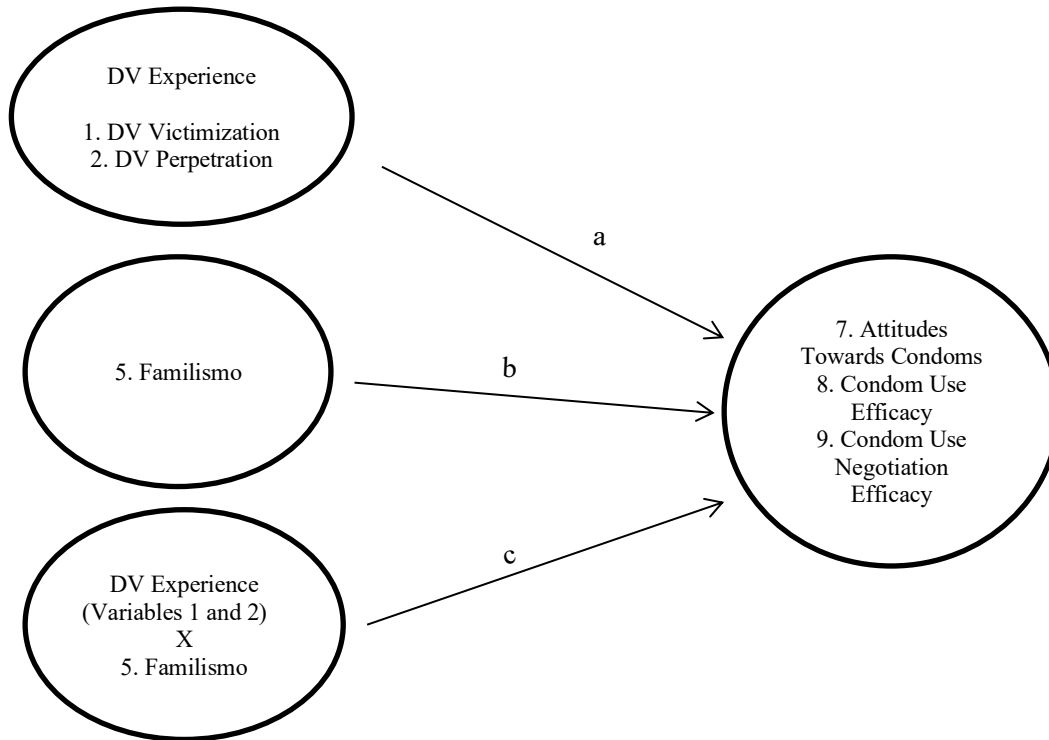
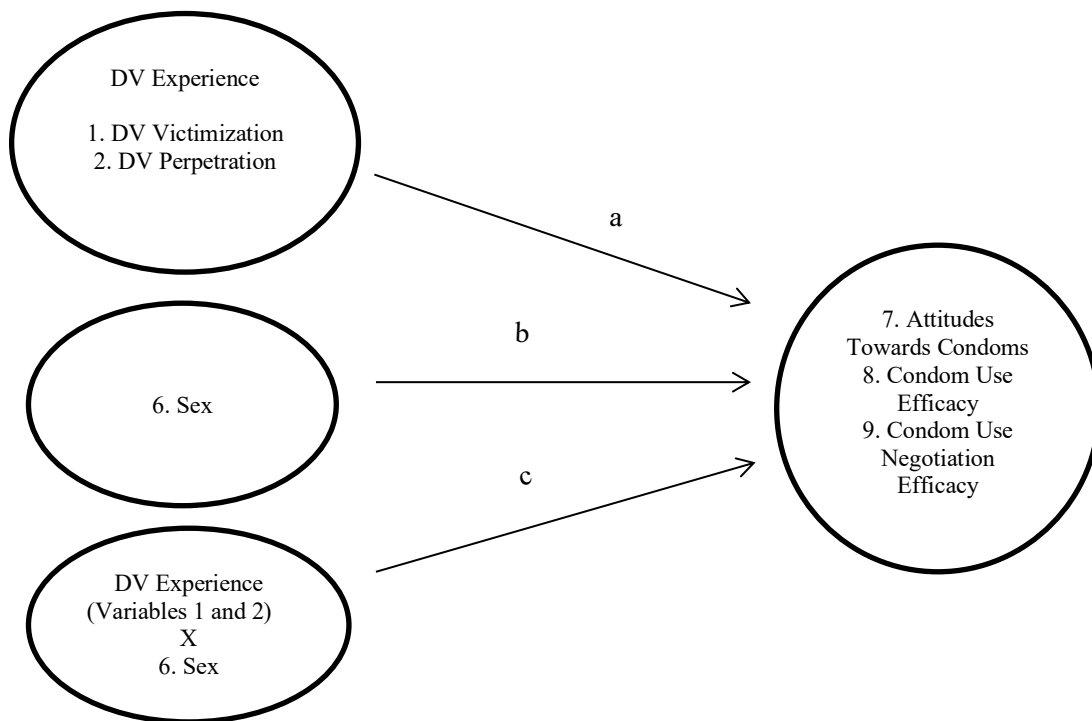


Figure 2.

Biological Sex as a Potential Moderators of the Relationship between Dating Violence Experiences and Attitudes Toward Condoms and Condom Use and Negotiation Efficacies



Results

Descriptive statistics. Table 4 presents the participant's type of DV experiences for the entire sample and separately by biological sex and Tables 5 - 7 present participant descriptive statistics (entire sample and separately by biological sex) for each moderator, independent, and dependent variable. In this sample, 45% of participants (61% male, 37% female) reported having been victimized at least once in their lifetime and 41% (36% male, 44% female) reported having been a perpetrator. In addition, 14% reported DV victimization but no perpetration (i.e., Victim-ONLY), 10% had perpetrated DV but never experienced victimization (i.e., Perpetrator-ONLY), and 31% reported both victimization and perpetration (i.e., Victim AND Perpetrator).

Table 4.

Descriptive Statistics for Dating Violence Experience by the Male, Female, and Total Samples

Type of DV Experience # (%)	Male (N=59)	Female (N=137)	Total (N=196)
No DV of any kind	21 (36)	67 (49)	88 (45)
Victimization	36 (61)	52 (38)	88 (45)
Perpetration	21 (36)	60 (44)	81 (41)
Victim – ONLY	17 (29)	10 (7)	27 (14)
Perpetrator – ONLY	2 (3)	18 (13)	20 (10)
Victim AND Perpetrator	19 (32)	42 (31)	61 (31)

Table 5.

Descriptive Statistics for Independent, Moderator, and Dependent Variables

Measure			Range	α
Independent Variables	<i>Yes (%)</i>			
Dating Violence - Victimization	45	-	0.00-1.00	0.83
Dating Violence - Perpetration	41	-	0.00-1.00	0.79
Moderator Variable	<i>M</i>	<i>SD</i>		
Acculturation	3.49	0.56	1.00-5.00	0.83
Familismo	4.09	0.50	1.00-5.00	0.87
Traditional Gender Roles	2.07	0.77	1.00-5.00	0.72
Dependent Variables				
Attitudes Towards Condoms	3.39	1.01	0.00-6.00	0.93
Condom Use Efficacy	2.37	0.62	1.00-3.00	0.95
Condom Negotiation Efficacy	3.50	0.49	1.00-4.00	0.83

Table 6.

Descriptive Statistics for Independent, Moderator, and Dependent Variables – Males

Measure			α
Independent Variable	<i>Yes (%)</i>		
Dating Violence - Victimization	61	-	0.88
Dating Violence - Perpetration	36	-	0.76
Moderator Variable	<i>M</i>	<i>SD</i>	
Acculturation	3.53	0.58	0.83
Familismo	4.19	0.40	0.87
Traditional Gender Roles	2.55	0.93	0.84
Dependent Variables			
Attitudes Towards Condoms	3.20	1.14	0.94
Condom Use Efficacy	2.74	0.29	0.80
Condom Negotiation Efficacy	3.37	0.55	0.84

Table 7.

Descriptive Statistics for Independent, Moderator, and Dependent Variables – Females

Measure			α
Independent Variable	<i>Yes (%)</i>		
Dating Violence - Victimization	37	-	0.75
Dating Violence - Perpetration	44	-	0.80
Moderator Variable	<i>M</i>	<i>SD</i>	
Acculturation	3.48	0.55	0.83
Familismo	4.10	0.48	0.87
Traditional Gender Roles	1.86	0.57	0.47
Dependent Variables			
Attitudes Towards Condoms	3.47	0.95	0.92
Condom Use Efficacy	2.22	0.67	0.95
Condom Negotiation Efficacy	3.55	0.45	0.81

Independent-samples Wilcoxon-Mann-Whitney tests were performed to compare the prevalence of DV victimization and DV perpetration between males and females. Among males and females there is a significant difference in the rates of DV victimization ($p = .002$). No significant difference between males and females in the rates of DV perpetration was found.

Independent-samples Wilcoxon-Mann-Whitney tests were also performed to compare the prevalence of DV victimization and DV perpetration by demographic variables (i.e., primary language, nativity status, and SES); all variables are categorical. There was no significant

difference in rates of DV victimization or DV perpetration between male and female participants across categories of primary language, nativity status, or household family income.

Aim 1

To assess the inter-relation among Latina/o emerging adult’s DV experiences, cultural factors, and condom use outcomes, bivariate correlations were conducted (see Table 8). Bivariate correlations revealed a number of associations. DV victimization is associated with less favorable attitudes towards condoms and higher condom use efficacy but not condom use negotiation efficacy. In addition, DV perpetration is associated with less favorable attitudes towards condoms but not condom use, or condom use negotiation efficacies. When assessing cultural factors, higher adherence to familismo values was associated with higher—not lower—condom use and condom use negotiation efficacies, a higher level of acculturation was related to higher condom use efficacy, and higher TGR adherence was associated with less favorable attitudes toward condoms. Individuals who reported higher adherence to TGRs were more likely to report experiencing DV victimization but not DV perpetration. Although, level of acculturation and familismo were not associated with DV victimization and perpetration.

Table 8.

Correlations Between Independent and Dependent Variables

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Attitudes Towards Condoms	---								
2. Condom Negotiation Efficacy	.43**	---							
3. Condom Use Efficacy	.12	.29**	---						
4. Familismo	.00	.17*	.15*	---					
5. Traditional Gender Roles	-.21**	-.13	.06	.37**	---				
6. Acculturation	-.06	-.06	.19**	-.05	-.01	---			
7. Biological Sex	.12	.18*	-.38**	-.12	-.42**	-.05	---		
8. DV - Victimization	-.16*	.02	.22**	.06	.15**	.01	-.22**	---	
9. DV - Perpetration	-.19**	-.07	-.03	.01	.02	.09	.08	.50**	---

Note. * $p < .05$. ** $p < .01$

Aim 2

To address *Aim 2*, direct logistic regression analyses were carried out to determine whether the level and adherence to cultural factors significantly affected whether or not an individual had experienced DV victimization or perpetrated DV by biological sex (male vs. female). Only adherence to TGRs significantly affected whether or not females had perpetrated or experienced DV. The level of acculturation nor adherence to familismo values affected DV experiences among males and females.

When all three predictor variables were considered together—after controlling for nativity status, first-generation college student status, primary language, and SES—they significantly predicted whether or not a DV victim was male or female, $\chi^2 (7, N=87) = 38.25, p < .001$. With all predictors included in the model, 79.3% of cases were correctly predicted; 66.7% of males who have experienced DV victimization were accurately predicted whereas 88.2.5% of females who have experienced DV victimization were accurately predicted. According to the Wald criterion, adherence to TGRs was a significant predictor of DV victimization among females DV victims, $\chi^2 (1) = 18.47, p < .001$. The change in odds associated with a one-unit change in TGR beliefs was 0.13 (95% CI = 0.05-0.33), indicating that higher adherence to TGRs decreases the likelihood of a female experiencing DV victimization. DV victims (i.e., individuals who have experienced DV victimization at least once) with a higher adherence to TGRs are more likely to be male than female.

When all three predictor variables were considered together—after controlling for nativity status, first-generation college student status, primary language, and SES—they significantly predicted whether or not a DV perpetrator was male or female, $\chi^2 (7, N=59) = 28.91, p < .001$. With all predictors included in the model, 86.4% of cases were correctly

predicted; 73.7% of males who have perpetrated DV at least once in their lifetimes were accurately predicted whereas 92.5% of females who have perpetrated DV were accurately predicted. According to the Wald criterion, adherence to TGRs was a significant predictor of DV perpetration among female DV perpetrators, $\chi^2(1) = 13.67, p < .001$. Among females, the change in odds associated with a one-unit change in TGR beliefs was 0.08 (95% CI = 0.02-0.31), indicating that higher adherence to TGRs decreases the likelihood of a woman perpetrating DV. DV perpetrations (i.e., individuals who have perpetrated DV at least once in their lives) with a higher adherence to TGRs are more likely to be male than female.

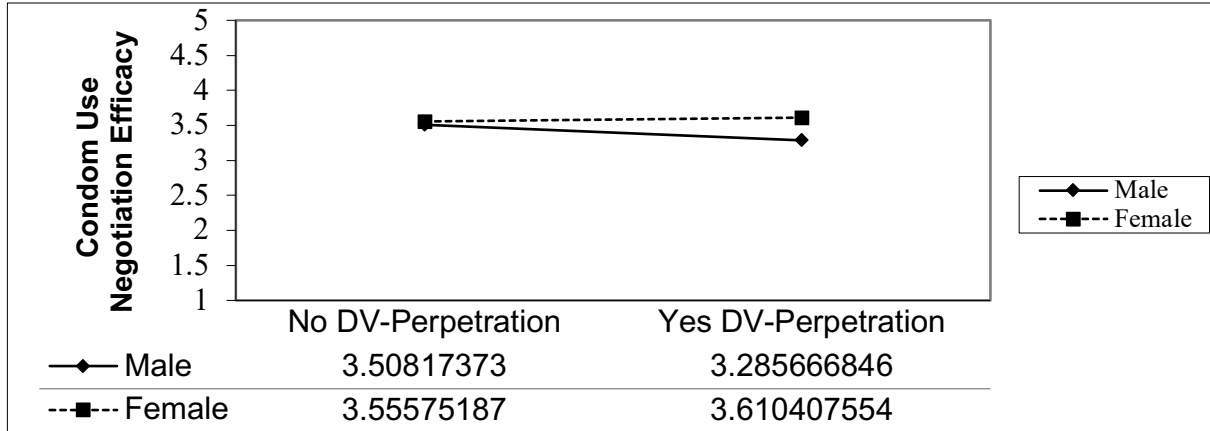
Next, a simultaneous multiple regression was conducted to examine the cultural predictors of attitudes toward condom use, condom use efficacy and condom use negotiation efficacy by biological sex (e.g., male and female). Three predictors were simultaneously entered into each of the models: TGRs, Familismo, and Acculturation. Among Latina emerging adults, the overall model did not significantly predict attitudes towards condoms, $F(3,136) = 1.43, p = .24, R^2 = .03$. No single cultural factor predicted attitudes towards condoms. The overall model did significantly predict condom use negotiation efficacy, $F(3,136) = 3.23, p = 0.03, R^2 = .07$. Higher adherence to familismo values $t(136) = 3.02, p = .003$ predicted higher levels of condom negotiation efficacy. Although, there was no evidence to indicate that TGRs and acculturation predicted condom negotiation efficacy. The overall model was found to be predictive of condom use efficacy in the population, $F(3,136) = 4.46, p < .001, R^2 = .09$. Lower adherence to TGRs $t(136) = -2.12, p < .05$; higher adherence to familismo values $t(136) = 2.41, p < .05$; and a higher level of acculturation $t(136) = 2.46, p < .05$ predicted higher levels of condom use efficacy. Latinas with a lower adherence to TGRs and higher level of acculturation possess higher levels of condom use efficacy and those with a higher adherence to familismo values possess a higher

level of condom use and negotiation efficacy. Although, a higher adherence to cultural factors was not predictive of attitudes towards condoms. Among Latino emerging adults, the overall model did not significantly predict attitudes towards condoms, $F(3,136) = 1.89, p = .14, R^2 = .03$; condom use negotiation efficacy, $F(3,136) = 1.27, p = .29, R^2 = .07$; and condom use efficacy, $F(3,136) = 1.35, p = .27, R^2 = .09$ and no single cultural factor predicted attitudes towards condoms and condom use and negotiation efficacies.

Moderation analyses examined whether an individual's biological sex moderates the relationship between DV experiences and attitudes toward condoms and condom use and negotiation efficacies. A hierarchical multiple regression analysis was conducted, and results indicate that there was a statistically significant moderation effect of biological sex on the relationship between DV perpetration and condom use negotiation efficacy. In the first step, nativity status, first-generation college student status, primary language, and SES were added. In step two, two variables were included: DV perpetration and biological sex. These variables accounted for a significant amount of variance in condom use negotiation efficacy $R^2 = .037, F(2, 193) = 3.72, p < .05$. Next, the interaction term between DV perpetration and biological sex was added to the regression model, which accounted for a significant proportion of the variance in condom use negotiation efficacy, $\Delta R^2 = .02, \Delta F(1, 188) = 3.94, p = .049, b = .305, t(188) = 1.98, p = .049$. Examination of the interaction plot showed that the effect of DV perpetration on condom use negotiation efficacy is stronger for Latinos compared to Latinas (see Figure 3). Latino DV perpetrators report significantly lower condom use negotiation efficacy than Latina DV perpetrators

Figure 3.

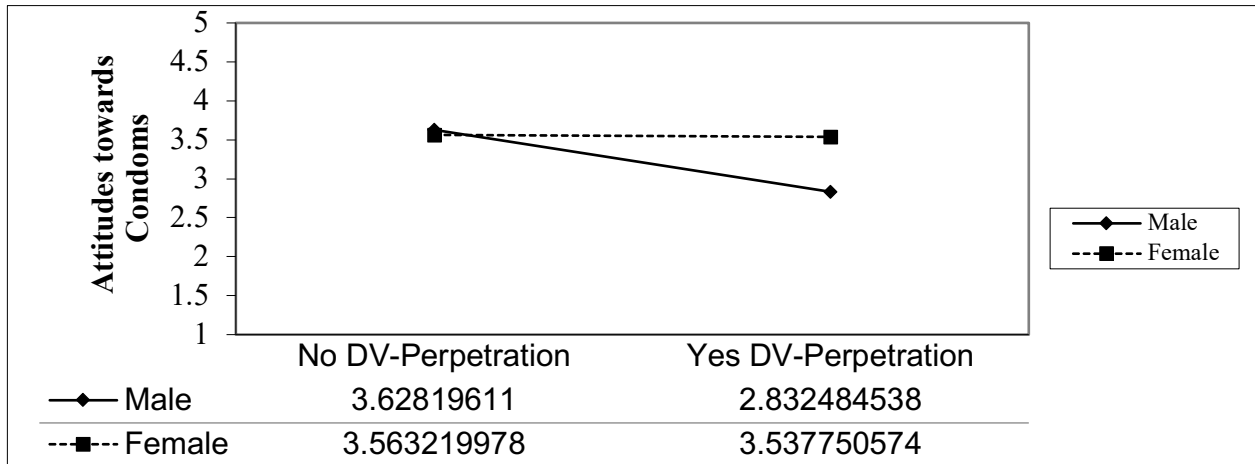
Moderation of the Effect of DV Perpetration on Condom Use Negotiation Efficacy by Biological Sex



A hierarchical multiple regression analysis was conducted, and results indicate that there was a statistically significant moderation effect of biological sex on the relationship between DV perpetration and attitudes towards condoms. In the first step, nativity status, first-generation college student status, primary language, and SES were added. In step two, two variables were included: DV perpetration and biological sex. These variables accounted for a significant amount of variance in attitudes towards condoms, $R^2 = .07$, $F(2, 193) = 3.72$, $p < .05$. Next, the interaction term between DV perpetration and biological sex was added to the regression model, which accounted for a significant proportion of the variance in attitudes towards condoms, $\Delta R^2 = .03$, $\Delta F(1, 188) = 5.69$, $p = .018$, $b = .757$, $t(188) = 2.39$, $p = .017$. Examination of the interaction plot showed that the effect of DV perpetration on attitudes towards condoms is stronger for Latinos compared to Latinas (see Figure 4). Latino DV perpetrators report significantly less favorable attitudes towards condoms than Latina DV perpetrators.

Figure 4.

Moderation of the Effect of DV Perpetration on Attitudes towards Condoms by Biological Sex



Lastly, hierarchical regression analyses indicated no significant moderation effect by biological sex on the relationship between DV victimization and attitudes toward condoms and condom use and negotiation efficacies (see Table 9). Similar non-significant results were identified on the relationship between DV perpetration and attitudes towards condoms and DV perpetration and condom use efficacy when controlling for related demographics (e.g., nativity status, first-generation student, primary language, SES) (see Table 10).

Table 9.

Regressions Predicting DV Victimization with Attitudes Towards Condoms and Condom Use and Negotiation Efficacy, Moderated by Biological Sex, Controlling for Demographics

Model	ΔR^2	B	SE	t
DV-Victimization on Attitudes Towards Condom				
DV-Victimization	.03*	-.28	.15	-1.85
Biological Sex	.004	.16	.16	1.01
DV-Victimization*Biological Sex	.01	.50	.32	1.56
$F(7, 195) = 1.86; R^2 = .07$				
DV-Victimization on Condom Negotiation Efficacy				
DV-Victimization	.00	.06	.07	.82
Biological Sex	.03*	.19	.08	2.53*
DV-Victimization*Biological Sex	.00	-.02	.16	-.31
$F(7, 195) = 1.10; R^2 = .04$				
DV-Victimization on Condom Use Efficacy				

DV-Victimization	.04*	.14	.09	2.09*
Biological Sex	.11**	-.35	.09	-5.13**
DV-Victimization*Biological Sex	.00	.08	.18	1.15

$$F(7, 195) = 7.20^{**}; R^2 = .21$$

Note. † $p < .10$. * $p < .05$. ** $p < .001$.

Table 10.

Regressions Predicting DV Perpetration with Attitudes Towards Condoms and Condom Use and Negotiation Efficacy, Moderated by Biological Sex, Controlling for Demographics

Model	ΔR^2	B	SE	<i>t</i>
DV-Perpetration on Attitudes Towards Condom				
DV-Perpetration	.01	-.41	.14	2.17*
Biological Sex	.04*	.34	.16	-2.85*
DV-Perpetration*Biological Sex	.02*	.76	.32	2.39*
$F(7, 195) = 2.94^*; R^2 = .06$				
DV-Perpetration on Condom Negotiation Efficacy				
DV-Perpetration	.005	-.08	.07	-1.18
Biological Sex	.04*	.21	.08	2.74*
DV-Perpetration*Biological Sex	.03*	.32	.16	2.03*
$F(7, 195) = 1.83; R^2 = .07$				
DV-Perpetration on Condom Use Efficacy				
DV-Perpetration	.001	-.01	.08	.02
Biological Sex	.13**	-.36	.09	-5.63**
DV-Perpetration*Biological Sex	.01	.08	.19	1.55
$F(7, 195) = 6.43^{**}; R^2 = .19$				

Note. † $p < .10$. * $p < .05$. ** $p < .001$.

Aim 3

To address *Aim 3*, moderation analyses were conducted to explore the hypothesized influence of cultural factors on the strength of the association between DV experiences and attitudes toward condoms and condom use and negotiation efficacies. After controlling for nativity status, first-generation college student status, primary language, and SES, only one moderator was identified. Specifically, familismo moderated the relationship between DV victimization and condom use efficacy (see Table 7). In that model, examinations of the coefficients indicate that the main effects of both DV victimization and familismo were significant ($ts = 3.00, 2.00$, respectively). Next, the interaction term between DV victimization

and familismo was added to the regression model and a statistically significant moderator effect was identified, $\Delta R^2 = .02$, $\Delta F(1, 188) = 5.28$, $p = .00$, $b = .16$, $t(188) = 2.29$, $p = .023$, meaning the effect of DV victimization on condom use efficacy changes across levels of familismo.

Table 11.

Regressions Predicting DV Victimization with Attitudes Towards Condoms and Condom Use and Negotiation Efficacy, Moderated by Cultural Factors, Controlling for Demographics

Model	ΔR^2	B	SE	t
DV-Victimization on Attitudes Towards Condom				
DV-Victimization	.03*	.16	.09	2.14*
Traditional Gender Roles	.02*	.16	.06	2.20*
DV-Victimization*Traditional Gender Roles	.002	-.05	.11	-.62
$F(7, 195) = 1.53$; $R^2 = .06$				
DV-Victimization	.04*	.20	.09	2.43*
Familismo	.001	.03	.10	-.25
DV-Victimization*Familismo	.00	-.00	.19	.54
$F(7, 195) = 1.08$; $R^2 = .04$				
DV-Victimization	.03*	.18	.09	2.43*
Acculturation	.002	.03	.09	.39
DV-Victimization*Acculturation	.01	-.01	.15	-1.32
$F(7, 195) = 1.29$; $R^2 = .05$				
DV-Victimization on Condom Negotiation Efficacy				
DV-Victimization	.00	.04	.07	.55
Traditional Gender Roles	.02 [†]	-.15	.05	-1.92 [†]
DV-Victimization*Traditional Gender Roles	.002	.05	.09	.65
$F(7, 195) = 0.62$; $R^2 = .03$				
DV-Victimization	.00	.02	.07	.15
Familismo	.03*	.17	.08	2.41*
DV-Victimization*Familismo	.01	.08	.16	.53
$F(7, 195) = 1.23$; $R^2 = .05$				
DV-Victimization	.00	.02	.07	.26
Acculturation	.00	-.06	.07	-.71
DV-Victimization*Acculturation	.00	.05	.13	.70
$F(7, 195) = .28$; $R^2 = .01$				
DV-Victimization on Condom Use Efficacy				
DV-Victimization	.05 [†]	.22	.09	3.02*
Traditional Gender Roles	.00	.01	.06	.13
DV-Victimization*Traditional Gender Roles	.002	.05	.12	.62
$F(7, 195) = 2.67^*$; $R^2 = .10$				
DV-Victimization	.04*	.21	.09	3.00*
Familismo	.02 [†]	.15	.09	2.00*
DV-Victimization*Familismo	.03*	.14	.19	2.32*
$F(7, 195) = 3.95^{**}$; $R^2 = .14$				

DV-Victimization	.04*	.22	.09	3.19**
Acculturation	.01 [†]	.19	.09	1.81 [†]
DV-Victimization*Acculturation	.00	.05	.16	.63

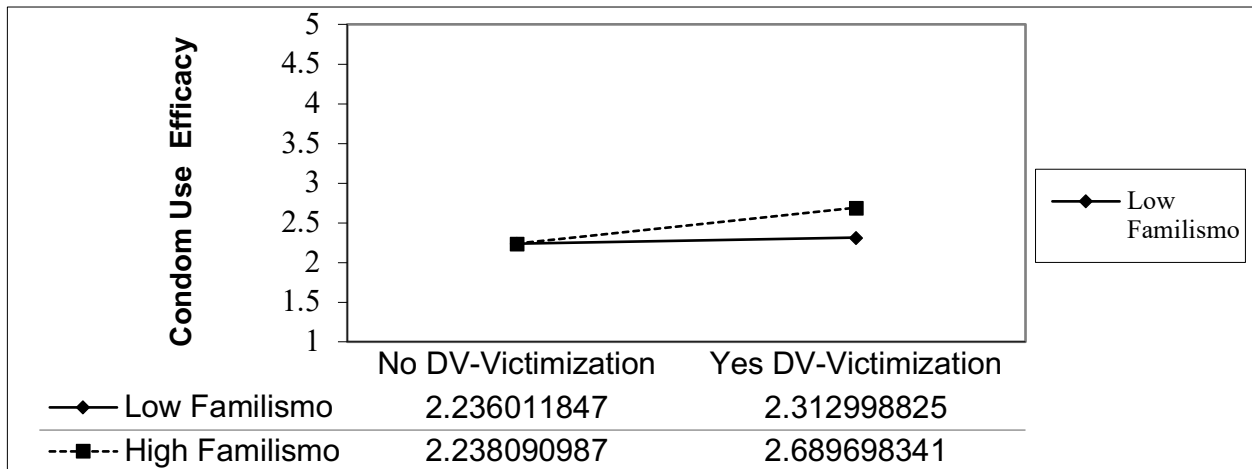
$$F(7, 195) = 3.41^*; R^2 = .11$$

Note. [†] $p < .10$. * $p < .05$. ** $p = .001$.

Examination of the interaction plot and simple slope analyses revealed that the positive relationship between DV victimization and adherence to familismo values is statistically significant at high levels [$\beta = .45, t(106) = 3.72, p = .000$] but not low levels [$\beta = 0.08, t(90) = .62, p = .53$] of familismo values (see Figure 4). Results suggest that familismo beliefs act as an exacerbator, such that the positive relationship between DV victimization and condom use efficacy is particularly strong for individuals who possess higher familismo beliefs than those with lower familismo beliefs in the population.

Figure 5.

Moderation of the Effect of DV Victimization on Condom Use Efficacy by Familismo



Neither acculturation nor TGRs moderated the relation between DV victimization or DV perpetration and attitudes toward condoms and condom use and negotiation efficacies. However, several main effects were found (see Tables 7 and 8). For example, both DV victimization and perpetration predicted more favorable attitudes towards condoms and DV victimization predicted greater condom use efficacy for the Latinx adults in this sample.

Table 12.

Regressions Predicting DV Perpetration with Attitudes Towards Condoms and Condom Use and Negotiation Efficacy, Moderated by Cultural Factors, Controlling for Demographics

Model	ΔR^2	B	SE	t
DV-Perpetration on Attitudes Towards Condom				
DV-Perpetration	.03*	.18	.08	2.57*
Traditional Gender Roles	.03*	.17	.05	2.43*
DV-Perpetration*Traditional Gender Roles	.00	.00	.11	-.007
<i>F</i> (7, 195) = 2.59*; <i>R</i> ² = .06				
DV-Perpetration		.18	.08	2.56*
Familismo	.03*	-.01	.09	-.16
DV-Perpetration*Familismo	.00	.02	.18	.30
<i>F</i> (7, 195) = 2.23; <i>R</i> ² = .03				
DV-Perpetration	.03*	.19	.09	2.57*
Acculturation	.00	.02	.08	.30
DV-Perpetration*Acculturation	.005	-.07	.15	-.99
<i>F</i> (7, 195) = 1.61; <i>R</i> ² = .04				
DV-Perpetration on Condom Negotiation Efficacy				
DV-Perpetration	.01	-.07	.07	-.96
Traditional Gender Roles	.02 [†]	-.13	.05	-1.79 [†]
DV-Perpetration*Traditional Gender Roles	.01	-.09	.09	-1.18
<i>F</i> (7, 195) = 1.2; <i>R</i> ² = .03				
DV-Perpetration	.01	-.07	.07	-1.01
Familismo	.03*	.17	.08	2.33*
DV-Perpetration*Familismo	.00	.02	.16	.24
<i>F</i> (7, 195) = 1.39; <i>R</i> ² = .04				
DV-Perpetration	.01	-.07	.07	-.91
Acculturation	.003	-.06	.07	-.81
DV-Perpetration*Acculturation	.001	.02	.13	.33
<i>F</i> (7, 195) = 0.44; <i>R</i> ² = .01				
DV-Perpetration on Condom Use Efficacy				
DV-Perpetration	.002	-.04	.09	-.61
Traditional Gender Roles	.002	.05	.06	.68
DV-Perpetration*Traditional Gender Roles	.001	-.04	.12	-.49
<i>F</i> (7, 195) = .90; <i>R</i> ² = .02				
DV-Perpetration	.002	-.04	.09	-.62
Familismo	.02*	.15	.10	2.04*
DV-Perpetration*Familismo	.01	.11	.20	1.48
<i>F</i> (7, 195) = 2.04 [†] ; <i>R</i> ² = .05				
DV-Perpetration	.002	-.06	.09	-.90
Acculturation	.04*	.20	.08	2.65*
DV-Perpetration*Acculturation	.001	.04	.16	.50
<i>F</i> (7, 195) = 2.24 [†] ; <i>R</i> ² = .06				

Note. [†] *p* < .10. **p* < .05. ***p* < .001.

Discussion

The purpose of this study was to examine whether cultural factors and biological sex moderated the relation between DV experiences and condom use outcomes in Latino/a emerging adults. Significant relations between DV experiences, cultural factors, and attitudes toward condoms and condom use and negotiation efficacies were identified such that many of my hypotheses were partially supported, albeit none were completely supported. In bivariate analyses, experiencing DV was associated with positive attitudes towards condoms and condom use efficacy and perpetrating DV was also associated with positive attitudes towards condoms. While higher adherence to TGRs was related to experiencing DV no other cultural factors (i.e., familismo and acculturation) were related to experiencing or perpetrating DV. In the overall sample, emerging adults who primarily spoke Spanish or another language besides English and less acculturated individuals possessed lower condom use efficacy. Additionally, Latinas reported a lower adherence to TGR beliefs, higher levels of condom use negotiation efficacy, and lower level of condom use efficacy than Latinos in the sample.

In regression analyses, Latinos with a higher adherence to TGR beliefs were more likely to experience DV victimization and perpetrate DV than Latinas with a higher adherence to TGRs. Among Latinas, those with lower adherence to TGRs and a higher level of acculturation reported higher condom use efficacy; Latinas with a higher adherence to familismo beliefs also reported higher condom use and negotiation efficacies. Further, familismo was found to have a moderating effect on the relation between DV victimization and condom use efficacy and biological sex was found to have a moderating effect on the relation between DV perpetration and condom use negotiation efficacy. The unexpected direction of the relations between the cultural factors and condom-related outcomes within the entire sample and when comparing

Latina and Latino emerging adult's behaviors shall be discussed with a particular emphasis on the ubiquitous nature of power and gender dynamics.

Experiences of Dating Violence

In this study's sample of Latinx emerging adults, 45% reported having experienced DV and 41% reported having perpetrated DV at least once in their lifetime. Moreover, 61% of males reported experiencing DV compared to 37% of females and 36% of males reported perpetrating DV compared to 44% of females. When biological sex was examined to see if there were any significant differences between males and females in regard to DV experiences, Latino emerging adults reported experiencing DV victimization more than Latina emerging adults. Significantly higher rates of DV victimization among males was unexpected because the DV literature tends to focus on men as perpetrators and gender symmetry within DV perpetration such that men and women both perpetrate DV at similar rates, but previous literature may explain such findings in our sample.

In a 2011 literature review of 13 empirical studies and two meta-analyses on gender differences in self-reported IPV (Chan, 2011), Chan concluded that when taking into account the severity, motives, and impacts of DV incidences, findings favor gender asymmetry than symmetry such that men often initiate and perpetrate more severe DV that results in more serious wounds or consequences. Chan (2011) highlights that gender-specific factors among men (e.g., blaming, fear of consequences, and avoidance of legal consequences) and women (e.g., excusing, normalizing as an expression of love, dependence, and self-blaming) explain why men are less likely to report being perpetrators or victims of DV (Caetano, Schafer, Field, & Nelson, 2002) and less willing to disclose severe incidences of male-to-female partner violence (Dobash and Dobash, 2004) compared to women who are more willing to identify as DV perpetrators.

Gender-specific factors and underreporting of DV perpetration among males may explain the disproportionate rate of DV victimization to DV perpetration experiences reported by males in the current study. Dobash, Dobash, Cavanagh, and Lewis (1998) found that men may underreport violence perpetration because it demonstrates a lack of control over their partners. The possibility of underreporting of DV perpetration by males in the study sample is important to consider given that Latino emerging adults with a higher adherence to TGRs were 2.14 times, respectively, more likely to experience DV victimization than males with lower levels of adherence to TGRs. Females in our sample reported significantly lower levels of adherence to TGR beliefs than males; further, males with higher levels of adherence to TGRs in our sample were more likely to experience DV victimization and perpetrate DV than females with higher levels of adherence to TGRs. At first glance such findings may appear contradictory but may provide insight into the complex power dynamics resulting from distinct levels of saliency to specific cultural beliefs or values among emerging adult-aged Latinx males versus females (e.g., high TGR-adhering males experiencing retaliatory DV victimization from female partners). Such factors may be stronger occurrences within the Latinx community in which cultural factors like familismo and TGRs may sanction self-blaming and “reward” women who conform to benevolently sexist/ TGR expectations with revered status, whereas “those who challenge patriarchy are demeaned and punished” (i.e., ambivalent sexism theory) (Glick, Sakalli-Ugurlu, Ferreira, & Souza, 2002, p. 296).

Dating Violence and Cultural Factors

Our findings are supportive of previous findings that suggest higher adherence to TGRs among Latinos—albeit adolescents—lead to greater odds of DV victimization (Gillmore et al., 2011). Further, increased adherence to TGRs among Latino men has been associated with an

increased likelihood of DV perpetration and sexual coercion (Raj et al., 2006; Santana, 2006) and may result in DV victimization by female partners responding to initial DV perpetrating by males, especially among emerging adult, college-attending Latinas who may be less tolerant of machismo-oriented beliefs than older adult and immigrant Latinas (Marrs Fuchsel, 2012; Vidales, 2010).

Higher DV perpetration prevalence among females has been found in previous works, even when controlling for violence perpetrated in self-defense (Gillmore et al., 2011). In an ethnically diverse sample of adolescents (25.3% Latino/as; 60% girls), Malik et al., 1997 found that girls had significantly higher odds of perpetrating DV than boys although 70% of all DV perpetrators also reported being victims. Mutual intimate partner violence (both individuals are perpetrators and victims) has also been identified within heterosexual, college-aged Latina/o couples (Prospero and Kim, 2009). Among Latinx college student (aged 18-19), Allen, Swan, and Raghavan (2009) found comparable rates of DV perpetration and victimization among both the male (N = 92) and female (N = 140); although women reported more instances of perpetrating violence against their dating partner. Allen et al.'s (2009) path models suggest that women's violence may tend to be more "minor" in nature and in reaction to male violence, whereas men tend to initiate violence and then their partners respond with violence (i.e., men hit women first and then women hit back). Further, men with more benevolently sexist attitudes perpetrated less violence against their partners than men with less benevolently sexist attitudes and women's benevolent sexism beliefs reduced their risk of victimization from their male partners. Allen et al.'s findings suggest that the risk of women's victimization may be reduced to the extent to which they accept a subordinate status relative to their male partners (i.e., adhere to

TGRs)—efforts to transcend TGRs may be unsafe and may result in male partners initiating violence followed by the women’s response with violence.

In addition, cohabitation versus marriage, more years of education, and Hispanic compared to White ethnicity have been found to be associated with a lower level of couple’s agreement on male-to-female partner violence (MFPV) (Caetano et al., 2002) but the DV literature suggests no demographic variables affects levels of agreement for female-to-male partner violence (FMPV); hence, both types of violence may be entirely distinct phenomena, especially when considering that FMPV appears to occur more as a defense to MFPV so women—the true victims—would be more inclined to report the violence. Among our sample, one demographic variables (i.e., household family income) was associated with DV victimization and perpetration such that emerging adults from higher income households tended to report having experienced or perpetrated DV more than individuals from lower income households. While benevolent sexism, hostility towards women, nor whether men’s victimization experiences directly follow male perpetration were not measured or examined in this study, ambivalent sexism theory (Allen et al., 2009) suggests that Latino emerging adults with higher TGR beliefs in this study’s sample are more likely to experience DV victimization as a reaction with violence from their partners after male-initiated violence as a punishment for acts centered around challenging TGRs by the female partner. Alternatively, Latinas in the sample may be reporting higher perpetration when they are also victimized but fail to recognize such acts as DV by normalizing the behavior or self-blaming or underreport victimization instances due to partner dependence, social desirability, or shame (Knapp & Kirk, 2003; Rosenbaum and Langhinrichsen-Rohling, 2006).

Dating Violence and Condom Use Outcomes

It was hypothesized that DV victimization and perpetration would predict condom use outcomes. In our sample of Latina/os emerging adults, experiencing DV victimization was predictive of LESS positive attitudes towards condom use and higher efficacy to use condoms but not condom use negotiation efficacy. Similarly, perpetrating DV was predictive of LESS positive attitudes towards condoms but not condom use, and condom use negotiation efficacies. This study is the first to examine DV experiences and condom use behaviors among a strictly Latina/o emerging adult, undergraduate sample, which may explain the opposite findings regarding attitudes towards condoms and DV experiences in comparison to Latina/o adolescents and adults. While Exner et al., (2015) found no association between sexual risk behaviors including condom use and DV experiences among emerging adults with a history of DV as adolescents, my findings may relate to the idiosyncrasies of the study sample—perhaps it is unique. For instance, the various ecoenvironmental domains related to Latina/os DV experiences and condom use behaviors for Latina/os living in Virginia and other southern U.S. states might be different and have different patterns of influence than those of Latina/os in other geographic locations, especially locations with a long-established Latina/o population (i.e., Los Angeles, Miami, Chicago).

Moreover, Exner et al.'s sample was predominantly white, non-Hispanic and, while geographically diverse, followed a generation of individuals who were adolescents in the mid-1990s and emerging adults in 2002. While the longitudinal design of Exner et al.'s study is an incredible strength, the emerging adult's surveyed in the current study were adolescents in the mid-2000s and emerging adults in 2011-2012—a generation with distinct lived experiences in regard to U.S. sociopolitical history (e.g., no direct memory of early 1980s AIDs epidemic). The

significant role relationship power has shown to have on Latina/o DV experiences and sexual risk behaviors (e.g., imbalance of power related to DV perpetration and inconsistent condom use), which can be further exacerbated by the presence of TGRs, and the egalitarian power-oriented cultural shift among college-educated adults who were adolescents in the early 2000s (Frost & Driscoll, 2006) may also account for the different findings.

The Influence of Cultural Values

It was hypothesized that Latina/o emerging adults with lower levels of acculturation and familismo, and higher adherence to TGR beliefs would be more likely to report DV experiences. Whereas the hypothesized relationship was significant for TGRs such that Latina/o emerging adults with higher adherence to TGRs were found to be more likely to experience DV victimization than Latina/o emerging adults with lower beliefs in TGRs, a relationship was not present among familismo and acculturation. This finding is not surprising given its' saliency among the male emerging adults in the sample (i.e., males that highly adhere to TGRs are more likely to experience and perpetrate DV than their female counterparts) and proposes that women's endorsement of benevolent sexism or TGR beliefs may serve to reinforce gender inequality while "offering a highly contingent (and ultimately hollow) promise of protection that is enacted only when women behave in line with sexist expectations" and challenges to such norms may result in DV victimization for both Latina and Latino emerging adults (Allen et al., 2009; Glick et al., 2002, p. 296). Similar results among Latino adolescents have been reported such that higher adherence to TGRs leads to increased odds of DV victimization (Gillman et al., 2011) and Latino boys themselves identify Latina girls as potential or past perpetrators of physical DV as a response to violence initiated by boys or in attempts to gain control and increase relationship power within a perceived imbalanced relationship (Haglund, 2004).

In terms of condom use outcomes, it was hypothesized that higher levels of cultural factors would predict lower levels of favorable attitudes towards condoms and condom use and negotiation efficacies. The hypothesized relationship was significant but in the opposite direction. Bivariate analyses demonstrated that higher adherence to familismo values was predictive of higher condom use and condom use negotiation efficacies, a higher level of acculturation was predictive of higher condom use efficacy, and higher adherence to TGRs predicted more favorable attitudes toward condoms. Regression analyses also demonstrated that Latinas with a lower adherence to TGRs and higher level of acculturation possessed higher levels of condom use efficacy and those with a higher adherence to familismo values possessed a higher level of condom use and negotiation efficacy

While previous studies have linked higher condom use and negotiation efficacies as level of familismo increases and more positive attitudes towards condoms among those with higher adherence to TGRs may be explained by higher family support that usually accompanies strong familismo beliefs (Curry et al., 2018; Muñoz-Laboy, 2008). Latina/o emerging adults may feel positively toward condoms and yet refuse to use them consistently or at all for a multitude of reasons (Jaccard, 2016).

Familismo values were found to have a moderating effect on the relation between experiencing DV victimization and condom use efficacy. Results suggest that familismo beliefs act as an exacerbator, thus experiencing DV increases condom use efficacy more among Latina/o emerging adults with higher adherence to familismo beliefs than their less family-oriented counterparts. The literature regarding familismo values is mixed; strong beliefs in familismo have been recognized as protective among some sexual risk behaviors (i.e., early age of sexual debut in adolescents) and populations (i.e. Latino families display higher levels of parental

monitoring) but detrimental to certain health outcomes such as DV among specific populations (i.e., Latina mothers looking to maintain financial security to raise their children or immigrant adolescents) (Firestone, Harris, & Vega, 2003; Richards, Branch, & Ray, 2014). The Latina/o emerging adults in this study's sample were not parents; thus, the negative aspects associated with strong familismo beliefs may not be applicable to this population. Further, studies have shown that increased social support—a domain present in familismo—among undergraduate students is related to positive condom use behaviors including condom use efficacy (Curry et al., 2018).

Moderation Analyses: Are the Relationships Stronger for Males than Females?

There were several significant direct effects between biological sex and condom use and negotiation efficacies as well as DV victimization and perpetration and attitudes toward condoms. Although, no significant moderation effects by biological sex on the relationship between DV victimization and attitudes toward condoms and condom use and negotiation efficacies nor the relationship between DV perpetration and attitudes towards condoms and DV perpetration and condom use efficacy were identified. An unexpected moderating effect of biological sex on DV perpetration and condom use negotiation efficacy was identified.

The moderating effect of biological sex on the relation between DV perpetration and condom use negotiation efficacy reveals that perpetrating DV decreases Latino's condom use negotiation efficacy while condom use negotiation efficacy increases among Latinas who perpetrate DV. In a systemic review of the DV literature among adolescents and adults, Bergman and Stockman (2015) found that DV resulted in: 1) reduced condom or oral contraceptive use; 2) reduced condom or oral contraceptive negotiation (i.e., intimate partner violence due to condom/oral contraceptive request or perceived violence/fear of partner violence); 3) decreased

ability to use condoms/oral contraceptive due to sexual relationship power imbalances and; 4) reproductive coercion. The DV literature included in this review and overall highlights the distinct influence relationship power can have among males versus females, especially among communities of color and Latina/os in particular because of existing dynamics within Latina/o culture that may reinforce different sexual and romantic roles for males versus females. An imbalance of relationship power has been linked to more sexual coercion by Latinos and increase risk of DV victimization and of not using condom or negotiating for their use for fear of violence or previous physical violence resulting from a request to use condoms by Latinas (Dávila & Brackley, 1999; Miller, Grabell, Thomas, Bermann, & Graham-Bermann, 2011). Foreign-born Latinas have been found to be two times more likely to experience physical DV victimization as a result of sexual coercion and differential relationship power (Cavanaugh et al., 2013). While thorough, Bergman and Stockman's (2015) review is limited by their decision to explore the pathway of intermediate variables between intimate partner violence—including DV—and condom/oral contraceptive use at two pre-selected levels: 1) the female victim's perspective on barriers to contraceptive use, while experiencing DV; and 2) the male perpetrator's perspective regarding contraceptive use. Therefore, potential variables present within my study's levels (i.e., the female perpetrator and higher condom use negotiation and the male perpetrator and lower condom use negotiation) were not explored.

Williams, Ghandour, and Kub (2008) reviewed studies examining the behavior of female perpetrators of DV (adolescence through adulthood) in heterosexual intimate relationships and found that among college women emotional violence perpetration was most common followed by sexual perpetration (i.e., measured and defined as a wide array of acts that fall within the category of sexual aggression). As usual, the samples within the studies reviewed were

overwhelming of white racial background and none assessed physical violence perpetration. As noted in previous research with emerging adult-aged Latinas, young women who have lower sexual relationship power are more likely to have been treated for an STI (Buelna, Ulloa, & Ulibarri, 2009; Pulerwitz et al., 2002). The theory of gender and power (Connel, 1987; Wingood & DiClemente, 2000) asserts that gender-based power inequities in relationships may decrease some women's ability to negotiate safer sex practices, my study's finding of Latina's increasing condom use negotiation efficacy among Latina's that perpetrate DV sheds insight into the possibility of Latinas utilizing physical violence as a method of achieving a balance of power and sexual control in a romantic relationship to protect themselves against STIs. College campuses are rapidly creating collective spaces for traditionally marginalized communities to discuss how students make sense of oppressive systems (e.g., racism, misogyny, microaggressions) and may provide Latinas with an environment to self-reflect about critical conscious and empowerment tactics within the feminism movement (Hooks, 1990; Solorzano, Ceja, & Yosso, 2000; Solorzano & Villalpando, 1998). Although, whether empowerment or relationship power balance can manifest as DV perpetration remains to be investigated.

Limitations and Future Direction

Several limitations should be mentioned. First, this study used cross-sectional data which limits the collected data to one time point in the Latina/os emerging adult's life. Data from multiple time points across the Latina/os emerging adult period (i.e. beginning, middle, end of emerging adulthood) would allow for analyses to explore relationship and gender dynamic changes over time, particularly in college students who navigate distinct social, academic, and professional stressors as an incoming freshman in comparison to graduating senior. Future studies possessing a longitudinal methodological approach can examine whether DV behaviors

and beliefs in gender power dynamics change over time (i.e., adolescence through adulthood). Second, due to the secondary analysis nature of this study, the participants in this study were not able to be surveyed about their relationship power or perceived sense of control within their romantic relationships in order to assess its' possible influence on DV behaviors and condom use outcomes. Previous studies (Gortmaker, & DeJong, 2000; Teitelman et al., 2016) have demonstrated that adolescent girls with higher levels of relationship power, a high sense of sexual control was inversely related to verbal and emotional abuse from their romantic partner. Thus, surveying Latina/os emerging adults perceived sexual power in their relationships may further explore biological sex's moderating effect on DV perpetration and condom use negotiation efficacy.

Third, the findings presented in this study may not be generalizable or replicated among Latina/o emerging adult populations in other geographical locations. Because Virginia and other southern U.S. states can be considered new Latinx destination communities (Corona et al., 2017) residents of these regions may possess individual and community-level factors that function differently or are no longer existent in Latina/os in established Latinx communities. Third, the questions regarding TGRs possessed low reliability ($\alpha = .47$) among this study's sample of Latina participants and as a result may not truly be measuring accurate conceptualization of TGRs for Latina emerging adults. A measure of sexism such as the ambivalent sexism inventory (ASI) which assesses individual levels of hostile and benevolent sexism (Glick & Fiske, 1996) may be a more valid measure of the construct of TGR beliefs among Latina emerging adults. Lastly, the current study's sample is a diverse group of Latinx individuals (i.e., generation, nativity status) and a college sample therefore the findings may not be generalizable to distinct Latinx sub-groups and non-college students.

Conclusion

Despite the limitations and lack of significant results in some of the expected relationships, examining Latina/o emerging adult's attitudes towards condoms and factors related to their self-efficacy in using and negotiating condoms continues to be important, especially in southern states where rates of STIs and HIV continue to rise among the Latina/o population. Results from this study have provided additional information about the nuances in DV perpetration and victimization behaviors among emerging adults and highlighted the importance of addressing relationship power dynamics in heterosexual relationships among Latina/os. Future DV and STI interventions with young men may seek to educate men on critically-conscious and intersectional feminism or empower men with strategies to maintain equal relationship balance in their heterosexual relationships to decrease their likelihood of DV victimization and STI or HIV risk due to inconsistent/non-condom use. Among young women, future STI interventions can incorporate strategies to regain sexual control or foster open communication regarding sexual-decision making to decrease their likelihood of resorting to physical violence as a means of maintaining condom use practices. Less control and an imbalance of power in a sexual relationship may increase a woman's feelings of powerlessness and fear, thus pushing her acts of DV (perpetration) as an effective method of regaining control, increasing her ability to negotiate safer sex and decreasing her likelihood of experiencing sexual DV victimization and exposure to STIs.

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Vita

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