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RELATIONSHIP BETWEEN PSYCHOSOCIAL AND INTERPERSONAL FACTORS
AND IMPLICIT SEX-SUBMISSION ASSOCIATIONS IN
HISPANIC/LATINA AND WHITE WOMEN

BY

MYRIEL RODRÍGUEZ BOISSÉN

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

2010

Abstract

The purpose of this study was to investigate implicit sex-submission associations for Hispanic/Latina and White women. Furthermore, this study examined how childhood sexual abuse, anticipated negative partner reaction- refusal, psychosexual functioning, sexual assertiveness- refusal and communication, and hyperfemininity are associated with women's implicit sex-submission associations. These interpersonal and psychosocial factors were analyzed for Hispanic/Latina and White women to help us determine if these associations are found for two different groups of women.

Previous research has demonstrated that individuals associate sex with power and aggression at an unconscious level (Bargh et al., 1995; Mussweiler & Forster, 2000; Zurbriggen, 2000). For men, implicit associations of sex with power and of women with sex predict aggression towards women, whereas for women, sex-aggression associations predict higher perceptions of male aggressiveness (Bargh et al., 1995). Exposure to cultural stereotypes and expectations often affects individuals' processing of information, interpretations of others' behavior, and their own behavior without their conscious awareness of this influence (Bargh & Chartrand, 1999).

In terms of sexuality, some studies using a subliminal priming methodology have demonstrated that many women implicitly associate sex with submission (Kiefer et al., 2006; Sanchez et al., 2006). Furthermore, it was found that women's nonconscious tendency to associate sex with submission predicted self-reported engagement in submissive sexual behavior. Thus, Sanchez and colleagues (2006) concluded that women's implicit sex-submission associations seem to reflect a link between the sexual context and their personal submission.

Eighty-two female undergraduate and graduate students from the University of Rhode Island participated in the 30-minute experimental session (44 White and 38 Hispanic/Latina women). Participants were recruited from multiple sources including the undergraduate psychology subject pool for which they participated in exchange for credit toward fulfillment of a course requirement. Other recruitment sources included contacting and advertising in several on campus associations and centers including the Graduate Student Association (GSA), the Women's Center, and the Multicultural Center.

Results indicated that both Hispanic/Latina and White women associate sex with submission at an implicit level. Results of this study show that Hispanic/Latina women respond in the same manner as White women: both groups of women had faster reaction times to sex primed submission words than to neutral primed submission words or to sex primed dominance words. Thus, sex primes facilitated responses to submissive target words suggesting that women associate sex with submission at an automatic level. This finding supports previous research that has found that women implicitly associate sex with submission and not with dominance (Kiefer et al., 2006; Sanchez et al., 2006).

Results also showed that women's implicit sex-submission links were associated with lower psychosexual functioning and higher hyperfemininity. In other words, women who associated sex with submission had lower positive attitudes towards their sexuality and adhered to more traditional gender roles. This was found for both Hispanic/Latina and White women when looking at both samples separately. Thus, women who implicitly associate sex with submission will tend to adhere to more traditional gender norms which in turn can create negative feelings towards their own sexuality.

However, for Hispanic/Latina and White women, different sex-power associations were associated with sexual assertiveness in refusing unwanted sexual activity. For White women, sex-dominance associations were associated with higher levels of sexual assertiveness-refusal indicating that to the extent that a sex prime facilitated response to dominance words, women were more assertive in refusing unwanted sex. For Hispanic/Latina women, these unconscious associations between sex and dominance did not affect assertiveness. Instead, for Hispanic/Latina women, sex-submission associations were found to be associated with less sexually assertive behaviors in refusing unwanted sex. Thus, different factors may be impacting their ability to be sexually assertive in refusing unwanted sex.

These results indicate that women associate their sexual role with submission at an automatic level. Furthermore, these sex-submission links are associated with adhering to more traditional gender roles and can affect women's attitudes towards their sexuality as well as their sexual assertiveness in refusing unwanted sex. However, different sex-power associations may be impacting Hispanic/Latina and White women's ability to assertively refuse unwanted sex. Therefore, it is important for interventions designed to address women's sexual health issues to be culturally tailored, taking into account such factors.

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Introduction

Statement of the Problem

Adherence to traditional gender norms may be costly for women, particularly gender norms that promote submissiveness. Research suggests that women exhibit or enact more submissive sexual behaviors than men. In a study by Martin (1996) many adolescent girls reported assuming a submissive role during their first sexual experiences. Furthermore, research has found that many adult women consent to unwanted sexual activities (Impett & Peplau, 2003; O'Sullivan & Allgeier, 1998). Therefore, gender norms that prescribe sexual submissiveness may be particularly detrimental for women. For example, lack of sexual assertiveness has been associated with forced sexual contact, depressive symptoms, inconsistent contraception (Rickert et al., 2002), unprotected sex, and choosing partners with high risk factors for STDs and AIDS (Whitmire et al., 1999). Recent research has also found that approximately 20% of women believe that they do not have the right to make certain sexual decisions; including telling their partners they are being too rough, stopping foreplay, and refusing unsafe sex (Rickert et al., 2002). Therefore, sexual passivity or submissiveness may lead women to hesitate to express sexual desire and/or initiate sexual activities, refuse unwanted sex, and to insist on condom use (Morokoff et al., 1997).

Recent research has shown that heterosexual intimacy is associated with specific gender roles where women are expected to be submissive sexual partners, whereas men are expected to take a more dominant sexual role. Feminist theorists have argued that sexually submissive roles can hinder women's ability to develop healthy, satisfying sexual relationships (Tevlin & Leiblum, 1983). Tevlin & Leiblum (1983) contend that women who follow submissive sexual scripts fear being perceived as too sexually

assertive, have difficulty expressing their own sexual desires, and tend to focus more on their partner's sexual needs than their own, which can greatly impact women's sexual functioning. Recent studies have supported this theory by demonstrating that women implicitly associate sex with submission and that these associations predict reduced sexual autonomy, subjective arousability, and ability to reach orgasm among women (Kiefer et al., 2006; Sanchez et al., 2006). Therefore, women who associate sex with submission show decrements in sexual functioning compared to women who do not make this association.

These studies also suggest that the sex-submission link is particular to women, and thus, appears to be gender-specific. In fact, men did not associate sex with submission or with dominance. This finding appears to be consistent with previous research where a sex-power association was only found among men who reported engaging in sexually coercive and aggressive behaviors (Bargh et al., 1995). These studies also suggests that exposure to gender-based sexual roles may affect women's sexual behaviors without their conscious awareness, suggesting that some women may exhibit sexually submissive behavior without intending to do so (Kiefer et al., 2006). Women's implicit sex-submission association attests to the power of socialization and may have costly consequences for women's sexual health. Thus, efforts to improve women's sexual health may be more effective if interpersonal and psychosocial factors associated with sex-submission associations are examined. Therefore, the aim of this study was to investigate the relationship between interpersonal and psychosocial factors and women's implicit associations of sex with submission. In particular, this study examined the association between childhood sexual abuse experiences; anticipated

negative partner reaction to refusing unwanted sex; sexual assertiveness in refusing unwanted sex and communicating sexual preferences; psychosexual functioning; and adherence to traditional gender-roles with women's sex-submission link. Furthermore, previous studies have mainly focused on Caucasian women, thus, this study examined these associations in a group of Hispanic/Latina women. This is especially important because research has found that Hispanics/Latinas were more likely than White women to believe they do not have many sexual rights, which include asserting that they won't have sex without birth control, their partner is being too rough, and to stop foreplay at any time (Rickert, Sanghvi, & Wiemann, 2002).

Ethnic labels: Hispanic vs. Latina

The term "Hispanic" derives from Hispania, the name the Romans gave the Iberian Peninsula which include Spain and Portugal. In 1980, the United States began using this term as an ethnic indicator in the U.S. Census to refer to a person whose origin is "Mexican, Mexican-American, Chicano, Puerto Rican, Dominican, Ecuadorian, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran; from other Spanish-speaking countries of the Caribbean or Central or South America; or from Spain" (U.S. Bureau of the Census, 1990). Much controversy and criticism has stemmed from the term "Hispanic" in referring to this diverse population due to its main allusions to Spanish ancestry including the language. Therefore, some people contend that this term ignores the mixture of African and indigenous ancestry in these diverse populations. However, the term "Latino/a" more clearly refers to the people (and their experiences) from Latin America, including Brazil but not Spain. The "Latino/a" is sometimes defended as a substitute for "Hispanic" because it embraces "all Latin American nationalities, including

those which neither have ties to Spain nor are necessarily Spanish-dominant groups” (Oboler, 1995). Much debate surrounds this issue particularly because choosing one term over the other may imply taking a political and social stand, and therefore, the way one chooses to self-identify may be making a statement about one’s political or social beliefs and values (Granados, 2000). Due to such controversy, a national poll was undertaken by asking 1,200 Hispanic/Latino registered voters which term they preferred, Hispanic or Latino. The poll revealed that an overwhelming 65% of registered voters preferred to self-identify as Hispanic than Latino (Granados, 2000). It appears that even though the Hispanic term may allude to a connection to Spain and to the Spanish language, Hispanics/Latinos may still feel an affinity to this term for the very same reason that it is connected to Spain and its language, or for other reasons. Thus, in order to be inclusive and respect all people’s preference of self-identifying label, it was decided to use both the Hispanic and Latina label to describe the population in this particular study.

Justification of the Problem

Traditional gender roles foster different expectations for men and women as well as grant differential power. Furthermore, gender stereotypes prescribe distinct behavioral norms for men and women in different areas including professional, academic, and interpersonal contexts (Sanchez et al., 2006). For instance, women are expected to be responsive and to cater to others’ desires, while men are expected to be assertive and independent (Diekmann & Eagly, 2000; Rudman & Glick, 2001). Therefore, women’s and men’s traditional social roles differ in terms of power and control. Rudman and Kilianski (2000) found that individuals who do not ascribe to these norms often meet with interpersonal and professional retaliation, which they termed the backlash effect.

Furthermore, backlash may be especially pronounced against women who engage in nontraditional, high-power roles (Diekmann et al., 2004). Thus, this backlash effect maintains power inequalities between men and women by encouraging women's passive social role and men's dominant social role.

Early research on these gender stereotypes has shown that men are rated as more aggressive than women and as more extreme on related qualities such as assertiveness and competitiveness, and that these characteristics are more desirable in men than in women (Broverman et al., 1972; Ruble, 1983). It has also been argued that male gender roles include norms that encourage many forms of aggression and dominance, and that men are expected to be tough and aggressive (Eagly & Steffen, 1986). In contrast, traditional female gender role places little emphasis on aggression or dominance, and promote more communal qualities (Eagly & Crowley, 1986). The internalization of these gender norms may promote men to exhibit dominant behaviors and for women to behave in more submissive ways. Several findings from a study by Buss and Craik (1980) supported the idea that men and women behave differently in terms of dominance and submission. For example, they found that compared to women, men tend to act in more dominant ways; that both men and women tend to rate dominant acts as more prototypic of men and submissive acts as more prototypic of women; and that dominant acts were related to the male gender role whereas submissive acts were related to the female gender role. Therefore, these findings suggest that dominance is more male-typed while submissiveness is more female-typed.

In a more recent study investigating whether dominant and submissive acts could be considered gender-related behaviors, it was shown that dominant acts were perceived

to be more stereotypic of men while submissive acts were perceived to be more stereotypic of women (McCreary & Rhodes, 2001). Thus, they conclude that dominant and submissive acts are gender-related behaviors. In another study by Wood and colleagues (1997) men for whom sex role norms were personally relevant were more likely to establish social interactions that involved dominance, power, and self-assertion.

In terms of sexuality, research suggests that women enact more submissive sexual behaviors than men. In a study by Martin (1996) many adolescent girls reported assuming a submissive role during their first sexual experiences. Furthermore, research has found that many adult women consent to unwanted sexual activities (Impett & Peplau, 2003; O'Sullivan & Allgeier, 1998). However, it is important to note that although traditional gender roles foster these stereotypic norms, less traditional forms of gender roles have also emerged that challenge these views. For example, for the past decades feminists have encouraged and advocated assertiveness in women, whereas less traditional forms of the male gender role may de-emphasize aggressiveness and dominance and support communal qualities such as sensitivity to other people and emotional expressiveness (Eagly & Steffen, 1986). Thus, it is important to recognize that not all women and all men adhere to traditional gender roles and act in mostly dominant or submissive ways. However, recent studies attest to the fact that traditional gender roles that promote dominance in men and submission in women are still quite pervasive in our society.

Traditional gender-roles promote sexual passivity in women and sexual control and dominance in men. It is seen as women's responsibility to always be sexually available to men and to never refuse sex from their sex partner due to the belief that men have uncontrollable sex drives (Morokoff, 2000). These expectations exist in many, if not

in most, cultures. Research has found that women who internalize these values and believe their sex partner endorse them as well, are more reluctant to express sexual desire or initiate sexual intercourse (Muehlenhard & McCoy, 1991). However, some cultures tend to promote more traditional values and beliefs than others, such as the Hispanic/Latino culture.

Cross-cultural research has indicated that sex role attitudes differ between individuals in Latin American countries and those in the United States. It has been found that gender roles in Hispanic/Latino cultures are more clearly defined and differ by sex. Males are seen as the authority and the head of the household; therefore, they strive to maintain respect and are responsible for the economic stability of the home. They are seen as the protectors of the family and the home as well (Phinney & Flores, 2002). Hispanic/Latina women, on the other hand, are encouraged to adhere to a submissive role and expected to assume responsibility for housework and child care. This type of sex role differentiation is commonly found in hierarchical cultures that emphasize family interdependence over individualism (Phinney & Flores, 2002).

In Hispanic/Latino cultures men and women are encouraged to act according several important cultural values. According to traditional values, in marriage, women must remain submissive and be complacent with their partners. This cultural phenomenon has been referred to as *marianismo*, complimentary to *machismo* (Reid & Bing, 2000). *Marianismo* encourages the idea that women's main role in life is as mothers and they are expected to act accordingly by always putting their husband and children above everything else, even themselves (Reid & Bing, 2000). *Machismo* is another present cultural phenomenon in the Hispanic/Latino culture that encourages men to serve a role

of household provider and protector. This may be associated with dominant attitudes among men and passive attitudes among women. Raffaelli and Suarez (1998) explain that this cultural value promotes the expectation that men should be strong, sexually experienced, independent, and unemotional, while women should be submissive, dependent, and emotional. Men who abide by these gender roles, might believe that they have to be the ones in control of any sexual activity and will view this as an integral part of their self-concept as masculine men (Gómez & Marín, 1996). At the same time, internalization of these types of values may lead women to nonconsciously associate sexuality with submission, in fact research has found that compared to White women, Hispanic/Latina women believe that they do not have sexual rights or control over any type of sexual decision-making, including communicating sexual desires, initiating sexual contact, refusing unwanted sex, and insisting on safe sex which may result from implicit sex-submission associations.

Furthermore, research has shown that Hispanic/Latina women have less HIV knowledge, less sexual power in relationships, less self-efficacy to use condoms, and less sexual comfort than White women (Gómez & Marín, 1996). It has also been found that adolescent Hispanic/Latina girls are more likely than White girls to believe that they do not have sexual rights (Rickvert et al., 2002). Therefore, it is imperative to investigate implicit sex-submission associations and the interpersonal and psychosocial factors that may be associated with these nonconscious associations which in turn impact this population's ability to assert themselves in sexual situations.

Implicit sex-submission associations has been somewhat studied in women (Kiefer et al., 2006; Sanchez et al., 2006), where it has been found that women associate

sex with submission at a nonconscious level. These automatic associations have also been found to impact women's sexual functioning including sexual arousal and ability to orgasm. However, research in this area have mainly looked at White women and have not included ethnically diverse populations. Furthermore, other interpersonal and psychosocial variables that may be associated with sex-submission associations have not been studied, which gives reason for the need to expand research in this area.

Literature Review

Implicit Sex-Submission Associations

Previous research has demonstrated that individuals associate sex with power and aggression at an unconscious level (Bargh et al., 1995; Mussweiler & Forster, 2000; Zurbriggen, 2000). For men, implicit associations of sex with power and of women with sex predict aggression towards women, whereas for women, sex-aggression associations predict higher perceptions of male aggressiveness (Bargh et al., 1995). Exposure to cultural stereotypes and expectations often affects individuals' processing of information, interpretations of others' behavior, and their own behavior without their conscious awareness of this influence (Bargh & Chartrand, 1999). For example, Nosek and colleagues (2005) have found that many people who deny prejudice towards African-Americans on self-report measures demonstrate negative nonconscious attitudes toward African-Americans. They found that even the same members of the negatively stereotyped group may often possess these same stereotypes at an automatic level.

In terms of sexuality, some studies using a subliminal priming methodology have demonstrated that many women implicitly associate sex with submission (Kiefer et al., 2006; Sanchez et al., 2006). Furthermore, it was found that women's nonconscious

tendency to associate sex with submission predicted self-reported engagement in submissive sexual behavior. Thus, Sanchez and colleagues (2006) concluded that women's implicit sex-submission associations seem to reflect a link between the sexual context and their personal submission.

In the previous studies the investigators assumed that women's implicit associations of sex with submission were due to ascribing to traditional gender norms. Although they discuss this extensively in their articles, they did not directly measure this relationship. Furthermore, other factors may lead women to associate sex with submission such as experience of childhood sexual abuse. Additionally, these studies did not examine the role of women's partners in their implicit associations and their sexual functioning. Keifer et al. (2006) maintain that women's sexual partners are likely to play a role in women's sexual behavior where sexual partners "who communicate openly and encourage women's sexual agency may reduce the negative impact of sexual scripts on women's sexual behavior and function" (p 92). Therefore, in the present research, we sought to extend previous findings by examining whether a relationship exists between several psychosocial and interpersonal factors and implicit sex-submission associations in women.

Multifaceted Model of HIV Risk (MMOHR)

The MMOHR provides the opportunity to take into consideration the different mechanisms that influence women's sexual behavior (Whitmire et al., 1999). The inclusion and consideration of a woman's relational context is a key underlying assumption of this particular model. Women's sexual health and decision making process is greatly influenced by her relational context in which they have to consider a variety of

factors such as gender roles, their current relationship, and self-prevention from sexual and/or physical abuse. The partner in the relationship also has to have an active role in negotiating sex. Therefore, a woman's relational context cannot be separated from her sexual attitudes and behavior (Whitmire et al., 1999). The MMOHR is composed of three different predictor constructs: behavioral, psychosocial, and interpersonal. Two constructs in particular, interpersonal and psychosocial, and their relationship with women's sex-submission associations were examined. The interpersonal factors that were included in this study were: childhood sexual abuse experience and anticipated negative partner reaction to refusing unwanted sex and/or refusing sex without a condom. The psychosocial factors consist of psychosexual functioning, sexual assertiveness in refusing unwanted sex and communicating sexual preferences, and adherence to traditional gender roles.

Interpersonal Factors

Childhood Sexual Abuse (CSA)

The impact of childhood sexual abuse on adult interpersonal functioning has been somewhat studied. Finkelhor & Browne (1982) suggested that several dynamics are observed in various patterns for survivors of childhood sexual abuse. One such dynamic is powerlessness, which refers to "the process in which the child's will, desires, and sense of efficacy are continually contravened" (Finkelhor & Browne, 1982, p. 532). They maintain that this dynamic evolves from the perpetrator's continual invasion of the child which the child has no control over. This feeling of powerlessness then may impact survivors' assertiveness in later relationships in which they may feel that they have no control over their bodies or what happens to them. Other researchers have suggested that

survivors may engage in fleeting or promiscuous relationships because they feel obliged to do so, not because of their sexual desires (Davis & Petretic-Jackson, 2000).

Furthermore, Maltz & Holman (1988) report that this sense of obligation can be expressed in other ways as well. For example, they found that some survivors come to believe that their role in sexual activity is a submissive one; they are to please the partner, regardless of their own desires. They also suggested that because the survivor's childhood sexual experiences were coercive, these women never learned how to set interpersonal boundaries or to be assertive. Other investigators have suggested that this nonassertive role may also have been modeled by survivors' mothers, who may have been passive and submissive in response to domineering, controlling men (Jehu et al., 1985).

These dynamics and the feelings of powerlessness demonstrate that childhood sexual abuse can have a powerful impact on adult interpersonal functioning including sexuality. Due to the association found between childhood sexual abuse and submissiveness, a relationship between childhood sexual abuse experience and implicit sex-submission associations would be expected which would imply that the sense of powerlessness that women experience from the abuse would lead them to automatically associate sex with submission. Thus, this study proposed that childhood sexual abuse experience would be associated with implicit sex-submission associations. Childhood sexual abuse was defined as experiencing an encounter where the woman was in a sexual situation with someone older than them before the age of 14.

Anticipated Negative Partner Reaction (ANPR- Refusal)

Expected partner response to refusal of unwanted sex and/or refusal of sex without a condom has been studied in relation to sexual assertiveness, where women who anticipate a negative partner reaction to assertive behavior will be less sexually assertive (Morokoff et al., 1997). Research has also found an association between a woman's assertive behavior and a partner's support and approval of that assertive behavior (Rakos, 1991). Additionally, Keifer et al. (2006) maintain that women's sexual partners are likely to play a role in women's sexual behavior where sexual partners "who communicate openly and encourage women's sexual agency may reduce the negative impact of sexual scripts on women's sexual behavior and function" (p 92). Therefore, assessing women's perceptions of their partner's reaction to exercising sexual agency such as refusing unwanted sex or sex without a condom should be examined. In particular, women who anticipate a negative partner reaction to refusal of unwanted sex or sex without a condom may implicitly associate sex with submission, and therefore, believe that asserting themselves may be perceived negatively. Thus, this study proposed anticipating a negative partner reaction to refusing unwanted sex or sex without a condom would be associated with implicit sex-submission associations in women. ANPR-Refusal was defined as a woman's expectation of a negative partner reaction to refusing unwanted sex.

Psychosocial Factors

Psychosexual Functioning

Positive attitudes toward sex have been found to be linked to positive sex experiences, such as higher sexual desire (Apt & Hurlbert, 1992). Women with positive

attitudes about sex may be more likely to initiate sexual activity, communicate sexual preferences, and refuse unwanted sex than women with more negative attitudes towards sexuality. Sanchez and colleagues (2006) express that pressure to conform to gender norms, especially does that dictate powerlessness, can diminish a woman's sexual autonomy and positive feelings towards their own sexuality. Research suggests that enacting a submissive sexual role undermines women's sexual autonomy which can impact a women's psychosexual functioning as well as sexual functioning (Faith & Schare, 1993; Fredickson & Roberts, 1997). Thus, this study proposed that lower psychosexual functioning will be associated with implicit sex-submission associations in women. Psychosexual functioning was defined as a woman's perception of her own attitudes towards her sexuality.

Sexual Assertiveness (SA- Refusal and Communication)

Sexual assertiveness is an important ability for women to communicate sexual preferences as well as to refuse unwanted sex. Traditional gender roles foster the expectation that men should take the initiative when it comes to sexual activity while women should assume a passive role. This expectation of sexual passivity may lead women to hesitate to express sexual desire and refuse unwanted sex (Morokoff et al., 1997). It has been found that approximately 20% of women believe that they do not have the right to make certain sexual decisions; including telling their partners they are being too rough, stopping foreplay, and refusing unsafe sex (Rickert et al., 2002). These findings are disconcerting since low sexual assertiveness has been associated with forced sexual contact, depressive symptoms, inconsistent contraception (Rickert et al., 2000), unprotected sex, and choosing partners with high risk factors for STDs and AIDS

(Whitmire et al., 1999). Furthermore, engaging in submissive sexual behavior has been associated with lower sexual autonomy and sexual arousal (Sanchez et al., 2006). Some research suggests that implicit sex-submission associations are associated with lack of assertiveness or submissive sexual behavior (Kiefer et al., 2006; Sanchez et al., 2006); however, findings in this area have been limited. Thus, this study proposed that lower sexual assertiveness in communicating sexual preferences and refusing unwanted sex would be associated with implicit sex-submission associations in women. Sexual Assertiveness was defined as assertively communicating sexual preferences to their partner and assertively refusing unwanted sexual activity.

Hyperfemininity- Adherence to Traditional Gender Roles

Social norms for women promote deference to men not only in professional and academic contexts but they extend to intimate relationships as well (Sanchez et al., 2006). For example, many media sources such as magazines and television shows depict gender-based sexual roles where men display dominance over women and encourage female sexual submissiveness. For example, Kim & Ward (2004) found that even though some magazines did depict women as sexually assertive most magazines for adolescent girls promote sexual submissiveness as a way to please male partners. Thus, women are socialized to take on a submissive or passive role during sexual activity which may lead women to implicitly associate sex with submission. Implicit associations between sex and submission may be particularly strong in women who adhere to these traditional gender norms. For example, Williams (1984) found that Mexican-American women who held conservative views of gender roles exhibited more compliant and submissive behaviors.

Previous research has speculated about the influence of adhering to traditional gender-norms and implicit sex-submission associations in women (Kiefer et al., 2006; Sanchez et al., 2006). However, these studies did not directly relate these two variables. Thus, this study proposed that adherence to traditional gender-norms would be associated with implicit sex-submission associations in women. The Hyperfemininity Scale was used to measure women's adherence to traditional female gender roles.

Major Hypotheses

1. Hispanic/Latina and White women's reaction time will be shorter when a sex word is paired with a submissive word than when a sex word is paired with a dominance word, or a neutral word is paired with a submissive word.
2. Hispanic/Latina and White women's sex-submission and sex-dominance associations will be negatively correlated.
3. Hispanic/Latina and White women's implicit associations of sex with submission will be significantly associated with Childhood Sexual Abuse.
4. Hispanic/Latina and White women's implicit associations of sex with submission will be significantly associated with higher ANPR-Refusal scores.
5. Hispanic/Latina and White women's implicit associations of sex with submission will be significantly associated with lower Psychosexual Functioning scores.
6. Hispanic/Latina and White women's implicit associations of sex with submission will be significantly associated with lower Sexual Assertiveness- Refusal and Communication scores.

7. Hispanic/Latina and White women's implicit sex-submission associations will be significantly associated with adherence to traditional gender roles.

Method

Participants

Eighty-two female undergraduate and graduate students from the University of Rhode Island participated in the 30-minute experimental session (44 White and 38 Hispanic/Latina women). The sample in this study only included women for several reasons. First, research has shown that heterosexual intimacy is associated with specific gender roles particularly submissiveness for women, which has been shown to have a greater impact on women's sexual health (Tevlin & Leiblum, 1983). Second, recent studies have demonstrated that implicit sex-submission associations, which have been associated with reduced sexual autonomy, subjective arousability, and ability to reach orgasm, are gender-specific. In fact, men were not found to associate sex with submission or with dominance (Kiefer et al., 2006; Sanchez et al., 2006). And third, although sexual dysfunction is highly prevalent in both sexes, it appears that women experience higher levels of sexual dissatisfaction and dysfunction than do men (Laumann et al., 1999). Thus, understanding factors that impact women's sexual health is of particular importance.

Participants were recruited from multiple sources including the undergraduate psychology subject pool for which they participated in exchange for credit toward fulfillment of a course requirement. This study was presented in person at the PSY 113 undergraduate pool. A study flyer was also created in order to recruit students affiliated

with other organizations and centers. The study was described in the following way: *the purpose of the following study is to examine interpersonal and psychosocial factors that may impact women's reaction time. Responses to these items will be kept private and strictly confidential. Research records will be stored securely and only the identified research staff will have access to the records. If you decide to take part in this study, you will come in person and complete a simple computer word categorization task as well as a battery of questionnaires on sexuality issues and gender roles. The study will take approximately 20-30 minutes to complete. Furthermore, students who are currently taking PSY 113 will receive course credit for their participation. Your part in this study is anonymous. That means that your answers to all questions are private. No one else can know if you participated in this study and no one else can find out what your answers were (see Appendix).*

Other recruitment sources included contacting and advertising in several on campus associations and centers including the Graduate Student Association (GSA), the Women's Center, and the Multicultural Center. As previously stated, this study was particularly interested in recruiting Hispanic/Latina women. Studying this population was of especial interest due to research suggesting that Hispanics/Latinas were more likely than White women to believe they do not have many sexual rights, which include asserting that they won't have sex without birth control, their partner is being too rough, and to stop foreplay at any time (Rickert, Sanghvi, & Wiemann, 2002). In order to include a large enough sample of Hispanic/Latina women, recruitment efforts were directed towards contacting diverse student organizations connected to the Multicultural Center. The student organizations contacted included the Latin American Student

Association (LASA), P.I.N.K. Women, Sigma Lambda Upsilon (SLU), Society of Hispanic Professional Engineers (SHPE), and the Society of Women Engineers (SWE).

Measures

Lexical Decision Task. To assess participants' sex submission associations, Sanchez et al. (2006) developed five sets of stimulus words that were used as primes and targets in a lexical decision task: neutral words, sex-related words, submission-related words, dominance-related words, and nonwords. During a pretest, they had a separate set of participants ($N=20$) rate how associated each words was with sex using a 5-point scale anchored at (0) *not at all associated with sex* and (4) *highly associated with sex*. These words were also rated on their associations with submissiveness and dominance using a bipolar scale anchored at (-4) *strongly associated with submission* and (4) *strongly associated with dominance*. Following Mussweiler and Forster (2000), sex primes were selected to be strongly associated with sex but weakly associated with submission, whereas submissive (or dominant) target words were selected to be strongly associated with submission (or dominance) but weakly associated with sex. This selection ensured that they were testing associations between distinct concepts. They selected the following six sex prime words that were strongly associated with sex ($M = 2.73$; $SD = 0.88$) but relatively unassociated with submission or dominance ($M = -0.16$; $SD = 0.34$): *sex*, *climax*, *oral*, *naked*, *caress*, and *bed*. For submissive target words, they selected the following six words that were weakly associated with sex ($M = 0.33$; $SD = 0.20$) but associated with submission ($M = -2.09$; $SD = 1.24$): *comply*, *submit*, *slave*, *yield*, *concede*, and *weaken*. For dominant target words, they selected the following words that were weakly associated with sex ($M = 0.57$; $SD = 0.42$) but associated with dominance

($M = 2.25$; $SD = 0.55$): *coerce, assert, power, fierce, strong, and challenge*. For neutral stimuli, they used the following neutral words selected by Bargh et al. (1995) and Mussweiler and Forster (2000): *oven, brick, chalk, clock, table, and house*. These words had similar frequencies of written usage to standardize across trials.

Demographics. Participants were asked a series of questions to determine ethnicity, sexual orientation, age, year in school, income, marital status, religion, age of first vaginal sex, number of sexual partners, and safe sex practice.

Childhood Sexual Abuse (CSA). Seven items adapted from Wyatt (1985) were used to assess a history of childhood sexual abuse. Items were constructed to ask about specific experiences before age 14 and ranged from exhibitionism (“Did anyone older ever show their genitals to you?”) to rape (“Did anyone older ever put his penis in your mouth, vagina, or rectum?”). Responses were rated on a 4-point Likert scale, with 1 = “no,” 2 = “once,” 3 = “a few times,” and 4 = “many times.” Participants were also asked to check, from a list, who was the abuser. Response choices ranged from a person not known at all to a close family member. Cronbach’s alpha reported was .91.

Anticipated Negative Partner Reaction-Refusal (ANPR-Refusal). A three-item scale developed to assess anticipated partner reaction to refusing unwanted sexual activity or to having sex without a condom. Possible responses for items focusing on refusal included “If I refuse to have sex with my partner without a condom or latex barrier, my partner would...” or “If I refuse to touch my partner the way my partner wants me to, my partner would...” Responses consisted of 1 (*accept my decision*), 2 (*accept my decision but be upset*), 3 (*insist that I do it anyway*), or 4 (*force me to do it anyway*). Reported Cronbach’s alpha for the scale is .75.

Psychosexual Functioning. A six-item scale developed by Harlow, Quina, Morokoff, Rose, & Grimely (1993) which measure a woman's attitude about her own sexuality. Sample items included "I feel powerless in sexual situations" and "I have little or no say about my sex life." Responses were rated on a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Always*). Reported Cronbach's alpha for the scale is .75.

Sexual Assertiveness (SA). Twelve items were adapted from the Sexual Assertiveness Scale (Morokoff et al., 1997) to assess assertiveness in two different areas, Refusal and Communication. Responses were rated on a 5-point Likert scale ranging from 1 (never) to 5 (always). Reported Cronbach's alpha for Refusal items (6 items) is .79 and Communication items (6 items) is .80. Construct validity was also reported by Morokoff et al. (1997) at $r=.58$ when correlated with general assertiveness.

Hyperfemininity. A twenty-six item scale developed to assess women's adherence to more traditional gender roles. Participants were asked to choose between two responses that are more characteristic of them. Sample items include "These days men and women should each pay for their own expenses on a date; Men should always be ready to accept the financial responsibility for a date," "I try to state my sexual needs clearly and concisely; I sometimes say "no" but really mean "yes."

Procedure

The procedure was modeled after that used by several researchers including Bargh and colleagues (1995), Kiefer et al. (2006), and Sanchez et al. (2006). Upon arrival, participants were greeted by a female experimenter who explained the purpose and nature of the study in detail and provided a copy of the consent form. After acquiring consent for participation, participants were seated at a computer terminal. First,

participants were told that they would complete a simple word categorization task. Participants then completed the lexical decision task administered via DirectRT research software.

For the lexical decision task, the participants were instructed to classify nonwords and words by pressing keys marked *nonword* and *word* on the keyboard as quickly as possible. Participants were instructed to focus on the asterisks in the middle of the screen where the word or nonword would eventually appear. After a 10-millisecond delay, a sex or neutral word prime appeared in the center of the screen (Bargh & Chartrand, 2000). Prime words appeared in random order. Subliminal parafoveal priming presentation times were 60 milliseconds, followed by a masking string of “XXXXXXX” that was presented for approximately 14 milliseconds.

Following the prime, the target word was presented in the center of the screen. It remained there until the participant pressed the nonword or word key, at which point the computer recorded the reaction time. There was a 3-second pause between each trial. During the instructions, participants received two examples of nonwords and words with instructions regarding how to respond to each type of stimulus. Participants then completed ten practice trials with a nonword or neutral word target, followed by 56 actual trials for a total of 66 trials. There were eight different types of prime-target combinations (four critical: sex-submission, neutral-submission, sex-dominance, neutral-dominance and four noncritical: sex-neutral, neutral-neutral, sex-nonword, neutral-nonword). The four critical prime-target combinations each contained six different prime-target word pairs. Noncritical prime-target combinations each contained eight different prime-target word pairs. Again, the presentation of target words with primes was random.

After the lexical decision task, participants were given a survey packet that contained the demographic and sexuality questions, childhood sexual abuse scale, sexual assertiveness scale, anticipated negative partner reaction-refusal scale, psychosexual functioning scale, and the hyperfemininity scale. They were also given a suspicion probe in which participants were asked about their awareness of the presence of primes during the lexical decision task and about what they believed to be the purpose of the study. Finally, participants were thoroughly debriefed and given course credit, if applicable.

Results

Participants reported no awareness of the prime words or the purpose of the study; thus, no participants were excluded on these bases. The average error rate was 4.56% ($SD=4.38$) for the lexical decision task. No participants had an error rate above 20%. Because of the low mean error rate on the lexical decision task, reaction times to target stimuli that participants misclassified were included in the analyses. To prevent the undue influence of outliers, response latencies less than 300 milliseconds or greater than 3,000 milliseconds were recorded as 300 and 3,000 milliseconds, respectively (see Bargh & Chartrand, 2000). Of all the reaction times (approximately 5,000) for all participants, only 12 reaction times were slower than 3,000 ms, and only 19 were faster than 300 ms. The excessively slow reaction times ($>3,000$ ms) were recoded as 3,000 ms, while the excessively fast reaction times (<300 ms) were recoded as 300 ms. Because reaction time data are often positively skewed (see Greenwald, Schwarz, & McGhee, 1998; Karpinski & Hilton, 2001), the response time data was also log-transformed. In log transforming positively skewed variables, the argument is an adjustment to the original value based on the minimum value for the variable. For example, if the minimum value for a variable is

zero, the adjustment requires that one is added to each value, e.g. $x + 1$. If the minimum value for a variable is a negative number (e.g., -6), the adjustment requires that the absolute value of the minimum value is added (e.g. 6) plus one (e.g. $x + 6 + 1$, which equals $x + 7$).

Demographics Analyses

The general demographics for the participants are shown in Table 1. For the total sample, the participants' average age was 20.17 years. For both the Hispanic/Latina and White samples, the typical participant was single/never married (95% and 93%, respectively), was a freshman in college (53% and 55%, respectively), and were affiliated with a religion (71% and 84%, respectively). All women self-identified as heterosexual.

Hispanic/Latina women reported significantly lower mother education ($\chi^2=12.61$, $p<.05$) than White women. Furthermore, Hispanic/Latina women reported significantly lower parental income ($\chi^2=43.62$, $p<.000$) than White women. Of the total sample of Hispanic/Latina women, 89% only spoke English at home, 8% spoke both English and Spanish, and only 1 woman reported only speaking Spanish at home.

The sexual demographics for both samples are presented in Table 2. To assess sexual experience, participants were asked to respond 0 (no) or 1 (yes) to the following question: "Have you had sexual intercourse?" All women provided a response with 88% reporting having sexual intercourse. The average age of first vaginal sex was approximately 16 years of age for both Hispanic/Latina and White women. The women on average reported currently being sexually active, having at least one sexual partner in the past 3 months ($M=1.08$), and sometimes practicing safe sex by using condoms.

Group Differences

A one-way between-groups multivariate analysis of variance (MANOVA) was performed to investigate differences between Hispanic/Latina and White women on the interpersonal and psychosocial variables including childhood sexual abuse; anticipated negative partner reaction-refusal; psychosexual functioning; sexual assertiveness- refusal, communication, and total; and hyperfemininity. A separate MANOVA was conducted for the sex-power association variables including sex-submission and sex-dominance association scores.

To create sex-submission (SSA) and sex-dominance (SDA) association scores, the mean logged latency for sex-primed submission and sex-primed dominance words were subtracted from the mean logged latency for neutral-primed submission and neutral-primed dominance words. Higher facilitation scores therefore indicated stronger sex-submission and sex-dominance associations.

There was no statistically significant difference between Hispanic/Latina and White women for the combined interpersonal and psychosocial dependent variables: $F(9, 80)=1.84, p=.103$; Wilk's Lambda=0.87. Furthermore, no significant differences were found between the two groups of women for the combined sex-power association scores: $F(2, 81)=.032, p=.968$; Wilk's Lambda=0.99 (see Table 3).

Implicit Sex-Power Associations

Hypothesis 1 proposed that Hispanic/Latina and White women's reaction time would be shorter when a sex word was paired with a submissive word than when a sex word was paired with a dominance word, or a neutral word was paired with a submissive word. In order to examine these implicit links between sex-submission and sex-

dominance, a 2 (prime type: sex vs. neutral) X 2 (target type: dominance vs. submissive) repeated measures ANOVA was conducted. Descriptive statistics for reaction time in milliseconds for prime-target associations are presented in Table 5.

For the total sample, the ANOVA revealed a significant interaction effect of prime by target, $F(1, 81) = 50.44, p=.000$ (see Table 6). To interpret the interaction, comparison of response latencies of sex-primed submissive words to response latencies of the neutral-primed submissive words (e.g., oral-submit vs. building-submit) were conducted in a one way repeated measures ANOVA (see Table 7). As predicted, women's responses to sex-primed submissive words ($M=562.67$ milliseconds, $SD=227.21$) were significantly faster than their responses to neutral-primed submissive words ($M=590.91$ milliseconds, $SD=227.59$), $F(1, 81) = 13.02, p=.001$ (see Figure 1). Furthermore, a main effect for target was found where response to a submissive target word ($M=576.74$ milliseconds; $SD=227.40$) was faster than to a dominance target word ($M=610.46$ milliseconds; $SD=186.42$), $F(1, 81) = 22.10, p=.000$. No main effect was found for prime, $F(1, 81) = 1.21, p=.275$.

A separate one-way ANOVA compared response latencies of sex-primed submissive words to those for sex-primed dominance words. Women's responses to the sex-primed submissive words ($M=562.67$ milliseconds, $SD=227.21$) were significantly faster than their responses to sex-primed dominance words ($M=633.80$ milliseconds, $SD=194.38$), $F(1, 81)=54.35, p=.000$ (see Table 8). In other words, sex primes facilitated responses to submissive target words.

An additional one-way ANOVA was conducted to compare response latencies of sex-primed dominance words to those of neutral-primed dominance words. In this case,

women's responses to the sex-primed dominance words were significantly slower than their responses to neutral-primed dominance words ($M=587.12$ milliseconds, $SD=178.45$), $F(1, 81) = 34.63$, $p=.000$ (see Table 9). In other words, sex primes inhibited responses to dominant target words.

Implicit Sex-Power Associations and Ethnicity

To examine implicit links between sex-submission and sex-dominance separately for Hispanic/Latina and White women, a 2 (prime type: sex vs. neutral) X 2 (target type: dominance vs. submissive) repeated measures ANOVA was conducted with each sample (see Table 10). For Hispanic/Latina women, a significant interaction of prime by target was found, $F(1, 37) = 19.74$, $p=.000$ (see Figure 2). A significant interaction effect was also found for White women, $F(1, 43) = 23.00$, $p=.000$ (see Figure 3). To interpret the interaction, comparison of response latencies of sex-primed submissive words to those of neutral-primed submissive words (e.g., oral-submit vs. building-submit) in a repeated measures ANOVA was conducted for both samples. Hispanic/Latina women's responses to sex-primed submissive words ($M=551.63$ milliseconds, $SD=253.29$) were significantly faster than their responses to neutral-primed submissive words ($M=590.91$ milliseconds, $SD=227.59$), $F(1, 37) = 6.46$, $p=.029$ (see Table 11). This was also found with White women's responses to sex-primed submissive words ($M=572.01$ milliseconds, $SD=204.56$) and neutral-primed submissive words ($M=598.77$ milliseconds, $SD=204.38$), $F(1, 43) = 7.04$, $p=.011$ (see Table 12).

Furthermore, Hispanic/Latina women's responses to the sex-primed submissive words ($M=551.63$ milliseconds, $SD=253.29$) were significantly faster than their responses to sex-primed dominance words ($M=609.19$ milliseconds, $SD=198.62$),

$F(1, 37)=17.61, p=.000$ (see Table 13). White women responses to sex-primed submissive words ($M=572.01$ milliseconds, $SD=204.56$) were also significantly faster than their responses to sex-primed dominance words ($M=655.05$ milliseconds, $SD=190.35$), $F(1, 43)=39.75, p=.000$ (see Table 14). In other words, sex primes facilitated responses to submissive target words for both Hispanic/Latina and White women.

There were no significant main effects for prime for Hispanic/Latina women, $F(1, 37) = 0.26, p=.615$ or for White women, $F(1, 43) = 1.54, p=.221$. However, there was a significant main effect for target, $F(1, 37) = 6.14, p=.018$, where Hispanic/Latina women responded faster to a submissive target word ($M=566.73, SD=253.02$) than to a dominant target word ($M=586.47, SD=180.62$). Similarly for White women, there was a significant main effect for target: response to a submissive target word ($M=585.39$ milliseconds, $SD=204.47$) was faster than to a dominance target word ($M=631.18$ milliseconds; $SD=190.48$), $F(1, 43) = 8.49, p=.006$.

Correlation Analyses

Hypothesis 2 proposed that sex-submission and sex-dominance scores would be negatively correlated. In order to test this hypothesis, a correlation matrix including all variables was calculated for all women. Table 17 shows the correlation matrix. For the total sample, sex-submission association scores (SSA) were significantly correlated with sex-dominance association scores (SDA), $r = -0.26, p<.05$. This finding suggests that women who had higher associations of sex with submission had lower associations of sex with dominance. Furthermore, sex-submission association scores were also significantly

negatively correlated with Psychosexual Functioning, $r = -0.52$, $p < .01$ and Sexual Assertiveness- Refusal, $r = -0.29$, $p < .01$, but positively correlated with Hyperfemininity, $r = 0.28$, $p < .05$. In other words, women who associated sex with submission had lower psychosexual functioning, lower sexual assertiveness-refusal, and higher hyperfemininity scores.

Ethnicity was found to be significantly correlated with Childhood Sexual Abuse, $r = -0.28$, $p < .05$, where Hispanic/Latina women had higher reports of Childhood Sexual Abuse than White women. Ethnicity was also significantly correlated with Sexual Assertiveness-Total, $r = -0.24$, $p < .05$, where Hispanic/Latina women reported higher Sexual Assertiveness- Refusal and Communication than White women.

Regression Analyses

To test hypotheses 3 through 7, standard multiple regressions were used to analyze the data for the total sample as well as separately for Hispanic/Latina and White women.

Childhood Sexual Abuse (Table 18).

Hypothesis 3 proposed that sex-submission association scores (SSA) would significantly predict Childhood Sexual Abuse for both Hispanic/Latina and White women. To test hypothesis 3, a standard multiple regression was conducted using CSA as the dependent variable and sex-submission association scores as the predictor variable. Sex-dominance association scores (SDA) were also entered as a predictor variable as well as two separate interactions that were created between Ethnicity and sex-submission association scores and Ethnicity and sex-dominance association scores in order to explore

if any of these two interactions were a significant predictor of Childhood Sexual Abuse. Thus, the independent variables for this analysis were sex-submission association scores, sex-dominance association scores, Ethnicity*Sex-Submission associations scores, and Ethnicity*Sex-Dominance association scores.

For the total sample, R was not significantly different from zero. This analysis was also conducted separately for both Hispanic/Latina and White women and again, R was not significantly different from zero for either group. No significant association was found between sex-submission and childhood sexual abuse, $\beta=.152$, $p=.177$, or between sex-dominance and childhood sexual abuse, $\beta=.116$, $p=.301$, or any of the interaction variables. In addition, no significant associations were found for Hispanic/Latina and White women when looked at separately.

ANPR-Refusal (Table 19).

Hypothesis 4 proposed that sex-submission association scores would significantly predict ANPR-Refusal for both Hispanic/Latina and White women. To test hypothesis 4, a standard multiple regression was conducted using ANPR-refusal as the dependent variable and sex-submission association scores, sex-dominance association scores, Ethnicity*Sex-Submission association scores, and Ethnicity*Sex-Dominance association scores as the predictor variables. For the total sample, R was not significantly different from zero. This analysis was also conducted separately for both Hispanic/Latina and White women and again, R was not significantly different from zero for either group. For the total sample, no significant association was found between sex-submission and ANPR-refusal, $\beta=.123$, $p=.274$, or between sex-dominance and ANPR-refusal, $\beta=.114$,

$p=.313$, or any of the two interaction variables. No significant associations were found for Hispanic/Latina and White women when looked at separately.

Psychosexual Functioning (Table 20).

Hypothesis 5 proposed that sex-submission association scores would significantly predict Psychosexual Functioning for both Hispanic/Latina and White women. To test hypothesis 5, a standard multiple regression was conducted using Psychosexual Functioning as the dependent variable and sex-submission association scores, sex-dominance association scores, Ethnicity*Sex-Submission association scores, and Ethnicity*Sex-Dominance association scores as the predictor variables. For the total sample, R was significantly different from zero, $F(1, 81)=11.03$, $p=.000$. However, in this model only Sex-Submission association scores were significant, $\beta = -.544$, $p=.001$. In other words, of the four predictor variables only sex-submission association scores significantly predicted psychosexual functioning. This association was also found for Hispanic/Latina women, $\beta = -.638$, $p=.000$, and White women, $\beta = -.474$, $p=.001$. In other words, the more women associated sex with submission, the lower psychosexual functioning they reported. No significant associations were found between sex-dominance and psychosexual functioning.

Sexual Assertiveness-Refusal and Communication (Tables 21-23).

Hypothesis 6 proposed that sex-submission association scores would significantly predict Sexual Assertiveness- Refusal and Communication for both Hispanic/Latina and White women. To test hypothesis 6, three separate standard multiple regressions were conducted using SA-Refusal, SA-Communication, and SA-Total as the dependent

variables and sex-submission association scores, sex-dominance association scores, Ethnicity*Sex-Submission association scores, and Ethnicity*Sex-Dominance association scores as the predictor variables. For the total sample, R was significantly different from zero, $F(1, 81)=6.80, p=.000$. In this model, the two variables that were significant were Sex-Dominance association scores, $\beta=.600, p=.000$, and Ethnicity*Sex-Dominance association scores, $\beta= -.555, p=.000$. In other words, of the four predictor variables only sex-dominance association scores and ethnicity*sex-dominance significantly predicted sexual assertiveness- refusal. Thus, women who associated sex with dominance reported higher sexual assertiveness- refusal. Furthermore, the interaction between Ethnicity and sex-dominance in predicting sexual assertiveness- refusal suggests that White women who associate sex with dominance have higher reports of sexual assertiveness-refusal than their counterparts who do not associate sex with dominance (see Figure 4). There was no significant association between sex-submission and sexual assertiveness-refusal, $\beta= -.160, p=.316$.

However, a significant sex-submission and sexual assertiveness-refusal association was found for Hispanic/Latina women, $\beta= -.424, p=.010$. In other words, for Hispanic/Latina women the more they associated sex with submission, the less sexual assertiveness-refusal they reported. On the other hand, for White women, there was a significant association between sex-dominance and SA-refusal, $\beta=.508, p=.000$. Thus, for White women, the more they associated sex with dominance, the higher sexual assertiveness-refusal they reported.

In regards to SA-communication, R was not significantly different from zero, $F(1, 81)=.174, p=.951$. There was no significant association found between sex-submission

and sexual assertiveness-communication, $\beta=.109$, $p=.563$, or between sex-dominance and sexual assertiveness-communication, $\beta= -.029$, $p=.862$, for the total sample. No significant associations were found separately for Hispanic/Latina and White women.

For SA-total, R was significantly different from zero, $F(1, 81)=2.50$, $p=.050$. In this model, the two variables that were significant were Sex-Dominance association scores, $\beta=.438$, $p=.007$, and Ethnicity*Sex-Dominance association scores, $\beta= -.393$, $p=.016$. In other words, of the four predictor variables only sex-dominance association scores and ethnicity*sex-dominance significantly predicted sexual assertiveness-total. In other words, women who associated sex with dominance reported higher sexual assertiveness-total scores. Furthermore, the interaction between Ethnicity and sex-dominance in predicting sexual assertiveness-total suggests that White women who associate sex with dominance have higher reports of sexual assertiveness-total than their counterparts who do not associate sex with dominance (see Figure 5). There was no significant association between sex-submission and sexual assertiveness-total, $\beta= -.049$, $p=.784$.

However, a significant sex-submission and sexual assertiveness-total association was found for Hispanic/Latina women, $\beta= -.333$, $p=.050$. In other words, for Hispanic/Latina women the more they associated sex with submission, the less sexual assertiveness-total they reported. However, for White women there was no significant association between any of the variables and SA-total.

Hyperfemininity (Table 24).

Hypothesis 7 proposed that sex-submission association scores would significantly predict Hyperfemininity for both Hispanic/Latina and White women. To test hypothesis

7, a standard multiple regression was conducted using Hyperfemininity as the dependent variable and sex-submission association scores, sex-dominance association scores, Ethnicity*Sex-Submission, and Ethnicity*Sex-Dominance as the predictor variables. For the total sample, R was significantly different from zero, $F(1, 81)=3.23$, $p=.017$. In this model only Sex-Submission association scores were significant, $\beta = .507$, $p=.004$. In other words, of the four predictor variables only sex-submission association scores significantly predicted hyperfemininity. This association was also found for Hispanic/Latina women, $\beta = .366$, $p=.026$, and White women, $\beta = .337$, $p=.027$. In other words, the more women associated sex with submission, the higher hyperfemininity scores they reported. No significant associations were found between sex-dominance and hyperfemininity.

Discussion

One of the primary objectives of this research was to investigate if women associate sexuality with submission at an implicit level. In particular, this study was interested in examining if these nonconscious sex-submission associations were found for both Hispanic/Latina and White women. Previous research has found that women implicitly associate sex with submission (Kiefer et al., 2006; Sanchez et al., 2006); however, these studies mainly focused on White women and did not include an ethnically diverse population. Thus, expanding this research to include Hispanic/Latina women was of particular importance.

Results of this study show that Hispanic/Latina women respond in the same manner as White women: both groups of women had faster reaction times to sex primed submission words than to neutral primed submission words or to sex primed dominance

words. As previously stated, this research was particularly interested in investigating implicit sex-submission association in both these groups of women. The results of the study supported the assertion that both Hispanic/Latina and White women would associate their sexual role with submission where it found that both groups of women responded significantly faster to a sex-primed submissive word than a neutral-primed submissive word. Thus, sex primes facilitated responses to submissive target words suggesting that women associate sex with submission at an automatic level. This finding supports previous research that has found that women implicitly associate sex with submission and not with dominance (Kiefer et al., 2006; Sanchez et al., 2006).

Furthermore, past research has also shown that women possess a nonconscious sex-power association (Zurbriggen, 2000). The findings in this particular study suggest that women's association of sex with power in the previous research may reflect an association between sex and an absence or lack of power such as an association between sex and submission. These results are not surprising since past research and theories have suggested that heterosexual gender roles are gender specific where women are expected to be submissive sexual partners, whereas men are expected to be dominant sexual partners (Sprecher & McKinney, 1993; Tevlin & Leiblum, 1983). Messages about women's submissive sexual relations with men are communicated from multiple sources such as cultural and/or religious beliefs, parents, peers, the media, etc. The results of this study imply that women internalize these messages at an implicit level regardless of ethnic background. Furthermore, women may be unaware of how these roles can have an interpersonal and psychosocial impact on their sexuality.

However, the results of this study not only showed that women associate sex with submission but also that women did not associate sex with dominance. For both Hispanic/Latina and White women, their responses to dominant words primed with sex were significantly slower than their responses to dominant words primed with neutral words. In other words, sex primes inhibited responses to dominant target words. Thus, women's gender roles may not only dictate submission but also prescribe an absence of sexual agency and dominance. For example, McReary and Rhodes (2001) assert that the relationship between submission and dominance is reciprocal. The findings in this study support this contention where it was found that sex-submission and sex-dominance associations were negatively correlated. In other words, the more women associated sex with submission; the less they associated sex with dominance.

Another main objective of this research was to examine if women's implicit sex-submission associations were associated with several interpersonal and psychosocial factors. Previous research (Kiefer et al., 2006; Sanchez et al., 2006) has found that women's nonsconscious sex-submission associations may impact their sexual functioning including their sexual autonomy, arousability, and ability to reach orgasm. Although they allude to other factors that may be associated with these implicit associations such as difficulty communicating with sexual partners, an inability to insist on contraception, susceptibility to sexual coercion, and women's greater experience of sexual dysfunction, these have not been examined. Thus, a number of interpersonal and psychosocial factors based on the Multifaceted Model of HIV Risk (MMOHR) were investigated in relation to women's implicit sex-submission associations. The interpersonal and psychosocial factors included in this particular study were childhood sexual abuse, anticipated negative

partner reaction to refusing unwanted sex or refusing sex without a condom, psychosexual functioning, sexual assertiveness in refusing unwanted sex and communicating sexual preferences, and adherence to traditional gender norms.

A major finding in this study was that implicit sex-submission associations significantly predicted levels of psychosexual functioning for both Hispanic/Latina and White women. In other words, the more women associated sex with submission, the less positive attitudes they had towards their sexuality. This finding is not surprising since past research suggests that enacting a submissive sexual role undermines women's sexual autonomy which can impact a women's psychosexual functioning (Faith & Schare, 1993; Fredrickson & Roberts, 1997). Furthermore, Sanchez and colleagues (2006) express that pressure to conform to gender norms, especially those that dictate powerlessness, can diminish a woman's autonomy and positive feelings towards their own sexuality. Thus, women who associate sex with submission may tend to have more negative feelings towards their sexuality including feeling powerless in sexual situations and not seeing sex as a positive part of their lives.

Although sex-submission associations significantly predicted psychosexual functioning for both groups of women, this was not the case for sexual assertiveness-refusal and communication. In contrast, for the total sample, the two variables that significantly predicted sexual assertiveness-refusal were sex-dominance associations and the Ethnicity and sex-dominance interaction variable. On average, women responded more slowly to sex-primed dominance words than neutral-primed dominance words. However, to the extent that they responded more rapidly to sex-primed dominance words, they had higher scores on sexual assertiveness-refusal. Furthermore, the interaction term

suggests that specifically for White women, those who associate sex with dominance have higher reports of sexual assertiveness-refusal than their counterparts who do not associate sex with dominance. However, this association was not found for Hispanic/Latina women.

Although it may not be surprising to find that an association exists between sex-dominance associations and sexually assertive behaviors in refusing unwanted sex, it is interesting that this was only found for White women and not for Hispanic/Latina women. However, for Hispanic/Latina women, a significant sex-submission and sexual assertiveness-refusal association was found. In other words, Hispanic/Latina women who reacted more quickly to sex-primed submissive words reported less sexually assertive behaviors in refusing unwanted sex. This suggests that for Hispanic/Latina women, sex-dominance associations are not necessarily associated with behaving more sexually assertive but associating sex with submission does predict exhibiting less sexually assertive behaviors in refusing unwanted sexual activity. The fact that Hispanic/Latina women responded more slowly to sex-primed dominance words than White women suggests that a sexually dominant behavior is more discordant for Hispanic/Latina women than White women. For example, Hispanic/Latina women may view sexuality in a more relational context due to their culture's more collective views, thus, behaving in a "dominant" way may have a negative impact on their relationships. Therefore, they might find other ways to sexually assert themselves without exhibiting "forceful" or "dominant" behaviors.

Furthermore, other factors may be impacting their ability to be sexually assertive in refusing unwanted sex and not necessarily associating sex with being dominant. In

fact, in past research (Rodriguez, 2007) it was found that psychosexual functioning was significantly associated with Hispanic/Latinas ability to assertively refuse unwanted sexual activity. In other words, the more positive attitudes they had towards their own sexuality the more sexually assertive behaviors they reported. Thus, other factors such as how they view and feel about their own sexuality may be more a predictor for this group of women. These findings may suggest that different implicit sex-power associations may be impacting Hispanic/Latina and White women in different ways. For example, focusing on Hispanic/Latina women's sexually submissive behaviors may lead to more understanding of their behaviors in regards to sexual assertiveness, while for White women focusing on more dominant behaviors may help increase their sexual assertiveness in sexual situations.

A final major finding in this study was that implicit sex-submission associations significantly predicted hyperfemininity for both Hispanic/Latina and White women. In other words, women who associated sex with submission adhered to more traditional gender norms than those who did not associate sex with submission. This finding is supported by previous research which has found that women are socialized to take on a submissive or passive role during sexual activity which may lead women to implicitly associate sex with submission. For example, Williams (1984) found that Mexican-American women who held conservative views of gender roles exhibited more compliant and submissive behaviors. Furthermore, social norms for women promote deference to men not only in professional and academic contexts but they extend to intimate relationships as well (Sanchez et al., 2006). For example, many media sources such as magazines and television shows may depict gender-based sexual roles where men display

dominance over women and encourage female submissiveness. For instance, Kim & Ward (2004) found that even though some magazines did depict women as sexually assertive most magazines for adolescent girls promote sexual submissiveness as a way to please male partners. Thus, implicit associations between sex and submission may be particularly strong in women who adhere to these traditional gender norms.

For both Hispanic/Latina and White women sex-submission links were not found to be associated with childhood sexual abuse experience. However, due to the low number of women who reported childhood sexual abuse this finding may not be a true representation of the association between these two variables. Due to the fact that more Hispanic/Latina women reported higher levels of childhood sexual abuse than White women, an interaction term was created between Ethnicity and Sex-Submission association scores as well as between Ethnicity and Sex-Dominance scores which were also evaluated in the regression analysis conducted. These were created in order to examine if they would be associated with childhood sexual abuse experience; however, no associations were found. Furthermore, no relationship was found between anticipating a negative partner reaction to refusing unwanted sex or sex without a condom and implicit sex-submission associations for either group of women.

In order to obtain a clearer picture of both our samples, group differences were examined. Results showed that both Hispanic/Latina and White women did not differ on sex-submission (SSA) or sex-dominance (SDA) association scores. Thus, neither group of women associated sex with submission or with dominance more than the other. However, several associations did emerge in regards to childhood sexual abuse experience and levels of total sexual assertiveness. A significant correlation was found

between ethnicity and childhood sexual abuse where Hispanic/Latina women had higher reports of childhood sexual abuse than White women. However, it is important to note that few women reported any childhood sexual abuse experience, and very few (about 7%) had a score of 3 or higher for their total score. Of the 6 women who had scores of 3 or more all were Hispanic/Latina. Furthermore, only 4 women answered “once” or “a few times” to “did anyone older ever put his penis in your mouth, vagina, or rectum?” all of which were also Hispanic/Latina women. Thus, it is important to keep in mind that even though a significant association emerged for childhood sexual abuse and ethnicity, this relationship was based on a very small number of women.

Results also showed a significant association between total sexual assertiveness scores and ethnicity where Hispanic/Latina women had higher reports of sexual assertiveness-refusal and communication combined than White women. In other words, Hispanic/Latina women reported more assertive behaviors in refusing unwanted sexual activity and in communicating sexual preferences. This finding is somewhat surprising since previous research has found that Hispanics/Latinas were more likely than White women to believe they do not have many sexual rights including asserting that they won't have sex without a condom, that their partners are being too rough, and to stop foreplay at any time (Rickert, Sanghvi, & Wiemann, 2002).

Various reasons could be speculated about the relationship between Sexual Assertiveness- Refusal and Communication total and ethnicity. A possible explanation for these findings is that the sample used in this study consisted of women who were attending university. This may be of particular importance in understanding the Hispanic/Latina sample since most reported being first-generation college students. The

fact that these women were in college could explain that in general they might practice more assertive behaviors than their counterparts who did not attend college, especially because they had to behave more assertively in their lives in order to be able to pursue a college degree. However, for the White sample most were not first-generation college students and attending college might have been an ingrained expectation instead of a goal they had to assertively pursue. It may be speculated that because Hispanic/Latina women may have had to practice more general assertiveness then this might also impact their assertive behaviors in regards to sexuality. Another possible explanation for the higher levels of sexual assertiveness in Hispanic/Latina women is that this particular group of women may be more acculturated compared to other Hispanic/Latina women, thus, they may exhibit more sexually assertive behaviors than lower-acculturated Hispanic/Latina women. For example, Nyamathi and colleagues (1993) found that low-acculturated Hispanic/Latina women had less HIV knowledge and exhibited less sexually assertive behaviors in negotiating safe sex than high-acculturated Hispanic/Latina women. Thus acculturation level may impact these women's levels of sexual assertiveness. Another issue to keep in mind in terms of sexual assertiveness is that women may tend to overreport sexually assertive behaviors. Thus, women who may report that they are sexually assertive might not in fact be practicing these behaviors in their everyday lives. Therefore, caution should be taken when interpreting results associated with sexual assertiveness due to the fact that their self-report may not be a true picture of their overall sexual assertiveness.

Future Directions

Hispanic/Latina women's acculturation levels as well as immigration status are important factors to consider in future studies to understand their possible contribution to cultural differences that may emerge. This is especially important since previous research has found that level of acculturation in this population may play a role in sexual health such as HIV risk. For example, Nyamanthi and colleagues (1993) found that different factors contribute to HIV risk in high-accultured and low-accultured Hispanic/Latina women. Furthermore, they found that low-accultured Hispanic/Latina women had less overall HIV risk than high-accultured Hispanic/Latina women. These studies imply that acculturation levels may not only have an impact on Hispanic/Latina women's sexual functioning but on the level of their associations of sex with submission. Thus taking into consideration acculturation levels for this population would be of utmost importance.

In addition, the present research only included Hispanic/Latina and White women. Thus, other ethnic minority women were not studied. Therefore, it would be important for future research to include a larger and more ethnically diverse sample in order to see if these implicit sex-submission associations are found in other groups of women, as well as their relationship with various interpersonal and psychosocial factors. Furthermore, the women who participated in this study were all attending college; therefore, these results may not generalize to other populations. Thus, future research should include a more diverse sample in terms of background such as a community sample.

Additionally, the present research only included heterosexual women, thus, the present research leaves open the question of whether submissive scripts are specific to heterosexual intimate context or generalize to the homosexual context. Masters and

Johnson (1979) argued that sexual roles are context specific. For example they found that bisexual women were more likely to adopt a sexually assertive role such as initiating sexual activities during sex with women but were more likely to assume a more submissive sexual role during sex with men.

Moreover, even though cultural concepts were used to explain some of the cultural differences in this study, a theory of cultural differences such as assimilation theory or the theory of ethnic stratification could form the basis of a possible model that could be tested in future studies.

Limitations of the Study

A limitation of this research is that it was in part correlational. For example, the present research did not test whether sex-submission associations caused women to be less sexually assertive in refusing unwanted sex or have less positive attitudes towards their own sexuality. Thus, other explanations for these relationships cannot be ruled out. However, this research was partly experimental in nature and thus, was not entirely correlational. In fact, experimental effects were used as measures in the correlational portion of the study which added strength to the results and the present study.

Furthermore, this was a self-reported survey, which can result in memory inaccuracies and misinterpretations of questions. In addition, the highly sensitive nature of the questions may have made the participants feel uncomfortable in answering honestly, although every effort is made to ensure their anonymity. In fact, throughout the survey, participants were reminded that their answers were anonymous, that there is no “right” answer, and that if they felt distressed they could anonymously contact counselors provided on a separate informational sheet. Another limitation of a self-report survey was

that their report on their behavior was their own self-perception, and not an unbiased observation of the behavior in question. Thus, it should be noted that the results are based not on the actual behaviors of the women, but on their perception of how they behave.

In addition, this was a convenience sample which was recruited from a college campus in the New England area and is not a representative sample of the female population in the United States or from the New England area. In addition, a measure of acculturation was not included in the study; therefore, the possible role that Hispanic/Latina women's acculturation level may have played in the results could not be investigated.

Other possible limitations were that even though cultural concepts were used to explain some of the cultural differences between Hispanic/Latina and White women, a theory of cultural differences was not proposed or included in the present study. In addition, there are several other interpersonal factors that could have been considered in this study.

Conclusion

The results of this study supported the contention that women associate their sexual role with submission and that this role is associated with several interpersonal and psychosocial factors. The automatic nature of women's sex-submission link has an important implication. It suggests that women may fail to recognize the influence of this association on their behavior. The effects of automatic associations on behavior frequently occur without conscious intention or awareness (Bargh et al., 1995). This study is the first to establish this relationship among Hispanic/Latina women.

Women's implicit sex-submission links were associated with lower psychosexual functioning and higher hyperfemininity. In other words, women who associated sex with submission had lower positive attitudes towards their sexuality and adhered to more traditional gender roles. This was found for both Hispanic/Latina and White women when looking at both samples separately. This is not surprising since Sanchez and colleagues (2006) contend that pressure to conform to gender norms, especially those that dictate powerlessness, can diminish a woman's sexual autonomy and positive feelings towards their sexuality. Research suggests that adhering to traditional gender norms and enacting a submissive sexual role undermines a woman's sexual autonomy which can impact their psychosexual functioning. Thus, women who implicitly associate sex with submission will tend to adhere to more traditional gender norms which in turn can create negative feelings towards their own sexuality. Furthermore, for both Hispanic/Latina and White women psychosexual functioning was not only associated with faster response to sexual submission but also with adherence to traditional gender roles. In other words, women with less positive feelings about their own sexuality associated sex with submission as well as adhered to more traditional gender norms.

However, for Hispanic/Latina and White women, different sex-power associations were associated with sexual assertiveness in refusing unwanted sexual activity. For White women, sex-dominance associations were associated with higher levels of sexual assertiveness-refusal indicating that to the extent that a sex prime facilitated response to dominance words, women were more assertive in refusing unwanted sex. This suggests that for White women, unconscious positive associations between sex and dominance are important predictors of sexual assertiveness for refusal. For Hispanic/Latina women,

these unconscious associations between sex and dominance did not affect assertiveness. Instead, for Hispanic/Latina women, sex-submission associations were found to be associated with less sexually assertive behaviors in refusing unwanted sex. Thus, different factors may be impacting their ability to be sexually assertive in refusing unwanted sex. As previously stated, these findings suggest that for Hispanic/Latina women, sex-dominance associations are not necessarily associated with behaving more sexually assertive but associating sex with submission does predict exhibiting less sexually assertive behaviors in refusing unwanted sexual activity. This finding suggests that perhaps dominance just does not enter into the sexual equation for Hispanic/Latina women.

These findings may suggest that different implicit sex-power associations may be impacting Hispanic/Latina and White women in different ways. For example, focusing on Hispanic/Latina women's strategies that do not come across as dominant or imposing may lead to more understanding of their behaviors in regards to sexual assertiveness, while for White women focusing on strategies to gain control in a sexual situation may help increase their sexual assertiveness..

These findings have both empirical and clinical implications. It provides reason for need of further research in linking implicit sex-submission with interpersonal and psychosocial factors such as psychosexual functioning and sexual assertiveness, particularly with diverse populations since different factors might be at play for different populations. Further research in this area would also be a way to build knowledge towards possible tailored prevention and intervention strategies.

Table 1

Chi-squares for Demographics

Variables	Total (N=82)	Hispanic/Latina (N=38)	White (N=44)	χ^2	Sig.
Year in School				4.15	.386
Freshman	44 (54%)	20 (53%)	24 (55%)		
Sophomore	19 (23%)	12 (32%)	7 (16%)		
Junior	7 (9%)	2 (5%)	5 (11%)		
Senior	2 (2%)	1 (3%)	1 (2%)		
Graduate Student	10 (12%)	3 (8%)	7 (16%)		
Marital Status				-.086	.769
Single, never married	77 (94%)	36 (95%)	41 (93%)		
Married	5 (6%)	2 (5%)	3 (7%)		
Separated	0	0	0		
Divorced	0	0	0		
Widowed	0	0	0		
Religious Affiliation				2.02	.155
No religion affiliation	18 (22%)	11 (29%)	7 (16%)		
Indicated a religion affiliation	64 (78%)	27 (71%)	37 (84%)		
Language Spoken at Home					
English	78 (95%)	34 (89%)	44 (100%)		
English and Spanish	3 (4%)	3 (8%)	0		
Spanish	1 (1%)	1 (3%)	0		
Parents' Marital Status				6.45	.092
Single, never married	2 (2%)	1 (3%)	1 (2%)		
Married	53 (65%)	20 (53%)	33 (75%)		
Separated/Divorced	24 (30%)	14 (37%)	10 (23%)		
Widowed	3 (4%)	3 (8%)	0		
Father Education				5.70	.223
9 th grade or less	0	0	0		
10 th to 11 th grade	6 (7%)	5 (13%)	1 (2%)		
High school diploma or GED	22 (27%)	12 (32%)	10 (23%)		
2 year technical degree/some college	9 (11%)	4 (11%)	5 (11%)		
4 year Bachelors degree or more	44 (54%)	16 (42%)	28 (64%)		

Mother Education				12.61	.013*
9 th grade or less	1 (1%)	1 (3%)	0		
10 th to 11 th grade	0	0	0		
High school diploma or GED	19 (24%)	12 (33%)	7 (16%)		
2 year technical degree/some college	29 (22%)	12 (33%)	7 (16%)		
4 year Bachelors degree or more	43 (53%)	13 (34%)	30 (68%)		
Parent Income				43.62	.000**
Less than \$10,000	4 (5%)	4 (11%)	0		
10,000 to \$19,999	1 (1%)	1 (3%)	0		
\$20,000 to \$34,999	7 (9%)	6 (16%)	1 (2%)		
\$35,000 to \$50,000	11 (14%)	4 (11%)	1 (2%)		
\$51,000 to \$64,999	20 (24%)	15 (39%)	5 (11%)		
\$65,000 to \$79,000	5 (6%)	1 (3%)	4 (9%)		
\$80,000 or more	34 (41%)	4 (11%)	30 (68%)		
Are you currently sexually active?				.010	.918
Yes	63 (77%)	29 (76%)	34 (77%)		
No	9 (11%)	3 (8%)	6 (14%)		
Never had sex	10 (12%)	6 (16%)	4 (9%)		
Have you had sexual intercourse?				.594	.654
Yes	72 (88%)	32 (84%)	40 (91%)		
No	10 (12%)	6 (16%)	4 (9%)		

*p<.05

**p<.01

Table 2

T-tests for Demographics

Variables	Total (N=82)	Hispanic/Latina (N=38)	White (N=44)	t	Sig.
Age	20.17±3.72	20.11±4.38	20.23±3.10	-.143	.886
Age of first vaginal sex	16.64±1.76	16.38±1.66	16.85±2.77	-1.14	.259
Number of people had sex within the last 3 months	1.08±0.62	1.25±0.80	0.95±0.38	1.94	.059
How often do you use condoms?				.850	.398
Always	17 (21%)	5 (13%)	12 (27%)		
Most of the time	15 (18%)	7 (18%)	8 (18%)		
Sometimes	10 (12%)	6 (16%)	4 (9%)		
Rarely	12 (15%)	5 (13%)	7 (16%)		
Never	19 (23%)	9 (24%)	9 (22%)		

Table 3

Group Comparison on Sex-Power Associations and Interpersonal and Psychosocial Factors- One-way between-groups MANOVA

Variables	Wilk's Lambda	F	Sig.	F	Sig.
Sex-Power Associations	0.99	.032	.968		
Sex-Submission Association Score (SSA)				.115	.735
Sex-Dominance Association Score (SDA)				.040	.842
Interpersonal and Psychosocial Factors	0.87	1.84	.103		
Childhood Sexual Abuse				6.18	.015*
Hyperfemininity				1.44	.235
ANPR-Refusal				.930	.338
Psychosexual Functioning				.530	.469
SA-Refusal				2.40	.125
SA-Communication				1.61	.208
SA-Total				4.75	.032*

*p<.05

Table 4

Frequencies for Childhood Sexual Abuse

Variables	Total (N=82)	Hispanic/Latina (N=38)	White (N=44)
Did anyone older ever show their genitals to you?			
No	71 (87%)	29 (76%)	42 (95 %)
Once	4 (5%)	2 (5%)	2 (5%)
A few times	4 (5%)	4 (11%)	0
Many times	1 (1%)	1 (1%)	0
Did you ever see anyone older touch their genitals in front of you?			
No	73 (89%)	30 (79%)	43 (98%)
Once	4 (5%)	3 (8%)	1 (2%)
A few times	4 (5%)	4 (11%)	0
Many times	1 (1%)	1 (3%)	0
Did anyone older ever touch your breasts or genitals?			
No	73 (89%)	31 (82%)	42 (95%)
Once	3 (4%)	1 (3%)	2 (5%)
A few times	4 (5%)	4 (11%)	0
Many times	2 (2%)	2 (5%)	0
Did anyone older ever try to make you touch their genitals?			
No	74 (90%)	31 (82%)	42 (96%)
Once	2 (2%)	1 (3%)	1 (2%)
A few times	3 (4%)	2 (5%)	1 (2%)
Many times	3 (4%)	3 (8%)	0
Did anyone older ever rub their genitals against your body?			
No	75 (92%)	32 (84%)	43 (98%)
Once	1 (1%)	1 (3%)	0
A few times	5 (6%)	4 (11%)	1 (2%)
Many times	1 (1%)	1 (3%)	0

**Did anyone older ever *try* to put
His penis in your mouth, vagina,
or rectum?**

No	76 (93%)	32 (84%)	44 (100%)
Once	2 (2%)	2 (5%)	0
A few times	3 (4%)	3 (8%)	0
Many times	0	0	0

**Did anyone older ever put his
penis in your mouth, vagina,
or rectum?**

No	77 (94%)	33 (87%)	44 (100%)
Once	1 (1%)	1 (3%)	0
A few times	3 (4%)	3 (8%)	0
Many times	0	0	0

CSA total score

0	64 (78%)	26 (68%)	38 (86%)
1	6 (7%)	2 (5%)	4 (9%)
2	5 (6%)	3 (8%)	2 (5%)
3	1 (1%)	1 (3%)	0
6	1 (1%)	1 (3%)	0
10	1 (1%)	1 (3%)	0
14	1 (1%)	1 (3%)	0
16	1 (1%)	1 (3%)	0
19	1 (1%)	1 (3%)	0

Table 5

Descriptive Statistics for Reaction Time in Milliseconds for Prime-Target Associations

Prime-Target	Total		Hispanic/Latina		White		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Neutral-Dominance	587.12	178.45	563.75	162.62	607.30	190.61	.273
Neutral-Submissive	590.91	227.59	581.82	254.35	598.77	204.38	.739
Sex-Dominance	633.80	194.38	609.19	198.62	655.05	190.35	.290
Sex-Submissive	562.57	227.21	551.63	253.29	572.01	204.56	.688
<i>Neutral-Neutral</i>	<i>534.75</i>	<i>104.78</i>	<i>530.84</i>	<i>95.19</i>	<i>538.65</i>	<i>110.57</i>	<i>.840</i>
<i>Neutral-Nonword</i>	<i>648.43</i>	<i>149.27</i>	<i>634.38</i>	<i>122.72</i>	<i>662.48</i>	<i>160.78</i>	<i>.755</i>
<i>Sex-Neutral</i>	<i>553.06</i>	<i>121.23</i>	<i>522.86</i>	<i>97.42</i>	<i>576.78</i>	<i>133.45</i>	<i>.055</i>
<i>Sex-Nonword</i>	<i>630.28</i>	<i>159.13</i>	<i>599.75</i>	<i>174.38</i>	<i>654.26</i>	<i>143.64</i>	<i>.142</i>

Table 6

2 X 2 Repeated Measures ANOVA for Reaction Time in Milliseconds for Sex/Neutral-Dominance/Submissive Associations- Total Sample

Prime-Target	Wilks' Lambda	F	Sig.
Sex/Neutral Prime	0.99	1.21	.275
Dominance/Submissive Target	0.79	22.10	.000**
Prime*Target	0.62	50.44	.000**

Table 7

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Submissive Targets Comparing Sex and Neutral Primes-Total Sample

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	562.57	227.21	0.86	13.02	.001**
Neutral-Submissive	590.91	227.59			

Table 8

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Sex Primes Comparing Submissive and Dominance Targets- Total Sample

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	562.57	227.21	0.60	54.35	.000**
Sex-Dominance	633.80	194.38			

Table 9

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Dominance Targets Comparing Sex and Neutral Primes- Total Sample

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Dominance	633.80	194.38	0.70	34.63	.000**
Neutral-Dominance	587.12	178.45			

Table 10

2 X 2 Repeated Measures ANOVA for Reaction Time in Milliseconds for Sex/Neutral-Dominance/Submissive Associations- Hispanic/Latina and White women

Prime-Target	Hispanic/Latina			White		
	Wilks' Lambda	F	Sig.	Wilks' Lambda	F	Sig.
Sex/Neutral Prime	0.99	0.26	.615	0.97	1.40	.245
Dominance/Submissive Target	0.86	6.14	.018*	0.71	17.42	.000**
Prime*Target	0.65	19.89	.000**	0.58	31.73	.000**

Table 11

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Submissive Targets Comparing Sex and Neutral Primes- Hispanic/Latina Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	551.63	253.29	0.88	5.01	.031*
Neutral-Submissive	581.82	254.35			

Table 12

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Submissive Targets Comparing Sex and Neutral Primes- White Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	572.01	204.56	0.83	8.95	.005**
Neutral-Submissive	598.77	204.38			

Table 13

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Sex Primes Comparing Submissive and Dominance Targets- Hispanic/Latina Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	551.63	253.29	0.68	17.61	.000**
Sex-Dominance	609.19	198.62			

Table 14

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Sex Primes Comparing Submissive and Dominance Primes- White Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Submissive	572.01	204.56	0.52	39.75	.000**
Sex-Dominance	655.05	190.35			

Table 15

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Dominance Targets Comparing Sex and Neutral Primes- Hispanic/Latina Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Dominance	609.19	198.62	0.76	11.91	.001**
Neutral-Dominance	563.75	162.62			

Table 16

One-Way Repeated Measures ANOVA for Reaction Time in Milliseconds for Dominance Targets Comparing Sex and Neutral Primes- White Women

Prime-Target	Mean	SD	Wilks' Lambda	F	Sig.
Sex-Dominance	655.05	190.35	0.63	25.61	.000**
Neutral-Dominance	607.30	190.61			

Table 17

Correlation Matrix

Variables	1	2	3	4	5	6	7	8	9	10
1 Ethnicity	1.00									
2 Sex-Submission Association (SSA) Score	-.021	1.00								
3 Sex-Dominance Association (SDA) Score	-.013	-.258*	1.00							
4 Childhood Sexual Abuse	-.280*	.133	.051	1.00						
5 ANPR-Refusal	-.118	.123	.114	.025	1.00					
6 Psychosexual Functioning	-.081	-.516**	-.004	-.109	-.229*	1.00				
7 Hyperfemininity	.169	.282*	-.104	-.077	.145	-.604**	1.00			
8 SA-Refusal	-.163	-.290**	.139	.036	-.291**	.626**	-.701**	1.00		
9 SA-Communication	-.145	.142	-.013	.275*	-.069	.248*	-.219	.119	1.00	
10 SA-Total	-.235*	-.111	.098	.150	-.247*	.592**	-.621**	.758**	.738**	1.00

*p<.05

**p<.01

Table 18

Table 18a. Standard Multiple Regression Predicting Childhood Sexual Abuse- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.283	.080	.032					
SSA score				-3.96	10.33	-.064	-.383	.702
SDA score				11.48	10.73	.168	1.07	.288
Ethnicity*SSA score				22.48	13.14	.286	1.71	.091
Ethnicity*SDA score				-7.57	12.71	-.094	-.596	.553

Table 18b. Standard Multiple Regression Predicting Childhood Sexual Abuse- Hispanic/Latina Women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.244	.059	.004					
SSA score				14.40	12.88	.187	1.12	.272
SDA score				11.89	14.19	.139	.835	.410

Table 18c. Standard Multiple Regression Predicting Childhood Sexual Abuse- White Women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.189	.036	-.011					
SSA score				1.34	1.61	.127	.831	.411
SDA score				1.60	1.77	.139	.904	.371

Table 19

Table 19a. Standard Multiple Regression Predicting ANPR-Refusal- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.230	.053	.003					
SSA score				-1.83	4.14	-.080	-.442	.660
SDA score				-.837	4.29	-.032	-.195	.846
Ethnicity*SSA score				7.05	4.99	.258	1.42	.161
Ethnicity*SDA score				3.84	5.04	.127	.762	.449

Table 19b. Standard Multiple Regression Predicting ANPR-Refusal- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.291	.085	.032					
SSA score				4.15	3.62	.190	1.15	.260
SDA score				4.65	4.20	.183	1.11	.276

Table 19c. Standard Multiple Regression Predicting ANPR-Refusal- White women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.283	.080	.032					
SSA score				-.580	3.76	-.024	-.154	.878
SDA score				-2.97	4.09	-.114	-.726	.472

Table 20

Table 20a. Standard Multiple Regression Predicting Psychosexual Functioning- Total Sample

	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.609	.370	.337					
SSA score				-40.30	11.17	-.544	-3.61	.001**
SDA score				20.58	11.35	.247	1.81	.074
Ethnicity*SSA score				-3.09	13.30	-.035	-.232	.817
Ethnicity*SDA score				-25.75	13.35	-.263	-1.93	.058

Table 20b. Standard Multiple Regression Predicting Psychosexual Functioning- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.658	.432	.400					
SSA score				-43.12	8.82	-.638	-4.89	.000**
SDA score				-5.58	10.23	-.071	-.546	.589

Table 20c. Standard Multiple Regression Predicting Psychosexual Functioning-White women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.534	.285	.248					
SSA score				-41.67	11.48	-.479	-3.54	.001**
SDA score				21.13	12.22	.234	1.73	.092

Table 21

Table 21a. Standard Multiple Regression Predicting SA-Refusal- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.511	.261	.223					
SSA score				-12.87	12.75	-.160	-1.01	.316
SDA score				55.07	13.23	.600	4.16	.000**
Ethnicity*SSA score				-15.27	15.45	-.157	-.988	.326
Ethnicity*SDA score				-60.00	15.55	-.555	-3.86	.000**

Table 21b. Standard Multiple Regression Predicting SA-Refusal- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.444	.197	.151					
SSA score				-27.97	10.25	-.424	-2.73	.010**
SDA score				-5.21	11.89	-.068	-.438	.664

Table 21c. Standard Multiple Regression Predicting SA-Refusal- White women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.525	.275	.240					
SSA score				-13.07	13.16	-.132	-.993	.327
SDA score				55.43	14.50	.508	3.82	.000**

Table 22

Table 22a. Standard Multiple Regression Predicting SA-Communication- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.096	.009	-.044					
SSA score				9.32	16.04	.109	.581	.563
SDA score				-2.86	16.36	-.029	-.174	.862
Ethnicity*SSA score				-2.53	19.26	-.025	-.131	.896
Ethnicity*SDA score				3.98	19.18	.035	.208	.836

Table 22b. Standard Multiple Regression Predicting SA-Communication- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.135	.018	-.038					
SSA score				.323	12.19	.005	.026	.979
SDA score				11.00	14.14	.134	.778	.442

Table 22c. *Standard Multiple Regression Predicting SA-Communication- White women*

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.221	.049	.000					
SSA score				17.39	16.44	.165	1.06	.297
SDA score				-17.07	17.87	-.149	-.955	.345

Table 23

Table 23a. Standard Multiple Regression Predicting SA-Total- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.343	.117	.070					
SSA score				-5.22	18.95	-.049	-.276	.784
SDA score				53.11	19.32	.438	2.75	.007**
Ethnicity*SSA score				-16.77	22.75	-.131	-.737	.463
Ethnicity*SDA score				-55.95	22.66	-.393	-2.47	.016*

Table 23b. Standard Multiple Regression Predicting SA-Total- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.325	.106	.055					
SSA score				-27.65	13.61	-.333	-2.03	.050*
SDA score				5.79	15.78	.060	.367	.716

Table 23c. Standard Multiple Regression Predicting SA-Total- White women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.279	.078	.031					
SSA score				1.84	20.68	.014	.089	.930
SDA score				40.68	22.47	.278	1.81	.078

Table 24

Table 24a. Standard Multiple Regression Predicting Hyperfemininity- Total Sample

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.379	.144	.099					
SSA score				44.80	15.06	.507	2.98	.004**
SDA score				-19.36	15.62	-.192	-1.24	.219
Ethnicity*SSA score				-26.29	18.25	-.246	-1.44	.154
Ethnicity*SDA score				4.91	18.37	.041	.268	.790

Table 24b. Standard Multiple Regression Predicting Hyperfemininity- Hispanic/Latina women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.415	.172	.125					
SSA score				22.84	9.83	.366	2.32	.026*
SDA score				-21.06	11.41	-.291	-1.85	.073

Table 24c. Standard Multiple Regression Predicting Hyperfemininity- White women

Variable	R	R ²	Adj. R ²	B	Standard Error	β	t	Sig.
Model	.346	.120	.077					
SSA score				40.08	17.43	.337	2.30	.027*
SDA score				-10.56	19.20	-.081	-.550	.585

Figure 1

*Interaction between Prime (Neutral/Sex) and Target (Dominance/Submissive)-
Total Sample*

Figure 2

*Interaction between Prime (Neutral/Sex) and Target (Dominance/Submissive)-
Hispanic/Latina Women*

Figure 3

*Interaction between Prime (Neutral/Sex) and Target (Dominance/Submissive)-
White Women*

Figure 4

Interaction between Ethnicity and Sex-Dominance Association Score for Sexual Assertiveness-Refusal

Figure 5

Interaction between Ethnicity and Sex-Dominance Association Score for Sexual Assertiveness-Total

Appendix A
Study Flyer

The University of Rhode Island
Department of Psychology
Chafee Bldg., 3rd Floor
IRB approval #: HU0809-101

Dear Prospective Participant:

YOU MUST BE FEMALE AND AT LEAST 18 YEARS OLD to be in this research project.

The purpose of the following study is to examine interpersonal and psychosocial factors that may impact women's reaction time. Responses to these items will be kept private and strictly confidential. Research records will be stored securely and only the identified research staff will have access to the records.

If you decide to take part in this study, you will come in person and complete a simple computer word categorization task as well as a battery of questionnaires on sexuality issues and gender roles. The study will take approximately 20-30 minutes to complete.

Furthermore, students who are currently taking PSY 113 will receive course credit for their participation.

Your part in this study is anonymous. That means that your answers to all questions are private. No one else can know if you participated in this study and no one else can find out what your answers were.

If you are interested in participating in this study, please contact Myriel Rodriguez, M.A. via email at myriel79@yahoo.com.

Thank you,

Myriel Rodriguez, M.A.
Student Researcher
Ph.D. Candidate in Clinical Psychology
University of Rhode Island
Department of Psychology
Chafee Bldg., 3rd Floor
Kingston, RI 02881

Appendix B: Measures Demographics

Age: _____

Marital Status (Circle one):

Single/Never Married	Married	Divorced/Separated	Widowed
1	2	3	4

Year (Circle one):

Freshman	Sophomore	Junior	Senior	Graduate student	Other
1	2	3	4	5	6

Race (Circle one):

White	Black	Asian	Native Hawaiian/ Pacific Islander	Other _____
1	2	3	4	5

Ethnicity (Circle one): Hispanic/Latina Not Hispanic/Latina
 1 2

Language Spoken at Home: _____

Sexual Orientation:	Heterosexual	Gay/Lesbian	Bisexual	Other
	1	2	3	4

Religious Affiliation: _____

Parents' Marital Status (Circle one):

Single/Never Married	Married	Divorced/Separated	Widowed
1	2	3	4

Parents' Income (or of parent you lived with) (Circle one):

1. 0 - 9,999	6. 50,000 – 59,999
2. 10,000 – 19,999	7. 60,000 – 69,999
3. 20,000 – 29,999	8. 70,000 – 79,000
4. 30,000 – 39,999	9. 80,000 – 89,999
5. 40,000 – 49,999	10. 90,000 or more

Father's Education Level (Circle one):

1. 9th grade or less
2. 9th grade – 12th grade
3. High school diploma/GED
4. Some college
5. Bachelors
6. Some graduate school or higher

Mother's Education Level (Circle one):

1. 9th grade or less
2. 9th grade – 12th grade
3. High school diploma/GED
4. Some college
5. Bachelors
6. Some graduate school or higher

1. Have you had sexual intercourse?

No	Yes
0	1

If yes, how old were you when you first had sexual intercourse? _____

2. Are you currently sexually active?

No	Yes
0	1

3. How many sexual partners have you had in the past 3 months? _____

4. How often do you use condoms?

Always	Most of the Time	Sometimes	Rarely	Never
1	2	3	4	5

Childhood Sexual Abuse

As children, many women were in sexual situations with someone older than them. A sexual situation could mean someone showing their genitals to you. It could mean someone touching you in a sexual way. It could also mean someone putting his penis in your mouth, vagina, or rectum. Think back to when you were a child up to age 14, and answer the next questions. Please circle your answer. Thank you for your help.

Before you were 14 years old:

1. Did anyone older ever show their genitals to you?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times
2. Did you ever see anyone older touch their genitals in front of you?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times
3. Did anyone older ever touch your breasts or genitals?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times
4. Did anyone older ever try to make you touch their genitals?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times
5. Did anyone older ever rub their genitals against your body?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times
6. Did anyone older ever **try** to put his penis in your mouth, vagina, or rectum?
 - a. No
 - b. Once
 - c. A few times
 - d. Many times

7. Did anyone older ever **put** his penis in your mouth, vagina, or rectum?

- a. No
- b. Once
- c. A few times
- d. Many times

8. For #1 to 7, please tell who those people were. Check all that apply.

_____ I did not have any of these experiences before I was 14 years old

_____ A person I didn't know at all

_____ A person I didn't know well

_____ A friend or relative not in my close family

_____ A brother or sister

_____ My father, mother, or stepparent

_____ Someone else

Sexual Assertiveness Scale

Question: Think about a person you usually have sex with or someone you used to have sex with regularly. Answer the next questions with that person in mind. Think about what you would do even if you have not done some of these things. Circle your best answer.

Refusal Items

1. I put my mouth on my partner's genitals if my partner wants me to, even if I don't want to
 - a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
2. I give in and kiss if my partner pressures me, even if I already said no
 - a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
3. I refuse to let my partner touch me sexually if I don't want that, even if my partner insists
 - a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
4. I have sex if my partner wants me to, even if I don't want to
 - a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
5. If I said no, I won't let my partner touch my genitals even if my partner pressures me
 - a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always

6. I refuse to have sex if I don't want to, even if my partner insists
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always

Communication Items

1. I tell my partner what I do not like about sex.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
2. I ask my partner to touch me in a way I like.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
3. I tell my partner to keep doing something that I like in sex.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
4. I say something if my partner does not please me in sex.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always
5. I tell my partner to stop if my partner touches me in a way I don't like.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always

6. I tell my partner what feels good to me in sex.
- a. Never
 - b. Sometimes
 - c. About half the time
 - d. Usually
 - e. Always

Anticipated Negative Partner Reaction Scale

Question: Think about the person you usually have sex with or someone you used to have sex with. Answer the next questions thinking about what that person would do. If you have never been in this situation, imagine how your partner might act if you were. Then answer the question. Circle your best answer.

Refusal Items

1. If I refuse to do oral sex (your mouth on your partner's genitals) when my partner wants me to, my partner would:
 - a. Accept my decision
 - b. Accept my decision but be upset
 - c. Insist that I do it anyway
 - d. Force me to do it anyway
2. If I refuse to touch my partner the way my partner wants me to, my partner would:
 - a. Accept my decision
 - b. Accept my decision but be upset
 - c. Insist that I do it anyway
 - d. Force me to do it anyway
3. If I refuse to have sex with my partner without a condom or latex barrier, my partner would:
 - a. Accept my decision
 - b. Accept my decision but be upset
 - c. Insist that I do it anyway
 - d. Force me to do it anyway

Psychosexual Functioning Scale

Question: The next questions may or may not be true of you. Please say if you think they are true of you or not. Circle your best answer.

1. I do not like some parts of my sex life
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
2. I have control of my sex life
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
3. I like the way my sex life is going
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
4. I have little or no say about my sex life
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
5. I feel powerless in sex situations
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
6. Sex is a positive part of my life
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always

The Hyperfemininity Scale

Please choose the response that is more characteristic of you.

1. These days men and women should each pay for their own expenses on a date.
Men should always be ready to accept financial responsibility for a date.
2. I would rather be a famous scientist than a famous fashion model.
I would rather be a famous fashion model than a famous scientist.
3. I like a man who has some sexual experience.
Sexual experience is not a relevant factor in my choice of a male partner.
4. Women should never break up a friendship due to interest in the same man.
Sometimes women have to compete with one another for men.
5. I like to play hard-to-get.
I don't like to play games in a relationship.
6. I would agree to have sex with a man if I thought I could get him to do what I want.
I never use sex as a way to manipulate a man.
7. I try to state my sexual needs clearly and concisely.
I sometimes say "no" but really mean "yes."
8. I like to flirt with men.
I enjoy an interesting conversation with a man.
9. I seldom consider a relationship with a man as more important than my friendship with women.
I have broken dates with female friends when a guy has asked me out.
10. I usually pay for my expenses on a date.
I expect the men I date to take care of my expenses.
11. Sometimes I cry to influence a man.
I prefer to use logical rather than emotional means of persuasion when necessary.
12. Men need sex more than women do.
In general, there is no difference between the sexual needs of men and women.
13. I never use my sexuality to manipulate men.
I sometimes act sexy to get what I want from a man.

14. I feel anger when men whistle at me.
I feel a little flattered when men whistle at me.
15. It's okay for a man to be a little forceful to get sex.
Any force used during sex is sexual coercion and should not be tolerated.
16. Effeminate men deserve to be ridiculed.
So-called effeminate men are very attractive.
17. Women who are good at sports probably turn men off.
Men like women who are good at sports because of their competence.
18. A "real" man is one who can get any women to have sex with him.
Masculinity is not determined by sexual success.
19. I would rather be president of the U.S. than the wife of the president.
I would rather be the wife of the president of the U.S. than the president.
20. Sometimes I care more about my boyfriend's feelings than my own.
It is important to me that I am as satisfied with a relationship as my partner is.
21. Most women need a man in their lives.
I believe some women lead happy lives without male partners.
22. When a man I'm with gets really sexually excited, it's no use trying to stop him from getting what he wants.
Men should be able to control their sexual excitement.
23. I like to have a man "wrapped around my finger."
I like relationships in which both partners are equal.
24. I try to avoid jealousy in a relationship.
Sometimes women need to make men feel jealous so they will be more appreciative.
25. I sometimes promise to have sex with a man to make sure he stays interested in me.
I usually state my sexual intentions honestly and openly.
26. I like to feel tipsy so I have an excuse to do anything with a man.
I don't like getting too drunk around a man I don't know very well.

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