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Family Systems, Psychosocial Characteristics, and Communication in College Student Dating Relationships: Implications for "Safer" Sex Behavior

by

Heather Lynnea Powell

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A Dissertation Submitted to the Faculty of the DEPARTMENT OF COMMUNICATION In Partial Fulfillment of the Requirements For the Degree of DOCTOR OF PHILOSOPHY In the Graduate College THE UNIVERSITY OF ARIZONA

2002
As members of the Final Examination Committee, we certify that we have read the dissertation prepared by Heather Lynnea Powell entitled "Family Systems, Psychosocial Characteristics, and Communication in College Student Dating Relationships: Implications for "Safer" Sex Behavior" and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

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ACKNOWLEDGEMENTS

Chris, there are simply not words to describe how important you have been in this process and my life. I am thankful that you have been my mentor. Your never ceasing support, guidance, and patience have made this process so much fun! I admire you and hope that someday I'll be the teacher and researcher that you are. Kyle, thanks so much for your "anal retentive ways." This project is better because of you. Tara, your arrival at the U of A was fortuitous for me. Thanks for having perfect timing and adding your expertise and enthusiasm to this project. Carl, your support throughout this endeavor has been a breath of fresh air. Your unique style about all things academic has provided an important piece for me. Rod, thanks for agreeing to sign on without warning and adding your insight.

To my Mom and Dad, I simply could not have done this without your support. Your encouragement, love, and belief in me have helped remind me of why I was here. I appreciate you more than words could ever explain. T. J., your presence here has been important to me. Your love and support is a true treasure. It’s been fun getting to know you as a grown-up. I will miss being in the same town with you and hope you find all the desires of your heart. To my grandparents, I am thankful for your wisdom, spirituality, and endless and unconditional love. I wish every kid, grandparents as great as mine!

To my friends and family, away from home, E. B., S. M., K. L., M. P., B. B., A. B., D. W., B. O., The G.’s, and C. P., I am so thankful for your parts in this journey. It would not have been as much fun without you. The distractions, dinners, events, and time together have been so meaningful to me and as important as the process itself.

To Louis, where do I start? Your love and support have been a tremendous part of the final stages of the dissertation and my graduate career. I look forward to our life together and I suspect you’ll continue to be a sounding board for all the studies yet to come (whether you like it or not). Darbe, I most appreciate your curiosity and willingness to welcome me with open arms. Your affectionate ways, your love of all things red and blue, and the name you have chosen for me mean more to me than you will fully ever understand. Know that I will love you always. Louie, I cherish that you too said yes to having me in your world. I appreciate your friendship and willingness to embrace me in ways that only you can.
DEDICATION

To all those who continue to be at risk

To my family with love

To my mentor and teacher
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ABSTRACT

This study examined the associations among family environmental factors, psychosocial characteristics, such as social anxiety, social desirability and social skill, and relational factors with HIV communication, number of past sexual partners, and current condom usage. Seventy-two college aged dating couples completed a sexual communication interaction task in a laboratory and then completed self-report measures of family environment, psychosocial characteristics, and past and current sexual behavior. Results indicated that family environment factors were a major predictor of situational social skill for women, but not men. Additionally, participants who indicated higher levels of HIV communication were also more likely to engage in HIV risk behaviors. Individuals whose partners reported more HIV communication were more likely to engage in HIV risk behaviors. A bias effect was also demonstrated for reports of social skill during the sexual communication interaction task, such that individuals who reported their own social skill to be high, also reported high social skill for their partners.
CHAPTER ONE

Family Systems, Psychosocial Characteristics, and Communication in College Student Dating Relationships: Implications for “Safer” Sex Behavior

Throughout the past two decades researchers within multiple disciplines have devoted attention to issues associated with the most currently salient health epidemic around the world: Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Initially, this epidemic was characterized as afflicting groups of individuals already marginalized within society (i.e., men who have sex with men and intravenous drug users). However, within the past decade, the threat of contracting HIV has grown to a larger, less specific group of individuals including heterosexual adolescents and college students (Clark, Miller, Harrison, Kay & Moore, 1996; Cline, Freeman & Johnson, 1990; Crawford et al., 1990).

The appropriateness of studying HIV-related risk behavior among college students is indicated by several factors. As a group, college students are at above average risk for contracting HIV as a function of their sexual activity, multiple sexual partners, and experimentation with alcohol and drugs (Cline et al., 1990, Crawford et al., 1990; Fisher & Misovich, 1990; Kelly, St. Lawrence & Brasfield, 1991; Lear, 1995). Cline and McKenzie (1994) reported that between 75-85% of college students are sexually active, while Powell and Segrin (in press) found that nearly 90% of college student dating couples reported being sexually active within the past six months.

Heterosexual college students in a dating relationship provide a unique challenge to those advocating “safer” sex behaviors. In general, these individuals perceive
themselves to be in "safe" relationships despite the fact that they often practice serial monogamy and often report sexual behavior with multiple partners over relatively short periods of time (e.g., Hammer, Fisher, Fitzgerald, & Fisher, 1996). A variety of reasons have been suggested for why these individuals believe that unprotected sexual behavior is "safe" within the confines of a relationship. These reasons include the use of implicit personality theories to determine levels of HIV risk and the establishment of monogamy as an effective alternative to condom use by some public health officials (not serial monogamy as is often practiced in this population) (Hammer et al., 1996; Metts & Fitzpatrick, 1992; Williams et al., 1992).

However, it seems clear that these individuals engage in "unsafe" sexual behavior, not because of a lack of concern for their health, but rather because of the priority of their relationship, or perhaps even the use of alcohol and drugs, which inhibit decision making. In one study, participants reported that "safer" sex is often related to the level of trust and intimacy of the relationship and insisting on condom use or HIV testing was often seen as indicative of less trust in the relationship (e.g., Hammer et al., 1996). In another investigation of dating couples, 41% reported not using a condom during vaginal intercourse for reasons of monogamy, trust, and beliefs about the level of risk (Seal & Palmer-Seal, 1996). Metts and Fitzpatrick (1992) pointed out that many sexually active individuals believe they engage in "safer" sex due to the fact that they have sexual relations with individuals they conclude are "safe." In combination, this evidence suggests that relational issues might be at the heart of "safer" sex issues for individuals in dating relationships.
To date, the most popular messages of HIV risk reduction programs rely upon admonitions to abstain from sexual behavior, to be in a life-long monogamous relationship, and to use condoms in all other circumstances (Kelly & Kalichman, 1995). In addition to advocating these behaviors, researchers and educators have also advised individuals to discuss sexual experiences and practices with potential sexual partners before engaging in sexual behavior (Swann, Silvera, & Proske, 1995). However, this advice is dangerous. Swann et al. (1995) found that individuals often judge ‘riskiness’ of a partner on an assumption that what is familiar is safe. Others have demonstrated that talking about sex is difficult for many college students (Hammer et al., 1996). Metts and Fitzpatrick (1992) also advised that the idea that communication can allow a person to recognize a "safer partner" is a risky endeavor. In fact, some scholars have found that both men and women have deliberately lied to a partner in order to obtain sex. Therefore, communication alone is not sufficient and may create illusory perceptions of safety.

This paper explores two key issues related to communication about sex and enacting “safer” sex behavior in college-aged dating couples. First, it is important to consider individual psychosocial factors that influence the likelihood of communication about sex in dating couples. Factors such as social anxiety, social desirability, and social skill may predict whether individuals have the ability and motivation necessary to talk about such intimate topics with a dating partner. Second, this paper explores the role of context in communication about sex. For instance, are individuals who talk with their parents about “safer” sex more likely to talk with their dating partner about “safer” sex? More importantly, are these individuals who discuss “safer” sex with their partner
actually engaging in “safer” sex behaviors in their dating relationship, or are they more inclined to see the talk as all that is necessary to ensure their safety? These issues will be explored from a systems theory perspective and framework.
Theoretical foundation

*Family systems theory*

General systems theory is a theoretical framework in which theorists try to explain any type of system we encounter – from the scientific, to even the social systems we encounter (Whitchurch & Constantine, 1993). In this paper, a system is any group of individuals with relationships among the individuals.

From this general approach of “systems theory,” emerged the idea of family systems theory, more familiar to those in the scientific study of the family. General systems theory began to be used in social scientific research like sociology and psychology and was dramatically encouraged by its popular use in psychiatry and family therapy. Bateson and his Palo Alto colleagues were some of the first to begin exploring the family as a system (Whitchurch & Constantine, 1993).

To understand family systems theory, one must consider the core assumptions upon which this framework is built. There are two hallmark assumptions of family systems theory: (a) holism and (b) emergent properties (Whitchurch & Constantine, 1993). Holism is the idea that to understand the system all of the pieces, not just select components, must be considered. In essence, the entire system is the concept of study, not the individual characteristics or members of the system. Second all systems have emergent properties (Broderick, 1993). That is, qualities of the systems emerge or evolve out of the interaction of the unique component parts. An example of a family system with emergent property qualities can be found in the theme song of the 1970s sitcom, “The Brady Bunch.” The song begins by describing the characteristics of both the girls and
then the boys with the final verse demonstrating the emergent property of a family system by saying, "That's the way we became the Brady Bunch."

An additional assumption of any human system is that the system can self-monitor or be self-reflexive (Broderick, 1993; Whitchurch & Constantine, 1993). What this means is that the family system possesses "the ability to make themselves and their own behavior the object of examination and the target of explanation" (Whitchurch & Constantine, 1993, p. 329). In essence, this property of self-reflexivity is created as a result of human communication. We typically think of communication as the sending (encoding) and receiving (decoding) of messages in an attempt to share meaning symbolically with another person. Therefore, this sharing of meaning created through communication allows the capability of both examination and explanation or simply self-reflexivity within the system. A component of the self-reflective or self-regulating ability of the family system is the idea that the system must adhere to the principle of requisite variety. Requisite variety means that a system must have a repertoire of sufficient variety of responses to handle all that it encounters. If the system does not meet this principle the system has one of three choices: (a) the system can shut down and refuse a response, (b) the system can fall back on a default response, which may or may not be appropriate, (c) or the system, if sophisticated, can generate a new, untried response to the input. In a sexual encounter between two people within a system, this could result in a variety of responses: shutting down completely (e.g., not engaging in the sexual activity), or using a default response or a new response, which could vary based upon each individual's past
reactions to similar stimulus (e.g., condom use, oral contraceptive use, no birth control or disease prevention devices, etc.).

Family systems theory is an appropriate theoretical framework for exploring the role of communication about sex and sexual behavior within dating relationships, as well as for investigating psychosocial factors that may moderate this relationship. Communication itself is a systemic, interactional behavior. As Broderick (1993) argued, communication or shared meaning is the existential structure of relationships. The exchanged messages are complex and often shaded with a myriad of possible meanings. Clearly families and dating relationships are social systems. Family relationships and dating partner relationships possess the basic qualities of a system: they exhibit holism, emergent properties, and are self-reflective in nature.

Although more concepts of family systems exist, not all fall within the scope of this paper. Family systems concepts that will be explored in this review include: adaptation, interdependence, mutual influence, openness, patterns and rules.

Adaptation implies that families are often required to change and restructure themselves in an effort to cope with developmental and situational demands upon the system (Olson, 1993). It is important to note that while flexibility and the ability to adapt to circumstances are often viewed as positive, constant change is not always functional (Olson, 1993). In fact, constant change and/or severe rigidity may prompt rebellion and seeking of control in young adults. One way young adults attempt to exercise control and exhibit rebelliousness is through actions such as sexual behavior, drug, and alcohol use.
The concept of openness refers to the degree to which the system permits interchange with the surrounding environment (Whitchurch & Constantine, 1983). A boundary exists between the system and the environment, but that boundary can range on a continuum from completely permeable to completely impermeable. The environment is "everything that is external to a system but in some way in direct or indirect transaction with it" (Whitchurch & Constantine, 1993, p. 333). Ideally, family systems need interaction with elements and people in the environment at large. This enables the members of a family system sustenance physically, emotionally, and psychologically. Again, it seems possible that individuals who have either too many boundaries may seek control over or too few boundaries may drift unchecked over this phenomenon and may due so via sexual behavior.

Interdependence encompasses the idea that the members or elements of a system are interrelated or interfaced with one another (Whitchurch & Constantine, 1983). Family members are so intertwined as to be dependent on each other for ideal functioning. As a result of this interdependence, when a change in one family member occurs it will produce a change in every other member and ultimately the entire family system. This interdependence is manifest in the family cohesion of the system. Either too much or too little interdependence may be related to the risky sexual behavior of young adults.

Another common characteristic of the family systems theoretical approach is the idea that systems have patterns and rules (Broderick, 1993). Most family systems have regularity and predictability. As a result of this regularity, patterns develop over time within the system. One way in which patterns and regularities are formed is through the
use of implicit and explicit rules. Rules are simply relationship agreements that prescribe or limit a family member's behavior over time. Finally, rules and patterns can encompass relationships among the members of the family, regulate the relationships between individuals within the system and the environment, as well as maintain relationships between the family system and the environment. Finally, families exhibiting extreme levels of patterns and/or rules may impact the sexual behavior of young adults. These aforementioned concepts and ideas apply not only to family systems, but to other social systems as well, including dating relationships. The idea is that rules and patterns provide a context for good judgment, responsibility and restrain. However, when the patterns and rules are overwhelming young adults often assert their own individuality. Conversely, young adults from families with nonexistent rules and patterns often fail to learn self-restraint.

Social learning theory

In addition to considering the issue of "safer" sex behavior in college students from the perspective of family systems theory, another theoretical perspective that explains how people adopt and develop social behaviors is social learning theory. Social learning theory is a theory of learning through modeling that explains how individuals can acquire information and create behavioral rules that can guide their own future behavior, based on the behavior of others (Bandura, 1986). Social learning theory suggests that individuals actually learn through these behavioral rules rather than just mimicking the behavior.
When a model is observed being punished for performing a behavior, the performance of that same behavior is inhibited in the observer (Bandura, 1986). When a model is observed being rewarded for performing a behavior, the performance of the same behavior is disinhibited in the observer (Bandura, 1986). However, the extent of the inhibition/disinhibition depend upon the observer's ability to engage in the behavior, the perception of the reward/punishment, and making inferences that they can expect similar consequences if they engage in the behavior themselves (Bandura, 1986).

According to social learning theory, there are four parts to the process of learning: attention, retention, production, and motivation (Bandura, 1977; 1986). First, people cannot learn unless they pay attention to the modeled behavior. Second, to learn, an individual must remember modeled behavior and their consequences. Additionally, individuals must be able to organize behavioral responses into response patterns that could be used given a particular situation. Finally, it is important to recognize that individuals learn many behaviors, but for a variety of reasons may never enact them without the necessary motivation.

Past literature indicates that knowledge alone is not sufficient to influence individuals to avoid engaging in health risk behaviors, including "unsafe" sexual behavior that can be a risk factor for contracting HIV and thus, developing AIDS (Bandura, 1994). In terms of "safer" sex behavior, individuals can learn through the actions of their family, friends, dating partners, as well as through media influences what behaviors are appropriate. This perception of normative and/or appropriate behavior is the crux of the social learning approach to "safer" sexual behavior. However, Bandura (1994) suggested
that individuals additionally need to be provided with the behavioral repertoire and support to do so. He argued that focusing on how individuals manage interpersonal situations and their own behaviors related to such can create protection against contracting HIV (Bandura, 1994).

A recent study by Hogben and Byrne (1998) suggests that social learning theory is a viable theoretical framework for understanding individual differences related to sexual behavior. In one study concerned with preventing adolescent pregnancy, the students who had received sex education training were more likely to use birth control than those individuals who had not received sex education training (Barth, Fetro, Leland, & Volken, 1992). DiBlasio and Benda (1990) found that adolescents whose friends were sexually active were more likely to indicate engaging in sexual behavior.

A social learning approach to sexuality also suggests that sex differences in attitudes and behaviors exist (Oliver & Hyde, 1993). Specifically, Oliver and Hyde's meta-analysis found that eight of nine measures of sexual behavior indicated less experience for females than for males. In fact, men reported their initial intercourse experience at a younger age, with more sexual partners, and a higher incidence of sexual intercourse than women. The reason that social learning may be a plausible explanation for these findings is based on social norms within our society. Primarily, young men are rewarded for their sexual behavior and are viewed in a more favorable light for engaging in as much sexual activity as possible (Byers, 1996). This positive appraisal functions as a reward to men, thus functioning to facilitate sexual behavior or the reports of sexual behavior in men. On the other hand, women who engage in more sexual behavior are
viewed in a less positive light. It can be argued that this social norm functions to inhibit or punish women's sexual behavior, or perhaps their reporting of their sexual behavior. However, the authors of this study do point out that the trend in this literature indicates that the gap in sex differences to sexual behavior appears to be narrowing (Oliver & Hyde, 1993).

Finally, communication about sexuality may be a topic of conversation that is learned via participants' observations of similar conversation among their family networks. Whether or not communication about sexuality occurs within the contexts of their peers and/or their family systems may function to inhibit or disinhibit similar conversations by these individuals in the context of their dating relationships. Specifically, young adults who come from a family environment where issues are openly discussed are more likely to learn that approach to dealing with this topic, and this open communication should carry over into their dating relationships.

Psychosocial Factors

While many psychosocial factors have been studied in relation to communication or interpersonal relationships, the vast majority of literature on HIV risk behavior has ignored the psychosocial factors that individuals bring into sexual relationships. Despite this gap in the literature, many scholars have suggested studying psychosocial factors that may contribute to HIV risk-related behaviors. The psychosocial factors to be considered in this research include social anxiety, social desirability, and social skill. The psychosocial factors explored in this paper can be considered components or outputs of each context's systems. Researchers have argued that personality characteristics
undoubtedly influence our communication and subsequent behaviors (Booth-Butterfield, Anderson, & Booth-Butterfield, 2000). The ultimate goal of this investigation will be to determine the role these personality characteristics play in communication about sexual behavior, as well as reported sexual behavior and condom usage.

Social anxiety

The first personality characteristic of interest in this investigation is social anxiety. Social anxiety is a person's tendency to feel apprehension during social situations and encounters (Leary & Dobbins, 1983). This characteristic has also been studied in relation to particular settings, as certain types of social situations may be more anxiety inducing than others. Still, some individuals may be comfortable in some social encounters, but not others. An important area in this line of research has focused upon apprehension and anxiety related to meeting and interacting with potential dating partners (Leary & Dobbins, 1983).

Leary and Dobbins (1983) found that college-aged individuals who reported high anxiety in regard to interacting with members of the opposite sex differed in terms of their number of previous partners, frequency of sexual intercourse, degree of their sexual experience and even contraceptive use compared to individuals who reported lower levels of this anxiety. Specifically, people with high anxiety tended to have fewer past sexual partners, engaged in sexual intercourse less often and had less sexual experience than people with low anxiety in these social encounters. An important finding from this line of research found that women differed in their choice of contraceptive use depending on the degree to which they were socially anxious. Women who tended to report low levels of
social anxiety preferred oral contraceptives (i.e., the pill), while women reporting high levels of social anxiety showed a preference for a condom (Leary & Dobbins, 1983).

Social desirability

The second personality characteristic of interest is social desirability. Social desirability plays an important role in survey research on the topic of "safer" sex. Social desirability refers to the tendency of individuals to present themselves in such a way as to be viewed favorably by other people (Meston, Heiman, Trapnell, & Paulhus, 1998). It is believed that participants may respond in ways they believe will enhance their social image (Catania, Gibson, Chitwood, & Coates, 1990). While self-report data collection assists in minimizing social desirability issues, participants often know what researchers want to hear. As HIV prevention has infiltrated American society, college students have become sophisticated about this topic and know what behavior they "should" and "should not" be engaging in. There has been concern in the literature that self-report measures of sexual behavior may be inaccurate due to socially desirable responding on the part of some participants in research (Catania, 1999; Catania et al., 1990). Meston et al. (1998) argued that a practical and reasonable way to account for socially desirable responding is to administer a measure of social desirability. While the risk of misreport might be minimized by the nature of the study, it is important to measure the level of social desirability in the sample and analyze the role that it may play in reports of communication and sexual behaviors. This study will do just that. In their study of Canadian college students (half of whom were from Southeast Asia), Meston et al. (1998)
found that although some participants did respond in a socially desirable fashion, the small associations suggested that most variance in self-report is not biased.

**Social skill**

Social skill is a complex social phenomenon that includes a cluster of basic constructs often studied by communication scholars. Commonly measured via self-report methods are six basic constructs: emotional expressivity, emotional sensitivity, emotional control, social expressivity, social sensitivity, and social control (Riggio & Zimmerman, 1991). At its most fundamental, social skill is a learned repertoire of behavior (Nangle & Hansen, 1993). McFall (1982) suggested that social skills can be viewed as, "learned behaviors in specific situations" (p. 7). However, he goes on to argue that a new approach to social skills is necessary; i.e., one that includes a analysis of physiological, cognitive, and overt motor behavior individually to represent social skill (McFall, 1982).

In essence, a molecular approach to social skill hinges upon the idea that some people are more comfortable, as well as better interactants in certain types of social situations, than others (McFall, 1982). Individuals who possess good social skills are able to "express themselves effectively, understand and empathize with others, emit communication behaviors that are viewed positively by others, and achieve basic interaction goals of getting along with others, establishing and maintaining rewarding social and personal relationships, and so on" (Segrin, 2001, p. 20).

Burleson, Delia, and Applegate (1995) suggested that social skills are built through the socialization process that occurs first in families and then with dating partners. Not unexpectedly, this process occurs primarily through communication of
what is acceptable and expected (calibration and feedback, patterns and rules). As many processes are, this socialization of social skill in children and adolescents is cyclic in nature. Those individuals who develop high levels of social skill are likely to be positively reinforced by the family system. This positive reinforcement leads to continued and increased social skill, which in turn they take into their encounters with their dating partners.

Research in laboratory settings has demonstrated that college students exhibiting poor social skill are rated as less enjoyable to be around by strangers and even their relational partners than others with moderate to high levels of social skill (Flora & Segrin, 1999; Segrin & Flora, 2000). These findings indicate that in interactions with relational partners the cycle continues. Individuals with social skills are rewarded in interaction, while their peers without social skills are negatively reinforced. We know that social skills deficits are often associated with individuals with psychological problems, such as depression (Segrin, 2000). These findings clearly suggest how a systems perspective and a social learning theory approach can be used to explain how social skill may moderate the relationship between communication about sex within differing contexts and actual “safer” sex behavior. Consequently people with poor social skills may have difficulty discussing difficult or complex topics such as sexual history, condom usage, and their desires regarding sexual behavior with a dating partner.

The hallmark of the behavioral assessment research tradition involves the observation and measurement of actual social behaviors as they occur, typically in a role play scenario. However, there has been some concern in the literature about the accurate
assessment of social skill using role play (Bellack, 1983; Bellack, Morrison, Mueser, Wade, & Sayers; 1990; McFall, 1983; Torguid & Holborn, 1992). Despite these concerns, St. Lawrence, Kirksey, and Moore (1983) designed a study to evaluate the external validity of role play procedures commonly used for the assessment of social skills. They found that there was no difference in their role play condition compared to a natural behavior condition. This suggests that role play is an adequate method for assessing social skills (St. Lawrence et al., 1983).

Bellack (1983) pointed out that social skills are highly context dependent. Sexual behavior is a social behavior. Convincing one's partner to put on a condom during an intimate act takes a great deal of social skill (Dockrell & Joffe, 1992). Metts, Sprecher, and Regan (1998) explained that communication competence is essential in negotiating sexual involvement. We know that many individuals are concerned with insisting on "safer" sex, because of the relational messages inherent within such a request (Cline, Johnson, & Freeman, 1992). It can be argued that these messages suggest mistrust of the other, negative images of the partner's past, distrust of the state of the relationship, or even implies that the person making the request has engaged in risky behavior in the past, thus damaging the relationship in some way (Hocking, Turk, & Ellinger, 1999). Needless to say, this request is a loaded gun. How many individuals, who want to engage in sexual behavior, want to implicate these messages to their new partner? Researchers have suggested that interventions that help individuals gauge their risk, as well as acquire the skills necessary to reduce their risk would be beneficial (Kelly, St. Lawrence, Hood, &
Brasfield, 1989). One way to do this is to assess an individual’s social skill and then provide programs targeting social skills training in the area of sexual communication.

As such it is not surprising that a variety of HIV interventions have been designed to target social skills, some with success. Again, this rests on the premise that social skills can be learned. Research has demonstrated successful interventions for sexual risk behavior when knowledge and behavioral skill are combined in African-American college students (Bazargan, Kelly, Stein, Husaini, & Bazargan, 2000).

Communication

Past research in the area of HIV risk behavior has indicated the importance of communication. However, communication is often studied as a mechanism for creating and disseminating HIV prevention messages from a mass media perspective, rather than on the interpersonal communication between dating partners, which may predict “safer” sex behavior. In fact, it has been suggested that to practice “safer” sex, individuals engage in a “complicated process of sexual negotiation” (Lear, 1995, p. 1311). Another important reason for studying the role of communication in HIV risk-related behaviors is the common prevention message of the late 1980s and early 1990s was that individuals should “know their partner” (Swann et al., 1995).

If communication between sexual partners is important, one must consider where individuals learn their communicative behavior. Initially, individuals learn to communicate within their family of origin. As they grow, people are influenced by the communication patterns that exist in their families. What topics are taboo, as well as whom talks to whom is communication behavior that individuals observe and model from
their parents and family system. Researchers in HIV prevention have begun to more fully consider the role of parents in the socialization of communication about sexual behavior in their children. In fact, talk between parents and children about sexual behavior has been found to have a positive impact on adolescent behavior (Perrino, Gonzalez-Soldevilla, Pantin, & Szapocznik, 2000). General open communication between parents and children, as well as more communication about sexuality has been linked to reduced sexual risk-taking behavior in adolescents (Perrino et al., 2000). This includes delayed sexual behavior and greater use of contraceptives when sexually active (Perrino et al., 2000). Nevertheless, parents often find the task of communicating with their children about sex to be daunting and difficult (Rosenthal & Collis, 1997).

Research has demonstrated that individuals who are more likely to discuss topics such as sex and HIV with their parents are more likely to discuss such topics with their dating partner (Powell & Segrin, in press). Another important finding related to communication about sexual issues indicates that this communication often predicts whether or not condoms will be used (Hocking et al., 1999). It seems important to consider the role partner communication plays in promoting “safer” sexual behavior. Individuals in relationships are often overlooked in research, as we assume many of these individuals are in “safe” relationships, where clearly this is not the case. While individuals often have concerns about becoming sexually involved with a new partner, they are motivated more by concern for the relationship than for their health (Edgar, Freimuth, Hammond, McDonald, & Fink, 1992). In fact, this guise of a relationship may
prevent individuals from engaging in "safer" sex behaviors, in order to protect their relational status.

Hypotheses and Research Questions

It is predicted that (1) individuals who experience high social anxiety will also report fewer sexual partners and higher levels of condom use. It is expected that (2) individuals in this study who report high levels of social desirability will be less likely to report HIV risk behavior. (3) Individuals who demonstrate higher levels of social skill, will report more sexual partners and will be more likely to use condoms.

Furthermore, it is predicted that individuals' family characteristics will be related to social skill, social anxiety, and condom usage. (4) Specifically, family adaptability, family cohesion, family times and routines, and family communication will be positively related to social skill. (5) Family adaptability, family cohesion, family times and routines, and family communication will be negatively associated with social anxiety.

(6) It is also predicted that individuals' relational characteristics will be related to their social skill. Specifically, relational communication and relational intimacy will be positively related to social skill in the sexual communication task.

(7) It is further hypothesized that individuals who report higher levels of relational intimacy will be more likely to communicate with their dating partner in general, as well as about HIV. (8) Relational intimacy will be related to number of sexual partners, such that individuals who report higher levels of relational intimacy will report fewer sexual partners. Conversely, those individuals scoring low on measures of relational intimacy will be more likely to report a large number of sexual partners. (9) Finally, it is
hypothesized that individuals who discuss "safer" sex with their partners will be less likely to engage in "safer" sex behaviors in their dating relationships.

Two additional research questions will be answered in this study. RQ1: Is couples' collective social skill related to the length of the relationship? RQ2: Is the length of the dating relationship related to the length of time couples talk during the sexual communication task?
CHAPTER TWO

Method

Participants

Participants were solicited from undergraduate communication courses at a large southwestern university in exchange for extra credit toward their course grade. To be eligible for this study, students were required to be involved in a romantic relationship of at least three months.

Seventy two heterosexual dating couples participated in this study. Couples had known each other on average about two years, $M = 2.10$, $SD = 1.75$, and been dating for approximately a year and four months, $M = 1.39$, $SD = 1.12$.

Participants reported the number of sexual partners they had during the previous six months, one year, two years, and five years, as well as the age they first had vaginal intercourse. Similar to previous studies, this study found that 88.9% of both male and female participants reported sexual activity in the past six months (Cline et al., 1990; Powell & Segrin, in press). During the previous six months, participants averaged about one sexual partner ($M = 1.09$, $SD = .67$ for women, $M = 1.32$, $SD = 1.00$ for men) with responses ranging from zero to four sexual partners for women and zero to five sexual partners for men. In addition, 87.5% of females indicated they had been sexually active within the past year, while 91.7% of males indicated they had been sexually active within this same time frame. During the previous year, female participants averaged about one and a half sexual partners ($M = 1.53$, $SD = 1.40$) reporting from zero to eight sexual partners. Men averaged slightly over two sexual partners over the past year ($M = 2.28$, $SD$
Responses for number of sexual partners during the previous year ranged from zero to 10 for men.

During the previous two years, 87.5% of females reported sexual activity, while 93.1% of the males reported sexual activity. Women indicated an average of just above two sexual partners during this time ($M = 2.17, SD = 2.07$), with anywhere from zero to 10 sexual partners and a median of 2 sexual partners. Men averaged above 4 partners ($M = 4.40, SD = 5.06$) during the previous two years with a range from zero to 21 sexual partners during this time and a median of 2 and a half sexual partners. For the five year period, women reported an average of about 3 and a half partners ($M = 3.54, SD = 3.21$) with responses ranging from zero to 14 sexual partners. The median number of sexual partners for women over the previous five years was 3 sexual partners. Men in this study indicated having on average almost seven sexual partners ($M = 6.76, SD = 7.81$) during the previous five years, with responses ranging from zero to 35 sexual partners during this time. The median number of sexual partners the men reported over the previous five year period was 4 sexual partners.

Women indicated the first time they had vaginal intercourse was between the ages of 14 and 21, and at an average age of about 17 ($M = 16.97, SD = 1.74$). It is important to note that 7 female participants indicated that they had not engaged in vaginal intercourse over the course of their lifetime. For men, the first time of vaginal intercourse occurred between the ages of 13 and 21, with an average age of almost 17 ($M = 16.97, SD = 1.74$). Four male participants indicated that they had never engaged in vaginal intercourse.
Procedure

Student volunteers and their dating partners were recruited from communication courses to complete a sexual communication task and questionnaire on psychosocial factors, communication patterns with parents and dating partners, and sexual behavior. Participants were asked to have their current dating partner of at least three months accompany them to the laboratory for participation in the sexual communication task, as well as to complete a questionnaire. Upon arriving at the lab dating couples were escorted into separate rooms for obtaining informed consent (Appendix A). Participants received verbal instructions as to the nature of the study and were given time to read a consent form detailing the same information. This consent form included the procedures and the purpose of this project, as well as a statement to inform participants that they were able to withdraw from the study at any time without penalty. Additionally, the consent form detailed that the study was confidential. Any remaining questions were handled and consent forms collected prior to beginning the sexual communication task. Participants were then both moved to a "living room" with a loveseat, coffee table, lamps, pictures on the walls, a computer monitor on the coffee table, etc., and cameras and microphones in plain sight. At that time, the dyad was provided with instructions for completing the sexual communication task, which was videotaped. Specifically, they were told:

Now I would like for you both to imagine that a close female/male friend has come to you seeking advice. This female/male friend has been dating a new person for about three months and is considering becoming sexually active with this person. You want to continue your friendship with this person.
You will be presented with 5 prompts. You will have no longer than 5 minutes in which to respond to each question. A chime will indicate when a new prompt appears on the screen and you should begin discussing that question. If you finish before the allotted 5 minutes, press the button on the mouse to move on to the next question. Please follow the on-screen prompts. Remember that there are no right or wrong answers. Try to talk as naturally as possible.

Each couple was randomly assigned to discuss either a male or female friend. Directions were altered accordingly and the researcher recorded this information for use during data analysis. The 5 prompts were created by the researcher in an attempt to prompt participants’ discussion of topics such as whether to become sexually active with a new partner, discussing sexual history and experience, embarrassment related to discussing contraceptive use, contraceptive use and issues of trust related to condom usage. The first prompt was this, “I really like my new boyfriend. We’ve been dating for about 3 months. We’ve been getting closer, do you think it’s too soon for us to sleep together?” The second prompt asked, "I want to talk to my boyfriend about his sexual history - how many people he’s slept with, what he’s done and what he expects from me. How do I talk to him about this?” The third prompt questioned, “I am too embarrassed to ask him about safe sex, but I really want to sleep with him. What do you think I should I do?” The fourth prompt asked, “I want to sleep with my boyfriend, I’m on the pill and I want him to use condoms. How do I tell him that?” The fifth and final prompt asked, “If I make him wear a condom, won’t he think that I don’t trust him and that he’s not important to me?”
Upon completion of the sexual communication task, members of the dyad were separated and given questionnaires (Appendix B) with measures described below.

**Measures**

**Family adaptability and cohesion.** Participants completed the Family Adaptability and Cohesion Evaluation Scale (FACES III), a 20-item measure developed to gauge family cohesion and family adaptability (Olson, Portner, & Lavee, 1985). Participants were asked to respond to all statements on a five-point scale that ranged from “almost never” to “almost always.” Sample items include, “family members ask each other for help,” and “we approve of each other's friends.” Both an average cohesion and adaptability score was calculated. The higher the score on the cohesion sub-scale, the more enmeshed the family. Higher scores on the adaptability sub-scale indicate more chaos in the family. The internal consistency of the cohesion sub-scale for the women in this study was $\alpha = .83$, while the consistency was $\alpha = .87$ for men. In terms of the adaptability sub-scale, the reliability was $\alpha = .66$ for women and $\alpha = .68$ for men. Stability over time appears good with a five week test-retest reliability of $r = .83$ for cohesion and $r = .80$ for adaptability (Olson et al., 1985). FACES has demonstrated validity at distinguishing between delinquent and nondelinquent families (Rodick, Henggeler, & Hanson, 1986).

**Family patterns and rules.** Participants completed the Family Time and Routines Index (FTRI; McCubbin, McCubbin, & Thompson, 1986). The FTRI is designed to measure the way a family utilizes routines and time and how important routines and schedules are to that family. The FTRI is a 30-item measure that assesses family
togetherness, parent togetherness, child routines, meals together, family time, family chores, relative connectedness and family management routines. These types of behaviors can be considered indicators of the patterns and rules within the family system. Participants were asked to indicate the extent to which the routines listed are typical of their family of origin, as well as indicating how important that routine is to keeping the family together. Each of these components is rated by participants on a 4-point scale. The FTRI results in two summed scores: higher scores on the first part indicate more family routines and higher scores indicate more value to the routine on the second. In terms of the internal consistency of the first score, $\alpha = .86$ for women and men. While the reliability of the second piece of this measure was $\alpha = .82$ and $\alpha = .84$ for women and men, respectively. The FTRI has demonstrated validity with measures of family hardiness, family satisfaction, and marital satisfaction (McCubbin, et al., 1986).

Social anxiety. Participants completed the Interaction Anxiousness Scale (IAS; Leary, 1983). The IAS, a 15-point measure, contains items designed to assess the degree of comfort one experiences in social situations. Participants are asked to indicate how characteristic each statement is of them on a 5-point scale from “not at all characteristic of me” to “extremely characteristic of me.” Four items are reverse scored, then a total interaction anxiousness score is calculated by summing all 15 responses. Scores range from 15 to 75, with low scores indicating low interaction anxiousness. Internal consistency of the IAS was $\alpha = .89$ for women and $\alpha = .80$ for men. Test-retest reliability has been reported to be $r = .80$ over a period of eight weeks (Leary, 1983). The IAS has
demonstrated convergent validity with other measures of social anxiousness, social problems, and shyness (Leary & Kowalski, 1993).

**Social desirability.** Participants completed the Marlowe–Crowne Social Desirability Scale (MCSD, Crowne & Marlowe, 1960). This 33-item measure was originally constructed to evaluate an individual's desire for other people's approval and is now generally considered a measure of avoidance of disapproval. This measure contains items designed to describe both behaviors that individuals often engage in, which are undesirable (e.g., gossiping) or desirable behaviors people engage in less frequently (e.g., admitting to a mistake). Participants are asked to indicate "true" or "false" to 18 statements in the true direction and 15 statements in the false direction. Items are scored by giving 1 point each to a "true" response on true directed items and 1 point each for "false" responses on false directed items. Items include such statements as, "at times I have really insisted on having my own way," and "I am always careful about my manner of dress." Possible scores range from 0 to 33 with high scores on this scale indicating higher desire for approval. Internal consistency of the MCSD ranged from $\alpha = .71$ to $\alpha = .66$ for women and men, respectively. Test-retest reliability has been reported to be $r = .88$ over 1 month (Crowne & Marlowe, 1964), or $r = .84$ over 1 week (Fisher, 1967). The MCSD has demonstrated concurrent validity with measures of social reinforcement, as well as aggression inhibition (Fischer & Corcoran, 1994). The MCSD has demonstrated validity with measures of social reinforcement, aggression inhibition, and amenability to social influence (Crowne & Marlowe, 1964).
Social skill. Participants completed a modified version of the Conversational Skills Rating Scale (CSRS; Spitzberg, 1995) reporting on their own perception of their conversational skill in the sexual communication task, as well as their perception of their partner's skill. The CSRS is a 15-item measure developed to assess the degree of skill individuals exhibit in interpersonal conversations. Skills being assessed include interaction management, expressiveness, composure and altercentrism. Participants were asked to respond to 10 items such as "vocal fluency," and "interruption of partner speaking turns," on a 5-point scale ranging from "inadequate" to "excellent." Items that were inappropriate for this particular sexual communication task were deleted from this measure. Internal reliability for the CSRS has consistently been above $\alpha = .85$ (Spitzberg, 1995). Participants then completed a 5-item global conversational skill measure rating their overall conversational performance and their partner's conversational performance. Internal consistency for women's report of their own social skill was $\alpha = .83$, while $\alpha = .84$ for men's report of their own social skill. Internal consistency for women's report of their partner's social skill was $\alpha = .86$, while $\alpha = .83$ for men's report of their partner's social skill. The CSRS has demonstrated concurrent validity with measures of relational trust, conversational satisfaction, loneliness, received social support, and use of humor (Spitzburg, 1995).

As a last measure of participants' and dating partners' social skill, the same 15 CSRS items were coded by trained observers. Three trained undergraduate research assistants took separate passes through the entire set of video taped conversations and coded each participant and dating partner for social skill. They coded the male and
female participants in separates passes through each dyads videotape. All coders were provided with detailed verbal and written instructions, including the meaning of each point on each individual measure. After coding the first 5 videotapes for training purposes together as a group, they coded the next 5 individually. At that time, the coders met with the research to assess reliability and fine tune the coding scheme. All remaining tapes were coded individually by each coder. The intercoder reliability for social skill for females was $\alpha = .81$ and the intercoder reliability for social skill for males was $\alpha = .72$. A composite score was summed for each participant by each coder and the average score of the three coders were used in all subsequent analyses.

*Family communication – general.* Participants completed the communication sub-scale of the Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983). The FAD is a 60-item questionnaire designed to evaluate six dimensions of family functioning: affective involvement, affective responsiveness, behavior control, communication, problem solving, and roles, and a general family functioning sub-scale. Participants were asked to respond to nine communication sub-scale statements on a 4-point scale that ranges from “strongly agree” to “strongly disagree.” Statements describing unhealthy functioning were reverse coded. Each item was then scored from 1 to 4 and all items averaged. Healthier functioning is indicated via lower scores. The internal consistency for the FAD was $\alpha = .81$ for women and $\alpha = .60$ for men. The FAD does demonstrate some degree of concurrent validity correlating with the Locke-Wallace Marital Satisfaction Scale (Corcoran & Fischer, 1987).
Family communication patterns. Participants completed the Revised Family Communication Patterns Instrument (RFCP; Ritchie & Fitzpatrick, 1990). This measure is designed to appraise two types of family communication patterns: conversation orientation and conformity orientation. The conversation orientation sub-scale consists of 14 items designed to measure the extent to which children within a family are encouraged to express themselves as individuals, while the conformity orientation sub-scale is made up of 11 items designed to examine the extent to which children are expected to conform to their parent's viewpoints (Fitzpatrick & Ritchie, 1994; Ritchie & Fitzpatrick, 1990). Participants were asked to respond to each item on a 5-point scale from "strongly disagree" to "strongly agree." Items include statements like, "I can tell my parents almost anything," and "my parents feel it is important to be the boss." The conversation orientation sub-scale demonstrated reliabilities of $\alpha = .83$ and $\alpha = .88$ for women and men, respectively. The reliability of the conformity orientation sub-scale was $\alpha = .83$ for women and $\alpha = .82$ for men.

Dating partner communication - general. A modified version of the Primary Communication Inventory (PCI) was used to assess general communication between dating partners. This 25-item measure was originally designed to assess marital communication (Navran, 1967). The PCI has been applied to both distressed and non-distressed marital couples. This measure asks participants to consider the statements about communication between them and their spouse; rating the extent to which they behave in a certain way, ranging from "never" to "very frequently" on a 5-point scale. Items include ideas such as "does your spouse discuss matters of sex with you" or "do
you understand the meaning of your spouse's facial expressions." To measure communication participants have with their dating partners, the term "partner" was substituted for "spouse" throughout the scale. The internal consistency of this partner scale was $\alpha = .76$ for the women and $\alpha = .84$ for the men. Scoring is completed by reverse coding 3 items and then transposing 9 items from the partner's questionnaire and finally, summing all items. Better or more positively viewed communication is indicated with higher scores. The PCI has strong concurrent validity correlating with the Locke-Wallace Marriage Relationship Inventory (Corcoran & Fischer, 1987).

*Family and dating partner communication about HIV.* This 8-item scale was created by Powell and Segrin (in press) to measure communication related to HIV. The HIV Communication Scale was designed to apply to parents, peers and partners through the substitution of the appropriate terms (Powell & Segrin, in press). Participants were asked to decide how well each statement described their experiences, responding on a 5-point scale from "strongly agree" to "strongly disagree." The internal consistency of this measure was $\alpha = .95$ for the parent referenced version for women and $\alpha = .92$ for men. Used to measure communication about HIV between dating partners the scale included 4 additional items that were designed to assess the communication of sexual histories between partners and the usage of condoms. The internal consistency of this measure for assessing communication about HIV with dating partners was $\alpha = .90$ for women and $\alpha = .82$ for men. It was predictive of family and dating partner communication about sexuality (Powell & Segrin, in press).
Sexual behavior. Participants were asked to complete the HIV Behavioral Assessment Device, which was created to measure HIV risk-related sexual behavior (Powell & Segrin, in press). The HIV Behavioral Assessment Device was designed for administration to both participants and dating partners. All participants were asked to respond to statements indicating the number of times they have engaged in particular behaviors during the past month. The statements include behaviors such as number of sexual partners, condom use, drug use, alcohol use, as well as specific sexual behaviors. The internal consistency of this measure was $\alpha = .71$ for women and $\alpha = .76$ for men. Additionally, participants were asked to respond on a 5-point scale from "much less than usual," to "much more than usual" indicating the degree to which their frequency of behaviors in the past month is typical of their overall sexual behavior. Not enough participants completed this portion of the measure to assess reliability.

To measure condom use beyond just simple use and non-use, participants completed a 6-item continuous measurement of condom use (Crowell & Emmers-Sommer, 2000). Specifically, participants were asked to indicate on a 7-point scale from "never" to "always," how often they used condoms with their current partner for anal, oral and vaginal intercourse.

Relational intimacy. Participants completed the Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982). The MSIS was developed to assess relational intimacy in both single and married samples. This 17-item measure consists of two sub-scales: six items concerning the frequency of contacts and 11 that concern the intensity of those intimate contacts (Downs & Hillje, 1991). Participants were asked to respond to these 17
questions on a 5-point scale that ranges from “very rarely” or “not much” to “strongly disagree” or “a great deal.” Two items were reverse coded and then all items summed to create a composite score, ranging from 17 to 85, where higher scores indicate higher intimacy. Reliability of this scale was $\alpha = .87$ for women and $\alpha = .88$ for men. The MSIS has demonstrated validity correlating with measures of loneliness, self-concepts, and interpersonal relationships (Miller & Lefcourt, 1982).
CHAPTER THREE

Results

Social Anxiety, Number of Sexual Partners, and Condom Usage

A bivariate correlation was calculated to evaluate whether there was a relationship between social anxiety and number of sexual partners, and condom use. The results indicated that there was no significant relationship between women's social anxiety and the number of sexual partners they report over the past six months, $r (68) = -.060$, ns, and previous one year, $r (69) = -.176$, ns. However, the results indicated a significant relationship between women's social anxiety and the number of sexual partners they report over the previous two and five years. Specifically, women who report experiencing more social anxiety report having fewer sexual partners during the previous two years, $r (67) = -.207$, $p < .05$ and the previous five years, $r (70) = -.227$, $p < .05$ than women experiencing less social anxiety. This provides partial support for the first hypothesis.

A bivariate correlation was conducted to evaluate this relationship in men. The results indicated that men who reported higher levels of social anxiety tended to report fewer sexual partners during the past six months, $r (68) = -.234$, $p < .05$, and one year, $r (67) = -.237$, $p < .05$, period of time. However, there was no significant relationship between men's social anxiety and the number of sexual partners they reported during the previous two years, $r (64) = -.111$, ns and the previous five years, $r (70) = -.122$, ns. Thus partially confirming hypothesis 2 for men.
Additionally, it was hypothesized that there would be a positive relationship between social anxiety and condom use. There was no significant relationship in either women, \( r(70) = -0.105, \text{ ns} \) or men, \( r(64) = -0.046, \text{ ns} \), disconfirming this hypothesis.

**Social Desirability, Number of Sexual Partners, and HIV Risk Behaviors**

To test the hypothesis that individuals' social desirability may be associated with the number of sexual partners they report (fewer for women and more for men) bivariate correlations were conducted. There was no significant relationship between social desirability and the number of sexual partners women reported during the previous six months, \( r(71) = 0.016, \text{ ns} \), year, \( r(71) = 0.042, \text{ ns} \), two years, \( r(71) = 0.033, \text{ ns} \), and five years, \( r(71) = 0.092, \text{ ns} \). Results were similar for men. Specifically, there was no significant relationship between social desirability and the number of sexual partners they reported during the previous six months, \( r(72) = -0.152, p > 0.05 \), year, \( r(72) = -0.194, p > 0.05 \), and five year period, \( r(72) = -0.191, p > 0.05 \). However, there was a significant association between men's social desirability and the number of sexual partners they reported during the previous two year period, \( r(72) = -0.197, p < 0.05 \). It is important to note the relationship was in the opposite direction as predicted, indicating that as men's need for approval increases the fewer sexual partners they report.

To test the hypothesis that social desirability would be negatively associated with HIV risk behavior, a bivariate correlation was calculated. The results indicated that women's reports of social desirability were unrelated to their sexual risk behavior, \( r(62) = -0.021, \text{ ns} \), disconfirming hypothesis 2 for women. A bivariate correlation was calculated to evaluate this relationship in men. The results indicated that men who reported higher
levels of social desirability tended to report lower levels of HIV risk behavior, \( r (61) = -0.261, p < .05 \), thus confirming hypothesis 2 for men.

**Self Rated Social Skill, Number of Sexual Partners, and Condom Usage**

A bivariate correlation was used to test the hypothesis that individuals who perceive their own social skill at higher levels would tend to report greater numbers of sexual partners. The results indicated that women who perceived their own social skill during the sexual communication task to be high tended to report significantly fewer numbers of sexual partner during the previous six months, \( r (67) = -0.322, p < .01 \), year, \( r (69) = -0.215, p < .05 \), and five year period, \( r (69) = -0.295, p < .01 \), disconfirming hypothesis 3. The trend was similar but not quite significant for women's report of their sexual partners over the past two year period \( r (69) = -0.191, ns \).

In general, there was no relationship between men's self rated social skill during the sexual communication task and the number of sexual partners they reported. Specifically, there was no significant relationship for men's reported number of sexual partners during the previous six months, \( r (71) = -0.174, ns \), year, \( r (71) = -0.110, ns \), and two year period, \( r (66) = -0.124, ns \). However, men who perceived their own social skill to be high did report significantly fewer sexual partners over the previous five year period, \( r (66) = -0.212, p < .05 \).

It was also hypothesized that individuals who perceived their own social skill at higher levels would be more likely to report using condoms. This was tested using a bivariate correlation. For women, there was no significant relationship between their perceived social skill during the sexual communication task and their use of condoms, \( r \)
(68) = -.131, *ns.* However, for men, the relationship was significant in the hypothesized direction. Specifically, men who perceived themselves to have high levels of social skill during the sexual communication task tended to report more condom use, *r* (63) = -.248, *p* < .05.

*Family Environment Factors and Social Skill*

To test the hypothesis that family environment would be positively related to social skill a multiple regression was conducted. The six family environment factors: family adaptability, family cohesion, family times and routines, family communication - conventionality, family communication - conformity, and general family communication were treated as independent variables, entered simultaneously as a block, in a multiple regression analysis with social skill treated as the dependent measure. Results of this analysis appear in Table 1. Bivariate correlations for these family environment factors and social skill are also presented in Table 1. Notably, the family communication variable (FAD) was a significant predictor of social skill for both women *r* = -.34, *p* < .05, and men, *r* = -.36, *p* < .05. These relationships indicate that higher social skill is associated with more healthy family communication. These results indicate that family environment factors were collectively associated with the occurrence of women's perception of their own social skill related to the sexual communication task, *R*² = .232, *p* < .05, but not men's, *R*² = .173, *ns.* Approximately 23% of the variance of social skill was accounted for by its linear relationship with the family environment factors for women.
Table 1

*Concurrent Relationships Between Family Environment Factors and Social Skill*

<table>
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<th>Social Skill</th>
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<th>Men CSRS</th>
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<tr>
<td>$R^2$</td>
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*Note: * $p < .05$. ** $p < .01$. sr = semi-partial correlations. CSRS = Conversational Skills Rating Scale.*
Family Environment Factors, Self Rated Social Skill, and Social Desirability

To test the hypothesis that social desirability may predict social skill over and above family environmental factors another regression was calculated. The six family environment factors: family adaptability, family cohesion, family times and routines, family communication - conventionality, family communication - conformity, and family communication were treated as one block of independent variables, while social desirability was entered as another independent variable in a multiple regression analysis with social skill treated as the dependent measure. Social desirability did not account for a significant proportion of the social skill variance after controlling for the effects of family environment factors in females using their own perception of social skill in the sexual communication task, $R^2$ change = .010, $F(7, 49) = 2.186, p = .052$. For men's perceived social skill in the sexual communication task, social desirability did not account for a significant proportion of the variance over and above the family environment factors, $R^2$ change = .036, $F(7, 47) = 1.776, ns$.

Family Environment Factors and Condom Usage

To test the hypothesis that family environment may predict condom usage another regression was calculated. The six family environment factors: family adaptability, family cohesion, family times and routines, family communication - conventionality, family communication - conformity, and family communication were treated as one block of independent variables, while condom usage was treated as the dependent measure.
Olson et al. (1985) argues that both adaptability and cohesion are related in a curvilinear fashion to other variables of interest in functional families. To test this, a series of curve estimation regressions were conducted in which the dependent variable was either HIV risk or condom usage, while both adaptability and cohesion (tested as cubic and quadratic terms) served as the independent variables. In contradiction to Olson et al.'s original argument, none of these curve fitting analyses were significant. Therefore, the linear term was kept in subsequent analyses.

Results of this analysis appear in Table 2. Bivariate correlations for these family environment factors and condom usage are also presented in Table 2. Notably, the family adaptability was a significant predictor of condom usage for women \( r = .27, p < .05 \). This relationship indicates that more family adaptability is associated with less condom usage in women. These results indicate that family environment factors were not collectively associated with the occurrence of condom usage for either women, \( R^2 = .173, \text{ns} \), or men, \( R^2 = .102, \text{ns} \).

Relational Factors and Situational Social Skill

To test the hypothesis that social skill during the sexual communication task would be positively related with relational factors (dating partner communication and relational intimacy) a regression was conducted. Associations between relational factors and situational social skill were examined first by correlating each dating partner relational factor with three ratings of social skill: self rated, partner rated, and observer rated. The two relational factors were treated as independent variables, entered simultaneously as a block, in a series of multiple regression analyses which treated all
Table 2

*Concurrent Relationships Between Family Environmental Factors and Condom Usage*

<table>
<thead>
<tr>
<th>Family Environmental Factors</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>$r$</td>
</tr>
<tr>
<td>Family Adaptability</td>
<td>.28</td>
<td>.27*</td>
</tr>
<tr>
<td>Family Cohesion</td>
<td>-.25</td>
<td>-.08</td>
</tr>
<tr>
<td>Family Times and Routines</td>
<td>.28</td>
<td>.11</td>
</tr>
<tr>
<td>Family Communication -</td>
<td>-.19</td>
<td>-.01</td>
</tr>
<tr>
<td>Conventionality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Communication -</td>
<td>-.21</td>
<td>.26</td>
</tr>
<tr>
<td>Conformity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Communication</td>
<td>.10</td>
<td>.80</td>
</tr>
<tr>
<td>$R$</td>
<td>.416</td>
<td></td>
</tr>
<tr>
<td>$R^2$</td>
<td>.173</td>
<td></td>
</tr>
</tbody>
</table>

*Note: * $p < .05$. $sr$ = semi-partial correlations.*
three types of social skill as the dependent measure in each of these analyses. Results of these analyses for women appear in Table 3 and for men in Table 4.

These results indicated that dating partner communication and relational intimacy are collectively associated with the occurrence of women's self rated situational social skill, $R^2 = .099, p < .05$, but not men's self rated situational social skill, $R^2 = .068, ns$. Dating partner communication and relational intimacy were not collectively associated with the occurrence of women's partner rated social skill, $R^2 = .058, ns$, but is associated with the occurrence of men's partner rated social skill, $R^2 = .086, p = .05$. Finally, dating partner communication and relational intimacy were not collectively associated with the occurrence of observer's ratings of women's situational social skill, $R^2 = .005, ns$, while these relational factors were associated with observer's ratings of men's situational social skill, $R^2 = .132, p = .01$.

To test the research question that couples' social skill may be related to the length of the relationship a bivariate correlation was conducted. A composite index of couple social skill was created by finding the absolute value of the difference between males' and females' self reported situational social skill. There was no relationship between the couples situational social skill and either women's, $r (67) = .101, ns$, or men's, $r (68) = .085, ns$, report of their relationship length.

Additionally, to test the research question of whether there is a relationship between couples' length of relationship and the length of time couples talked while engaging in the sexual communication task a bivariate correlation was calculated. Both tests for women, $r (70) = .129, ns$, and men, $r (71) = .012, ns$, indicated a nonsignificant
Table 3

Concurrent Relationships Between Relational Factors and Situational Social Skill for Women

Situational Social Skill

<table>
<thead>
<tr>
<th></th>
<th>Self Rated</th>
<th>Partner Rated</th>
<th>Observer Rated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relational Factors</strong></td>
<td><strong>β</strong></td>
<td><strong>r</strong></td>
<td><strong>sr</strong></td>
</tr>
<tr>
<td>Partner</td>
<td>.08</td>
<td>.23*</td>
<td>.06</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relational</td>
<td>.27</td>
<td>.31**</td>
<td>.23</td>
</tr>
<tr>
<td>Intimacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( R )</td>
<td>.32*</td>
<td></td>
<td>.24</td>
</tr>
<tr>
<td>( R^2 )</td>
<td>.10*</td>
<td></td>
<td>.06</td>
</tr>
</tbody>
</table>

*Note. * \( p < .05 \). ** \( p < .01 \). sr = semi-partial correlations.*
Table 4  

Concurrent Relationships Between Relational Factors and Situational Social Skill for Men

<table>
<thead>
<tr>
<th>Relational Factors</th>
<th>Self Rated</th>
<th>Partner Rated</th>
<th>Observer Rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>$\beta$</td>
<td>$r$</td>
<td>$sr$</td>
</tr>
<tr>
<td>Communication</td>
<td>.17</td>
<td>.25*</td>
<td>.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimacy</td>
<td>.11</td>
<td>.23*</td>
<td>.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. * $p < .05$. ** $p < .01$. $sr$ = semi-partial correlations.
relationship between relationship length and talk time during the sexual communication interaction time.

Relational Communication and Intimacy

A bivariate correlation was calculated to evaluate whether individuals who report higher levels of relational intimacy would be more likely to communicate with their dating partner than individuals who report lower levels of relational intimacy. Both tests for women, $r (71) = .502, p < .01$, and men, $r (68) = .694, p < .01$, indicated a significant relationship between relational intimacy and communication with their relational partner.

To test the hypothesis that individuals who report higher levels of relational intimacy would be more likely to communicate about HIV with their dating partner than individuals reporting less relational intimacy an additional bivariate correlation was calculated. There was no significant relationship between relational intimacy and communication about HIV with dating partners for either women, $r (69) = .086, ns$, or men, $r (68) = -1.73, ns$.

Relational Intimacy, Number of Sexual Partners, and Condom Usage

To test the hypothesis was that individuals who report higher levels of relational intimacy would be less likely to report as many sexual partners as those individuals who report lower levels of relational intimacy. This hypothesis was confirmed for both women and men. Specifically, women who reported high levels of relational intimacy reported significantly fewer sexual partners over the previous six months, $r (71) = -.350, year, p < .01$, $r (71) = -.319, p < .01$, and two years, $r (71) = -.212, p < .05$. This relationship was not significant for the number of sexual partners women reported having during the
previous five years, \( r (71) = -.150, p > .05 \). Men who reported high levels of relational intimacy reported significantly fewer sexual partners over the previous six months, \( r (70) = -.308, p < .01 \), year, \( r (70) = -.327, p < .01 \), two years, \( r (71) = -.312, p < .01 \), and five years, \( r (71) = -.255, p < .05 \).

To test a related hypothesis that individuals who report higher levels of relational intimacy would be less likely to report using condoms a bivariate correlation was conducted. There was no significant relationship between these two variables for either women, \( r (70) = -.095, ns \), or men, \( r (62) = -.175, ns \).

Analysis of Partner Effects for HIV Communication on Dyads' HIV Risk Behaviors

To estimate possible partner effects for HIV communication in predicting HIV risk behaviors, a series of pooled regression analyses were conducted following procedures outlined by Kenny (1996) and Kenny and Cook (1999). For both women and men, bivariate correlations were calculated to verify that number of sexual partners was related to condom usage. Results can be seen in Table 5.

These analyses treat the dyad as the unit of analysis and allow for an estimation of actor and partner effects for HIV communication. In all cases, HIV risk behavior was the dependent variable. Sex was included in the analysis (dummy coded as female = 1, male = 2) in the event that being female or male is associated with reports of greater involvement in HIV risk behaviors. Because sex varies within and not between dyads, its effect will only be estimated in the within dyads regression analysis. Relationship length was also included in this analysis to test whether couples get more or less involved in HIV risk behaviors with the progression of their relationship. Because relationship
Table 5

*Concurrent Relationships Between Number of Sexual Partners and Condom Usage*

<table>
<thead>
<tr>
<th>Number of Sexual Partners</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$r$</td>
</tr>
<tr>
<td>Previous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six Months</td>
<td>.322**</td>
<td>.401**</td>
</tr>
<tr>
<td>Year</td>
<td>.213*</td>
<td>.400**</td>
</tr>
<tr>
<td>Two Years</td>
<td>.280**</td>
<td>.446**</td>
</tr>
<tr>
<td>Five Years</td>
<td>.265*</td>
<td>.492**</td>
</tr>
</tbody>
</table>

*Note:* * $p < .05$. ** $p < .01$. 
length varies between and not within dyads, its effect will only be estimated in the between dyads regression analysis. Finally, HIV communication will be entered in both the between and within dyads regression, allowing for an estimation of both actor and partner effects, with formulas provided in Kenny (1996). Results of this analysis appear in Table 6.

The results for the between dyads regression analysis indicate that relationship length was unrelated to involvement in HIV risk behaviors \( (b = -0.649, p = .781) \). Results from the within dyads regression indicate that sex was unrelated to reports of HIV risk behaviors \( (b = 2.166, p = .129) \). The positive direction of this coefficient indicates that the male member of each dyad tended to report slightly higher involvement in risk behaviors than the female, but this difference is not statistically significant. Finally, the effects for couples' HIV communication calculated from both the between and within dyads regression analyses shows significant actor effects \( (b = 6.869, p < .01) \) and significant partner effects \( (b = 5.345, p < .01) \). The direction of these unstandardized regression coefficients indicates that people who report higher levels of HIV communication are involved in more HIV risk behaviors (actor effect), and people whose partners reported higher levels of HIV communication are involved in more HIV risk
Table 6

*Estimation of Partner Effects for HIV/AIDS Communication on Dyads' HIV/AIDS Risk Behaviors*

<table>
<thead>
<tr>
<th></th>
<th>Between (df = 70)</th>
<th>Within (df = 70)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>t</td>
</tr>
<tr>
<td>Sex (1=F, 2=M)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Length of Relationship</td>
<td>-.649</td>
<td>-.029</td>
</tr>
<tr>
<td>HIV/AIDS Communication</td>
<td>12.214***</td>
<td>6.405</td>
</tr>
</tbody>
</table>

IntraClass Correlation = 0.14, \( p = 0.13 \)

Actor = \((12.214 + 1.525)/2 = 6.869\)

Partner = \((12.214 - 1.525)/2 = 5.345\)

\[
\text{SE} = \sqrt{\frac{1.907^2 + 1.373^2}{4}} = 1.175
\]

\[
\text{df} = \frac{(1.907^2 + 1.373^2)^2}{\frac{1.907^4}{70} + \frac{1.373^4}{70}} = 127.20
\]

Actor: \( t(127) = \frac{6.869}{1.175} = 5.846^{**} \)

Partner: \( t(127) = \frac{5.345}{1.175} = 4.548^{**} \)

*Note.** \( p < .01 \). *** \( p < .001 \).
behaviors. The estimation of these actor and partner effects indicates that the two are of roughly equal magnitude.

**Accuracy and Bias in Perceptions of Social Skill During the Sexual Communication Task**

Immediately following the sexual communication task, each member of the dyad was asked to rate his or her own social skill exhibited during the sexual communication task, as well as his or her partner’s social skill during the sexual communication task. The use of identical scales for each of these assessments allows for a direct comparison of self and other perspectives on evaluations of social skills. To determine the extent to which males and females were accurate (relative to their partners’ ratings) in their self-reports of social skills, a series of regression analyses were conducted following a paradigm described by Kenny and Acitelli (2001) and Kenny and Cook (1999). This procedure involves calculating four bivariate regression analyses that estimate the relationship between reports of one’s own social skills and ratings of the partner’s social skills, treating the couple as the unit of analysis. A second set of regression analyses estimate the relationship between reports of one’s own social skills and the partner’s report of one’s social skills. Results are presented in Figure 1.

The path coefficients in Figure 1 represent unstandardized regression coefficients. Because all measures are on the exact same scale, the magnitudes of the four coefficients are directly comparable. The horizontal paths in Figure 1 represent bias in perceptions of social skills. These results show that both males and females exhibited a significant degree of bias in ratings of their own, and their partners, social skills. In other words, people who rate their social skills with high scores tend to do the same for their partners.
The diagonal paths in Figure 1 represent accuracy effects for self- vs. partner-ratings of social skills exhibited during the sexual communication task. These results indicate significant accuracy effects for males' self-reports of social skills. In other words, males' self-reports of social skills exhibited during the sexual communication task were corroborated by their girlfriends. However, the nonsignificant coefficient from female self-reports to males' partner evaluations indicates that females' appraisals of their social skills demonstrated in the sexual communication task are not corroborated by their boyfriends.
Figure 1

Accuracy and Bias Effects in the Perception of Social Skills Exhibited During the Sexual Communication Task

Note. * p < .05. *** p < .001.
CHAPTER FOUR

Discussion

This study sought to examine the relationships between family environment, individuals' psychosocial characteristics, communication within the relational dyad, and HIV risk behaviors. One aim of this study was to examine and understand the relationships between family of origin environment and the social skills individuals take into other realms of their lives, like dating relationships, as would be predicted by family systems theory and social learning theory. Another component of this study sought to examine the extent to which social anxiety, social desirability, and social skill were related to HIV risk behaviors, such as the number of reported past sexual partners and the condom usage of college-aged dating couples. Additionally, relational factors such as communication and intimacy were examined in the context of situational social skill and HIV risk behaviors. Finally, this study was interested in examining the relationships between self perceived, partner perceived, and observer perceived situational social skill during sexual communication. Family environment factors were related to social skill for women. Another important finding of this study was that relational communication and intimacy were associated and intimacy was associated with the number of sexual partners of both women and men. Also noteworthy was that individuals who exhibited higher levels of HIV communication also indicated more HIV risk behaviors.

Family Environmental Factors and Social Skill

Results indicated some support for both a family systems approach and social learning theory approach to family environment factors' relationship to self perceived
social skill. This was particularly true for females. It appears that family environment factors such as communication and cohesion are associated with women's self-rated social skill during a sexual communication task. This indicates that social skill in women may be socially learned within their family of origin. This builds support for the theoretical explanation that women build their social skill through interaction within their family system and perhaps learn social skill from modeling other individuals within their family. It is possible that the reason families seem to impact women's social skill, but not men's is due to the time spent socializing women. On the other hand, men's social skill may be fostered through outside influences such as sports, school, and/or other non-familial activities. This relationship also may be indicating the difference between communication within the different dyads of the family (e.g., mother-daughter versus father-son communication). Social desirability did not moderate the relationship of social skill and family environmental factors.

For both women and men family communication was an important predictor of social skill, accounting for 34% and 36% of the variance, respectively. This indicates that most of the variation in social skill due to family environment was explained by the family communication variable alone.

**Psychosocial Characteristics and HIV Risk Behaviors**

Results indicated some support for the hypothesis that an individuals' psychosocial characteristics were related to HIV risk behaviors. Social anxiety was associated with women's report of the number of past sexual partners during the previous two years and five years, while social anxiety was associated with men's report of the
number of past sexual partners during the previous six months and one year time frame. These results are similar to results from the Leary and Dobbins (1983) study wherein highly anxious subjects reported having fewer sexual partners than their less anxious peers. It is interesting that this particular result was not consistent for men and women in terms of the relationship between the experience of social anxiety and the time frame in which they reported fewer partners. It should be noted that although not significant the other relationships were in the direction hypothesized, with a few close to significance. The lack of significant correlations may be due to low variance in the number of partners reported during these time periods. Women and men often experience social anxiety in different ways (Weinstock, 1999). Perhaps the men are feeling anxious now and as a result are seeking out fewer partners, while the women are experiencing social anxiety now as a result of their lack of partners in the past and are therefore making up for lost time. This would suggest some support for social learning theory. Social anxiety was not related to condom usage for either men or women.

With just one exception for men, social desirability was not related to the number of sexual partners either women or men reported. Social desirability was not related to HIV risk behaviors for women, but was for men. This indicates that as men's need for approval increases their HIV risk behaviors decrease or vice versa. HIV risk behaviors in this study were operationalized as more sexual partners and less condom usage, so this relationship should not be a surprise. The men demonstrate that in order to gain the approval of a dating partner, they are willing to reduce the risk behaviors they engage in and engage in the preventive measures necessary to appeal to their partner. Thus they are
more likely to use condoms and report having fewer past sexual partners. This finding provides evidence that condom use is an expectation primarily of the men. While it seems that women, too should be likely to exhibit a relationship between social desirability and HIV risk behaviors, it may be that the combination of the HIV risk behaviors minimizes that association. This may provide evidence that women have fewer alternatives in their repertoire HIV risk practices, especially the inability to enact the use of a condom independent of their male partner. These findings continue to support a social learning approach to sexual behavior, with women and men learning different skills. Additionally, this non-significant association suggests that these reports of sexual behavior are unlikely to be contaminated by any social desirability bias.

In general, self rated situational social skill was related to the number of past sexual partners women report, but not the number of past sexual partners men report. This is reminiscent of the finding above that family environment is predictive of women's social skill, but not men's. Self rated situational social skill was not related to condom usage for women, but was for men. This suggests that social skill at discussing sexuality is of particular importance to women in terms of minimizing their HIV risk behaviors via fewer sexual partners and for men in terms of their likelihood to use condoms. These results, again suggest that a social learning approach to sexual behavior may be at work. Again, this supports the idea that condom usage is still and will continue to be a predominantly male concern. While women can suggest to their partner that they use a condom or even put a condom on their partner, if their partner is not cooperative, a
woman simply cannot insist upon a condom unless she is willing to end the encounter completely.

Relational Factors, Social Skill, and HIV Risk Behaviors

This project demonstrates the differences in the three types of situational social skill: self rated, partner rated, and observer rated. Women's self reported situational social skill was related to the relational factors of communication and intimacy, while men's self reported social skill was not. Partners' ratings of the men and observer ratings of the men were also related to these relational factors. This was not the case for women. It appears that men's relationship quality and typical level of communication with their partner manifests itself as something that both their partners and trained observers picked up on, during the sexual communication task. This supports the idea that women's talk about HIV is expected and anticipated and may explain this variation between women's and men's situational social skill in this study (Bowen & Michael-Johnson, 1996; Cline et al., 1990; Cline & McKenzie, 1994).

The results of this study indicate the importance of considering HIV risk behaviors from the perspective of the relational dyad. An important result demonstrates that a moderate to strong association exists between relational intimacy and communication with their dating partner. This relationship is particularly strong for men. This supports past research that indicates that men talk predominantly to their relational partners, while women talk to their relational partners and close others (Gottman, 1994). While it cannot be presumed that the intimacy or the communication comes prior to the other, it is important that they are so strongly related.
Relational intimacy was not related to condom usage in this study. Another study found that a relational stability was negatively associated with condom use (Buysse, 1998). However, a paramount finding of this study is that relational intimacy is associated with the number of past sexual partners both women and men report. Specifically, those individuals who feel closest to their partner tend to have fewer past sexual partners than those who feel less close to their current relational partner. This is similar to a finding by Davis and Bibace (1999) that suggests that couples who both feel dissatisfied with their intimacy are more likely to report inconsistent contraceptive use, further increasing their HIV risk. While from a developmental standpoint the dating process is an important one, forming a close relational dyad seems to be significant in terms of reducing HIV risk due to fewer past sexual partners. So, from a public health point of view, developing and staying in long term relationship may be an effective means of reducing HIV risk, as long as both members remain faithful to their partner.

**Dyadic Effects for HIV Communication and Situational Social Skill**

Results suggest that actors and partners talk about HIV because they are performing behaviors that they know put them at risk. As a result, they have a need for communication about such risk. These results appear to contradict the common idea that talk about prevention and "safe" sex will encourage them to engage in the "safer" sex behaviors. These results are similar to findings by Cline et al. (1992) that suggest talking about HIV risk behaviors actually puts these dating couples at risk. There seem to be two reasonable explanations for this counterintuitive result. First, it is possible that the act of engaging in HIV risk behaviors motivates communication about "safer" sex, but the
couples just have not taken the initiative to engage in the "safer" sex behaviors. Another plausible explanation is that individuals actually engage in the communication about HIV risk behaviors as a way to cope in advance with the risk behaviors they anticipate engaging in with a partner.

In terms of self rated social skill and partner rated social skill, this study demonstrates both a bias effect and an accuracy effect. First, the results show that women and men have a tendency to rate the partners' social skill as similar to how they view their own social skill, thus clearly demonstrating a bias effect. On the other hand, an accuracy effect, or the idea that how an individual perceives his or her partner is similar to how their partner perceives themselves, is present but much weaker than the bias effect. This is particularly true for women. A few explanations of this result exist. It could be that the men in this study were oblivious to the social skills of their partners, that the women's self perception was somehow incorrect, or even that women were particularly accurate observers of their partner's social skills.

**Strengths**

The primary strength of this research project is the use of a sexual communication task, which provides an observational component of studying communication related to HIV risk behaviors. While many communication scholars observe communication behaviors in the lab, few attempts have been made to do this as it relates to the topic of "safer" sexual behavior in the United States. At this point in time, almost every study in the literature on this topic is self-report in nature. One study has been conducted in
Belgium, in which dating couples and non-dating couples participated in a laboratory discussion task related to "safer" sex behavior (Buysse & Ickes, 1999).

Researchers in this field know that knowledge of HIV, more communication about HIV risk behaviors, and exposure to popular "safer" sex media campaigns and messages do not necessarily equate with engaging in "safer" sexual behaviors (Cline et al., 1992; Metts & Fitzpatrick, 1992). Therefore, it is important that scholars study the messages that participants create about engaging in "safer" sex behaviors. Perhaps researchers can learn from this sample what is and is not being said about "safer" sex. As a result of this knowledge, researchers can then design more successful messages for encouraging sexually active individuals to engage in "safer" sex.

Another significant strength of this research is the measurement of social desirability. First, social desirability is assessed within the questionnaire, which will assist in determining to what degree participants are reporting truthfully or are influenced by the expectations of others. Furthermore, the observation measurement of the communication task provides an additional perspective, that of an outsider, a person outside the dyadic relationship. The non-significant association with social desirability speaks favorably to the validity of the self-report data.

Limitations

An important limitation of this study was the self-selection bias of the sample. After soliciting nearly 800 undergraduates to participate in this study, only 72 dating couples actually participated. It is conceivable that these dating couples might be different from typical college students within a dating couple and even more so than
college students who are not in a dating relationship. For example, there might be the couples who are more open and willing to communicate about sex.

One limitation often cited in studies of this nature is the use of self-report. While self-report is the only method available to researchers studying a topic as private as sexual behavior, it has inherent limitations. First, it is unclear to what degree participants are truthful about their sexual behavior. It is possible that males will over report, while females will under report sexual behavior as a function of societal expectations and perceptions of norms. However, two methods within this project guard against such erroneous reporting. Gathering data from both members of the relational dyad and measuring social desirability minimize the limitations of the self report of current sexual behavior. Another salient limitation related to the use of self-report is that it is a matter of participant perception and memory. However, this has been minimized by asking participants about their sexual behavior during the previous month, as well as using collateral data to check for the accuracy of their memory.

Another possible limitation of this study is the use of observation of a laboratory communication task as an attempt to understand how dating partners communicate about sexual behavior. Again, researchers using observational methods must consider the extent to which individuals and dyads engage in communication in the lab in the same way as they would outside the laboratory setting. It is likely that with the video cameras rolling, people will be more conscious of what they say and how they say it. Nevertheless, I suspect that the type of communication occurring within the laboratory context could be used as a baseline measure with real implications. This moves us in the
direction of examining the messages participants themselves create and use in their own talk about sexual behavior, as well as their own sense of skill in doing so. It seems reasonable to suspect that those individuals who do not feel comfortable talking with their dating partner in a laboratory situation are much more likely to communicate with their dating partner in any other setting. Additionally, we asked both partners separately to report their communication about HIV risk behaviors with their dating partner in a self-report measure. This again helps guard against the potential limitations of an observational measure.

Conclusion

Clearly, the implications of this study are significant as they address a major health issue of the 21st century: HIV. Due to the fact that HIV is a transmittable disease, often contracted through sexual behavior, with a highly effective deterrent; researchers are desperately seeking to reduce the transmission of this lethal disease (Hocking et al., 1999). To date, most research has focused upon the role of knowledge and encouraging talk between partners about sexual history and sexual behavior. However, interventions based upon such ideas demonstrate limited effectiveness (Sikkema, Winett, & Lombard, 1995).

This study attempts to understand this issue from the framework of a relational problem rather than as simply a health problem. The results of this study support the idea that we must look at condom use, numbers of sexual partners, and other HIV risk behaviors within a relational framework. Most sexual behavior does not occur without a partner. Therefore, we need to consider the importance of the ability to form intimate
relationships as a deterrent to becoming involved in at least some risky sexual behaviors (e.g., more sexual partners). Results of this study are generally supportive of examining sexual behavior and associated risks from a social learning framework. While family systems theory was not supported by most of the results of this study, it may be that college students are too far removed from their family of origin for the effects to be present. However, in a younger population, family systems theory may be a valid framework with which to explore risks associated with sexual behavior. This may be particularly true for women.

Another important implication of this study is the role that social skill plays for both women and men. For women, sexual communication skill is related to less HIV risk based on having fewer past sexual partners, while, for men, social skill was related to greater likelihood to use condoms. This study also demonstrates that social skill for women may be learned, reinforced, and/or maintained within the family of origin, supporting the idea that the family of origin has profound implications for the reduction of women's HIV risk behaviors. Social skill also performs an important role in reducing men's HIV risk via condom use. However, it is important to note that we cannot and should not imply causality in these relationships. Further study is necessary to parse out the specifics of causality related to family environment, social skill, and HIV risk behaviors.

This line of research has consequential possibilities for both basic and applied research to be conducted in the future. On a methodological note there is something to be learned from observing couples' actual communication behavior. Future research in this
area must consider sexual behavior within the context of relational dyads. Additionally, it is necessary to consider the differences between women and men. Scholars in this area of research also need to consider the role of social skill in negotiating condom use and sexual behavior in the future. Because the number of partners women report and condom usage of men are each related to social skill, the ordering and causal mechanisms behind this relationship warrant more study. If social skill does indeed predict these "safer" sex behaviors, a reasonable expectation might be the development of social skill interventions to reduce future HIV risk behaviors. Educational efforts targeted at improving individuals' social skill as it relates to communicating about sex also seems worthwhile.
APPENDIX A

Subject's Consent Form

Principal Investigator: Heather Powell, M. A., Department of Communication, University of Arizona

Project Title: Family Systems Theory, Psychosocial Characteristics, and Communication in College Student Dating Relationships: Implications for “Safer” Sex Behavior

I AM BEING ASKED TO READ THE FOLLOWING MATERIAL TO ENSURE THAT I AM INFORMED OF THE NATURE OF THIS RESEARCH STUDY AND OF HOW I WILL PARTICIPATE IN IT, IF I CONSENT TO DO SO. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY CONSENT. FEDERAL REGULATIONS REQUIRE WRITTEN INFORMED CONSENT PRIOR TO PARTICIPATION IN THIS RESEARCH STUDY SO THAT I CAN KNOW THE NATURE AND RISKS OF MY PARTICIPATION AND CAN DECIDE TO PARTICIPATE OR NOT PARTICIPATE IN A FREE AND INFORMED MANNER.

PURPOSE
I am being invited to participate voluntarily in the above-titled research project. The purpose of this project is to analyze the association between interpersonal interaction and characteristics of your relationship and yourself.

SELECTION CRITERIA
I am being invited to participate because I, or my dating partner is a student currently enrolled in a communication course. We have been in this dating relationship for at least 3 months. Approximately 100 subjects and their dating partner will be enrolled in this study.

PROCEDURE(S)
If I agree to participate, I will be asked to consent to the following: participating in a communication task with my partner that will be videotaped, and filling out a questionnaire about myself and answering questions about my relationship. The sexual communication task will ask my partner and I to discuss a series of questions related to sexual advice giving to a friend. The questions I will answer include questions about my sexual behavior, my communication with my dating partner and characteristics about myself and my family. If I choose to withdraw from the study, my videotape will be erased immediately. It will take approximately 1 hour and 30 minutes of my time.

RISKS & BENEFITS
It is possible that I may find the sexual nature of the questions uncomfortable or embarrassing and/or that the questions I encounter may elicit some concerns or questions.
that I have not previously encountered. There are no direct benefits, but it is possible that I may be encouraged to examine my sexual behavior resulting in "safer" sexual practices as a result of my participation.

CONFIDENTIALITY
At no time will my name be connected to my interview information or questionnaire. This form will be filed and kept separate from my questionnaire and videotape. All videotapes will be stored in a file cabinet within this locked communication laboratory. My name or identity will not be used in any publication or presentation resulting from this study.

CONTACTS
I can obtain further information from Heather Powell at (520) 621-1313. If I have questions concerning my rights as a research subject, I may call the Human Subjects Committee office at (520) 626-6721.

PARTICIPATION COSTS & SUBJECT COMPENSATION
The only cost associated with participation in this study is approximately 1 hour and 30 minutes of subjects' time. Participants enrolled in communication courses will receive course credit to be determined by their course instructor. Participants who are not enrolled in a communication course will receive no compensation for their participation.

AUTHORIZATION
BEFORE GIVING MY CONSENT BY SIGNING THIS FORM, THE METHODS, INCONVENIENCES, RISKS, AND BENEFITS HAVE BEEN EXPLAINED TO ME AND MY QUESTIONS HAVE BEEN ANSWERED. I MAY ASK QUESTIONS AT ANY TIME AND I AM FREE TO WITHDRAW FROM THE PROJECT AT ANY TIME WITHOUT CAUSING BAD FEELINGS. MY PARTICIPATION IN THIS PROJECT MAY BE ENDED BY THE INVESTIGATOR FOR REASONS THAT WOULD BE EXPLAINED. NEW INFORMATION DEVELOPED DURING THE COURSE OF THIS STUDY WHICH MAY AFFECT MY WILLINGNESS TO CONTINUE IN THIS RESEARCH PROJECT WILL BE GIVEN TO ME AS IT BECOMES AVAILABLE. THIS CONSENT FORM WILL BE FILED IN AN AREA DESIGNATED BY THE HUMAN SUBJECTS COMMITTEE WITH ACCESS RESTRICTED TO THE PRINCIPAL INVESTIGATOR, HEATHER POWELL, M.A. OR AUTHORIZED REPRESENTATIVE OF THE COMMUNICATION DEPARTMENT. I DO NOT GIVE UP ANY OF MY LEGAL RIGHTS BY SIGNING THIS FORM.

Subject's Signature

Date
INVESTIGATOR'S AFFIDAVIT
I have carefully explained to the subject the nature of the above project. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, demands, benefits, and risks involved in his/her participation and his/her signature is legally valid. A medical problem or language or educational barrier has not precluded this understanding.

Investigator's Signature ____________________________ Date ____________
APPENDIX B

Psychosocial Factors and Communication in Close Relationships

Participant/Partner Questionnaire

COMPLETING THIS QUESTIONNAIRE WILL INDICATE THAT I HAVE BEEN INFORMED OF THE NATURE OF THIS RESEARCH STUDY AND OF HOW I WILL PARTICIPATE IN IT AND THAT I GIVE MY CONSENT.

This questionnaire contains questions that ask me about myself and my experiences communicating with my parents, and my current dating partner, as well as my individual characteristics. I will read all instructions carefully and try to answer each set of questions to the best of my ability. There are no right or wrong answers. We are only interested in your opinions and feelings. My responses will remain confidential. When I have finished the questionnaire I will double check to make sure that I have answered all of the questions.

I can obtain further information from the principal investigator, Heather Powell, M.A. at (520) 621-1313. If I have questions concerning my rights as a research subject, I may call the Human Subjects committee office at (520) 626-6721.

Code #
(Researcher use only)
**Instructions:** For the following questions, please consider your experiences while living with your parents. Please use the following scale to answer questions 1-20:

1 - Almost never  
2 - Once in a while  
3 - Sometimes  
4 - Frequently  
5 - Almost always

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family members ask each other for help.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. In solving problems, the children's suggestions are followed.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. We approve of each other's friends.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Children have a say in their discipline.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. We like to do things with just our immediate family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Different persons act as leaders in our family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Family members felt closer to other family members than to people outside the family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Our family changes its way of handling tasks.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Family members like to spend free time with each other.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Parents and children discuss punishment together.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Family members feel very close to each other.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. The children make the decisions in our family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. When our family gets together for activities, everybody is present.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Rules change in our family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. We can easily think of things to do together as a family.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
1 - Almost never
2 - Once in a while
3 - Sometimes
4 - Frequently
5 - Almost always

16. We shift household responsibilities from person to person. 1 2 3 4 5
17. Family members consult other family members on their decisions. 1 2 3 4 5
18. It is hard to identify the leader(s) in our family. 1 2 3 4 5
19. Family togetherness is very important. 1 2 3 4 5
20. It is hard to tell who does which household chore. 1 2 3 4 5

Instructions: Please reach each statement below and decide to what degree each describes your family. Is the statement False (0), Mostly False (1), Mostly True (2) or True (3) about your family? Circle a number 0 to 3 to match your feelings about each statement. Please respond to each and every statement.

0 - False
1 - Mostly false
2 - Mostly true
3 - True

In our family...

21. Trouble results from mistakes we make. 0 1 2 3
22. It is not wise to plan ahead and hope because things do not turn out anyway. 0 1 2 3
23. Our work and efforts are not appreciated no matter how hard we try and work. 0 1 2 3
24. In the long run, the bad things that happen to us are balanced by the good things that happen. 0 1 2 3
25. We have a sense of being strong even when we face big problems. 0 1 2 3
26. Many times I feel I can trust that even in difficult times things will work out. 0 1 2 3
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1 - Mostly false</th>
<th>2 - Mostly true</th>
<th>3 - True</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. While we don't always agree, we can count on each other to stand by us in times of need.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. We do not feel we can survive if another problem hits us.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. We believe that things will work out for the better if we work together as a family.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Life seems dull and meaningless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. We strive together and help each other no matter what.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. When our family plans activities we try new and exciting things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. We listen to each others' problems, hurts and fears.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34. We tend to do the same things over and over... it's boring.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. We seem to encourage each other to try new things and experiences.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. It is better to stay at home than go out and do things with others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Being active and learning new things are encouraged.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38. We work together to solve problems.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>39. Most of the unhappy things that happen are due to bad luck.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40. We realize our lives are controlled by accidents and luck.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**Instructions:** First, read the following statements and decide to what extent each of the routines listed below is false or true about your family. Try to remember what it was like while you were living in your parents' household. Please circle the number which best expresses your family experiences.

- **0 = False**
- **1 = Mostly false**
- **2 = Mostly true**
- **3 = True**

Second, determine the importance of each routine to keeping your family together and strong. Please circle the letters which best express how important the routines are to your family.

- **NI = Not important**
- **SI = Somewhat important**
- **VI = Very important**
- **NA = Not applicable**

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>NI</th>
<th>SI</th>
<th>VI</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. Parents have some time each day for just talking with the children.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Working parent has a regular play time with the children after coming home from work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Working parent takes care of the children some time almost every day.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>44. Non-working parent and children do something together almost every day (e.g. shopping, walking, etc.).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
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<tr>
<td>45. Family has a quiet time each evening when everyone talks or plays quietly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>46. Family goes some place special together each week.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>47. Family has a certain family time each week when they do things together at home.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>48. Parent(s) read or tell stories to the children almost every day.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>49. Each child has some time each day for playing alone.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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<tr>
<td>50. Children/teenagers play with friends daily.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
<td></td>
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</tr>
<tr>
<td>0 = False</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Mostly false</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Mostly true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3 = True</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NI = Not important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SI = Somewhat important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI = Very important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA = Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

51. Parents have a certain hobby or sport they do together regularly.
   0 1 2 3
   NI SI VI NA

52. Parents have time with each other quite often.
   0 1 2 3
   NI SI VI NA

53. Parents go out together one or more times a week.
   0 1 2 3
   NI SI VI NA

54. Parents often spend time with teenagers for private talks.
   0 1 2 3
   NI SI VI NA

55. Children have special things to do or ask for each night at bedtime (e.g. story, 
goodnight kiss, etc.).
   0 1 2 3
   NI SI VI NA

56. Children go to bed at the same time almost every night.
   0 1 2 3
   NI SI VI NA

57. Family eats at about the same time each night.
   0 1 2 3
   NI SI VI NA

58. Whole family eats together daily.
   0 1 2 3
   NI SI VI NA

59. At least one parent talks to his or her parents regularly.
   0 1 2 3
   NI SI VI NA

60. Family has regular visits with the relatives.
   0 1 2 3
   NI SI VI NA

61. Children/teenagers spent time with grandparent(s) quite often.
   0 1 2 3
   NI SI VI NA

62. We talk/write/email relatives usually once a week.
   0 1 2 3
   NI SI VI NA

63. Family checks in or out with each other when someone leaves or comes home.
   0 1 2 3
   NI SI VI NA

64. Working parent(s) comes home from work at the same time each day.
   0 1 2 3
   NI SI VI NA

65. Family has certain things they almost always do to greet each other at the end 
of the day.
   0 1 2 3
   NI SI VI NA
Instructions: Read each item carefully and decide the degree to which the statement is characteristic or true of you. Then circle a number between "1" and "5" according to the following scale.

1 = The statement is **not at all** characteristic of me.
2 = The statement is **slightly** characteristic of me.
3 = The statement is **moderately** characteristic of me.
4 = The statement is **very** characteristic of me.
5 = The statement is **extremely** characteristic of me.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>66. I often feel nervous even in casual get-togethers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>67. I usually feel uncomfortable when I am in a group of people I don't know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>68. I am usually at ease when speaking to a member of the opposite sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>69. I get nervous when I must talk to a teacher or boss.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>70. Parties often make me feel anxious and uncomfortable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>71. I am probably less shy in social interactions than most people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>72. I sometimes feel tense when talking to people of my own sex, if I don't know them very well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>73. I would be nervous if I was being interviewed for a job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>74. I wish I had more confidence in social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>75. I seldom feel anxious in social situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76. In general, I am a shy person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>77. I often feel nervous when talking to an attractive member of the opposite sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>78. I often feel nervous when calling someone I don't know very well on the telephone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>79. I get nervous when I speak to someone in a position of authority.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>80. I usually feel relaxed around other people, even people who are quite different from myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Instructions: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you. Circle “T” for true and “F” for false.

T  F  81. Before voting I thoroughly investigate the qualifications of all the candidates.
T  F  82. I never hesitate to go out of my way to help someone in trouble.
T  F  83. It is sometimes hard for me to go on with my work if I am not encouraged.
T  F  84. I have never intensely disliked anyone.
T  F  85. On occasion I have had doubts about my ability to succeed in life.
T  F  86. I sometimes feel resentful when I don’t get my way.
T  F  87. I am always careful about my manner of dress.
T  F  88. My table manners at home are as good as when I eat out in a restaurant.
T  F  89. If I could get into a movie without paying and be sure I was not seen, I would probably do it.
T  F  90. On a few occasions, I have given up doing something because I thought too little of my ability.
T  F  91. I like to gossip at times.
T  F  92. There have been times when I felt like rebelling against people in authority even though I knew they were right.
T  F  93. No matter who I’m talking to, I’m always a good listener.
T  F  94. I can remember “playing sick” to get out of something.
T  F  95. There have been occasions when I took advantage of someone.
T  F  96. I’m always willing to admit it when I make a mistake.
T  F  97. I always try to practice what I preach.
T  F  98. I don’t find it particularly difficult to get along with loud-mouthed, obnoxious people.
T  F  99. I sometimes try to get even, rather than forgive and forget.
T  F  100. When I don’t know something I don’t at all mind admitting it.
T  F  101. I am always courteous, even to people who are disagreeable.
T  F  102. At times I have really insisted on having my own way.
T  F  103. There have been occasions when I felt like smashing things.
T  F  104. I would never think of letting someone else be punished for my wrongdoings.
T  F  105. I never resent being asked to return a favor.
T  F  106. I have never been irked when people expressed ideas very different from my own.
T  F  107. I never make a long trip without checking the safety of my car.
T  F  108. There have been times when I was quite jealous of the good fortune of others.
T  F  109. I have almost never felt the urge to tell someone off.
T    F    110. I am sometimes irritated by people who ask favors of me.
T    F    111. I have never felt that I was punished without cause.
T    F    112. I sometime think when people have a misfortune they only got what they deserved.
T    F    113. I have never deliberately said something that hurt someone’s feelings.

**Instructions:** The following statements are designed to measure sexual behavior. Please indicate the number of times you have engaged in the following behaviors **DURING THE PAST MONTH** in the blank provided.

If you have not engaged in these behaviors in the past month or ever, please indicate this by placing a zero (0) in the space provided. Then using the following scale, rate whether this frequency of sexual activity is usual for you:

1 – Much less than usual  
2 – Less than usual  
3 – Usual  
4 – More than usual  
5 – Much more than usual

<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>114. I have had _____ sexual partner(s).</td>
<td>This is...</td>
<td></td>
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<tr>
<td>115. I drank alcohol prior to having sex. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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<tr>
<td>116. I got drunk prior to having sex. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>117. I used drugs prior to having sex. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>118. I had vaginal intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>119. I received oral intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>120. I performed oral intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>121. I had anal intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>122. I had unprotected vaginal intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123. I had unprotected oral intercourse on a man. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>124. I had unprotected oral intercourse on a woman. _____</td>
<td>This is...</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>125. I had unprotected anal intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>126. I used a condom during vaginal intercourse. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>127. I used a condom during oral intercourse on a man. _____</td>
<td>This is...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 - Much less than usual
2 - Less than usual
3 - Usual
4 - More than usual
5 - Much more than usual

128. I used a condom (or dental dam) during oral intercourse on a woman. ______

129. I used a condom during anal intercourse. ______

Instructions: The following statements are designed to measure condom use. If you prefer not to answer these questions, you may skip this section. Please indicate whether you have engaged in the specific behavior by marking either YES or NO. Then using the following scale, circle the number that best represents your condom usage when engaging in these activities:

1 - Never
2 - Rarely
3 - Sometimes
4 - Half the time
5 - Most times
6 - Almost all times
7 - Always

130. Do you engage in oral sexual activities with your dating partner? □ Yes □ No

131. Please indicate how often you used condoms in oral sexual activities with your dating partner.

1 2 3 4 5 6 7

132. Do you engage in vaginal sexual activities with your dating partner? □ Yes □ No

133. Please indicate how often you used condoms in vaginal sexual activities with your dating partner.

1 2 3 4 5 6 7

134. Do you engage in anal sexual activities with your dating partner? □ Yes □ No

135. Please indicate how often you used condoms in anal sexual activities with your dating partner.

1 2 3 4 5 6 7
Instructions: The following measure is designed to understand your level of comfort in common interpersonal situation. Please use the following scale to indicate your level of competence and comfort in handling each type of situation listed below:

1 = I'm poor at this; I'd feel so uncomfortable and unable to handle this situation, I'd avoid it if possible.
2 = I'm only fair at this/ I'd feel uncomfortable and would have lots of difficulty handling this situation.
3 = I'm OK at this: I'd feel somewhat uncomfortable and have some difficulty handling this situation.
4 = I'm good at this: I'd feel quite comfortable and able to handle this situation.
5 = I'm EXTREMELY good at this: I'd feel very comfortable and could handle this situation very well.

136. Asking or suggesting to someone new that you get together and do something, e.g. go out together.

1 2 3 4 5

137. Telling a companion you don't like a certain way he or she has been treating you.

1 2 3 4 5

138. Revealing something intimate about yourself while talking with someone you're just getting to know.

1 2 3 4 5

139. Helping a close companion work through his or her thought and feelings about a major life decision, e.g. a career choice.

1 2 3 4 5

140. Being able to admit that you might be wrong when a disagreement with a close companion begins to build into a serious fight.

1 2 3 4 5

141. Finding and suggesting things to do with new people whom you find interesting and attractive.

1 2 3 4 5

142. Saying "no" when a date/acquaintance asks you to do something you don't want to do.

1 2 3 4 5

143. Confiding in a new friend/date and letting him or her see your softer, more sensitive side.

1 2 3 4 5

144. Being able to patiently and sensitively listen to a companion "let off steam" about outside problems s/he is having.

1 2 3 4 5

145. Being able to put begrudging (resentful) feelings aside when having a fight with a close companion.

1 2 3 4 5
1 = I'm poor at this; I'd feel so uncomfortable and unable to handle this situation, I'd avoid it if possible.
2 = I'm only fair at this; I'd feel uncomfortable and would have lots of difficulty handling this situation.
3 = I'm OK at this; I'd feel somewhat uncomfortable and have some difficulty handling this situation.
4 = I'm good at this; I'd feel quite comfortable and able to handle this situation.
5 = I'm EXTREMELY good at this; I'd feel very comfortable and could handle this situation very well.

146. Carrying on conversations with someone new whom you think you might like to get to know.
   1  2  3  4  5

147. Turning down a request by a companion that is unreasonable.
   1  2  3  4  5

148. Telling a close companion things about yourself that you're ashamed of.
   1  2  3  4  5

149. Helping a close companion get to the heart of a problem s/he is experiencing.
   1  2  3  4  5

150. When having a conflict with a close companion, really listening to his or her complaints and not trying to "read" his or her mind.
   1  2  3  4  5

151. Being an interesting and enjoyable person to be with when first getting to know people.
   1  2  3  4  5

152. Standing up for your rights when a companion is neglecting you or being inconsiderate.
   1  2  3  4  5

153. Letting a new companion get to know the "real you."
   1  2  3  4  5

154. Helping a close companion cope with family or roommate problems.
   1  2  3  4  5

155. Being able to take a companion's perspective in a fight and really understand his or her point of view.
   1  2  3  4  5

156. Introducing yourself to someone you might like to get to know (or date).
   1  2  3  4  5

157. Telling a date/acquaintance that he or she is doing something that embarrasses you.
   1  2  3  4  5

158. Letting down your protective "outer shell" and trusting a close companion.
   1  2  3  4  5

159. Being a good and sensitive listener for a companion who is upset.
   1  2  3  4  5
1 = I'm poor at this; I'd feel so uncomfortable and unable to handle this situation, I'd avoid it if possible.
2 = I'm only fair at this/ I'd feel uncomfortable and would have lots of difficulty handling this situation.
3 = I'm OK at this: I'd feel somewhat uncomfortable and have some difficulty handling this situation.
4 = I'm good at this: I'd feel quite comfortable and able to handle this situation.
5 = I'm EXTREMELY good at this: I'd feel very comfortable and could handle this situation very well.

160. Refraining from saying things that might cause a disagreement to build into a big fight.
   1 2 3 4 5
161. Calling (on the phone) a new date/acquaintance to set up a time to get together and do something.
   1 2 3 4 5
162. Confronting your close companion when he or she has broken a promise.
   1 2 3 4 5
163. Telling a close companion about the things that secretly make you feel anxious or afraid.
   1 2 3 4 5
164. Being able to say and do things to support a close companion when s/he is feeling down.
   1 2 3 4 5
165. Being able to work through a specific problem with a companion without resorting to global accusations ("you always do that").
   1 2 3 4 5
166. Presenting good first impressions to people you might like to become friends with (or date).
   1 2 3 4 5
167. Telling a companion that he or she has done something to hurt your feelings.
   1 2 3 4 5
168. Telling a close companion how much you appreciate and care for him or her.
   1 2 3 4 5
169. Being able to show genuine empathetic concern even when a companion's problem is uninteresting to you.
   1 2 3 4 5
170. When angry with a companion, being able to accept that she or he has a valid point of view even if you don't agree with that view.
   1 2 3 4 5
171. Going to parties or gatherings where you don't know people well in order to start up new relationships.
   1 2 3 4 5
1 = I'm poor at this; I'd feel so uncomfortable and unable to handle this situation, I'd avoid it if possible.
2 = I'm only fair at this/ I'd feel uncomfortable and would have lots of difficulty handling this situation.
3 = I'm OK at this: I'd feel somewhat uncomfortable and have some difficulty handling this situation.
4 = I'm good at this: I'd feel quite comfortable and able to handle this situation.
5 = I'm EXTREMELY good at this: I'd feel very comfortable and could handle this situation very well.

172. Telling a date/acquaintance that he or she has done something that made you angry.
   1 2 3 4 5

173. Knowing how to move a conversation with a date/acquaintance beyond superficial talk to really get to know each other.
   1 2 3 4 5

174. When a close companion needs help and support, being able to give advice in ways that are well received.
   1 2 3 4 5

175. Not exploding at a close companion (even when it is justified) in order to avoid a damaging conflict.
   1 2 3 4 5

Instructions: Rate how skillfully YOU used, or didn’t use, the following communicative behaviors in the conversation where:

1 = Inadequate (use is awkward, disruptive, or results in a negative impression of communicative skills)
2 = Fair (occasionally awkward or disruptive, occasionally adequate)
3 = Adequate (use is sufficient but neither noticeable nor excellent. Produces neither strong positive nor negative impression)
4 = Good (use was better than adequate but not outstanding)
5 = Excellent (use is smooth, controlled, results in positive impression of communicative skills)

1 2 3 4 5 176. Speaking rate (neither too slow or too fast)
1 2 3 4 5 177. Vocal confidence (neither too nervous nor overly confident sounding)
1 2 3 4 5 178. Lean toward partner (neither too forward or too far back)
1 2 3 4 5 179. Shaking or nervous twitches (aren’t noticeable or distracting)
1 = Inadequate (use is awkward, disruptive, or results in a negative impression of communicative skills)
2 = Fair (occasionally awkward or disruptive, occasionally adequate)
3 = Adequate (use is sufficient but neither noticeable nor excellent. Produces neither strong positive nor negative impression)
4 = Good (use was better than adequate but not outstanding)
5 = Excellent (use is smooth, controlled, results in positive impression of communicative skills)

1 2 3 4 5 180. Unmotivated movements (tapping feet, fingers, hair-twirling, etc.)
1 2 3 4 5 181. Facial expressiveness (neither blank or exaggerated)
1 2 3 4 5 182. Nodding of head in response to partner statements
1 2 3 4 5 183. Use of gestures to emphasize what is being said.
1 2 3 4 5 184. Speaking fluency (pauses, silences, “uh,” etc.)
1 2 3 4 5 185. Interruption of partner speaking turns

For the next five items, rate YOUR OWN overall performance:

(186) Poor Conversationalist 1 2 3 4 5 6 7 Good Conversationalist
(187) Socially Unskilled 1 2 3 4 5 6 7 Socially Skilled
(188) Incompetent Interactant 1 2 3 4 5 6 7 Competent Interactant
(189) Inappropriate Interactant 1 2 3 4 5 6 7 Appropriate Interactant
(190) Ineffective Interactant 1 2 3 4 5 6 7 Effective Interactant
Instructions: Rate how skillfully YOU PARTNER'S used, or didn’t use, the following communicative behaviors in the conversation where:

1 = Inadequate (use is awkward, disruptive, or results in a negative impression of communicative skills)
2 = Fair (occasionally awkward or disruptive, occasionally adequate)
3 = Adequate (use is sufficient but neither noticeable nor excellent. Produces neither strong positive nor negative impression)
4 = Good (use was better than adequate but not outstanding)
5 = Excellent (use is smooth, controlled, results in positive impression of communicative skills)

1 2 3 4 5 191. Speaking rate (neither too slow or too fast)
1 2 3 4 5 192. Vocal confidence (neither too nervous nor overly confident sounding)
1 2 3 4 5 193. Lean toward partner (neither too forward or too far back)
1 2 3 4 5 194. Shaking or nervous twitches (aren’t noticeable or distracting)
1 2 3 4 5 195. Unmotivated movements (tapping feet, fingers, hair-twirling, etc.)
1 2 3 4 5 196. Facial expressiveness (neither blank or exaggerated)
1 2 3 4 5 197. Nodding of head in response to partner statements
1 2 3 4 5 198. Use of gestures to emphasize what is being said.
1 2 3 4 5 199. Speaking fluency (pauses, silences, “uh,” etc.)
1 2 3 4 5 200. Interruption of partner speaking turns

For the next five items, rate YOUR PARTNER'S overall performance:

(201) Poor Conversationalist 1 2 3 4 5 6 7 Good Conversationalist
(202) Socially Unskilled 1 2 3 4 5 6 7 Socially Skilled
(203) Incompetent Interactant 1 2 3 4 5 6 7 Competent Interactant
(204) Inappropriate Interactant 1 2 3 4 5 6 7 Appropriate Interactant
(205) Ineffective Interactant 1 2 3 4 5 6 7 Effective Interactant
Instructions: The following measure is designed to understand your family communication patterns. Please use the following scale to indicate your experience communicating within your family:

1 - Strongly disagree
2 - Disagree
3 - Neither agree nor disagree
4 - Agree
5 - Strongly agree

206. In our family we talk about topics like politics and religion where some persons disagree with others.

207. My parents often say something like "Every member of the family should have some say in family decisions."

208. My parents often ask my opinion when the family is talking about something.

209. My parents encourage me to challenge their ideas and beliefs.

210. My parents often say something like "You should always look at both sides of an issue."

211. I usually tell my parents what I am thinking about things.

212. I can talk my parents almost anything.

213. In our family we often talk about our feelings and emotions.

214. My parents and I often have long, relaxed conversations about nothing in particular.

215. I really enjoy talking with my parents, even when they don't agree with me.

216. My parents encourage me to express my feelings.

217. My parents tend to be very open about their emotions.

218. We often talk as a family about things we have done during the day.

219. In our family, we often talk about our plans and hopes for the future.
1 - Strongly disagree
2 - Disagree
3 - Neither agree nor disagree
4 - Agree
5 - Strongly agree

220. When anything really important is involved, my parents expect me to obey without question.

221. In our home, my parents usually have the last word.

222. My parents feel that it is important to be the boss.

223. My parents sometimes become irritated with my views if they are different from their.

224. If my parents don't approve of it, they don't want to know about it.

225. When I am at home, I am expected to obey my parents' rules.

226. My parents often say something like "You'll know better when you grow up."

227. My parents often say something like "My ideas are right and you should not question them."

228. My parents often say something like "A child should not argue with adults."

229. My parents often say something like "There are some things that just shouldn't be talked about."

230. My parents often say something like "You should give in on arguments rather than risk making people mad."
**Instructions**: The following statements are about communicating with your **parents** about issues relating to HIV/AIDS. Read each statement carefully, and decide how well it describes your experiences with your parents. Please use the following scale to answer these questions:

1 - Strongly agree  
2 - Agree  
3 - Neither agree nor disagree  
4 - Disagree  
5 - Strongly disagree

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<tbody>
<tr>
<td>231. I have discussed HIV/AIDS with my parents.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>232. My parents and I have discussed HIV/AIDS prevention methods.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>233. I have discussed the use of condoms with my parents, as an HIV/AIDS prevention method.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>234. I have talked with my parents about abstinence as a way of preventing HIV/AIDS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>235. We have openly discussed HIV/AIDS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>236. I have discussed ways of preventing HIV/AIDS with my parents.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>237. I have talked with my parents about using condoms for preventing HIV/AIDS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>238. My parents and I have discussed abstinence as a way of preventing HIV/AIDS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Instructions: The following statements are about communicating with your current dating partner about issues relating to HIV/AIDS. Read each statement carefully, and decide how well it describes your experiences with your parents. Please use the following scale to answer these questions:

1 - Strongly agree
2 - Agree
3 - Neither agree nor disagree
4 - Disagree
5 - Strongly disagree

239. I have discussed HIV/AIDS with my dating partner. 1 2 3 4 5
240. My dating partner and I have discussed HIV/AIDS prevention methods. 1 2 3 4 5
241. I have discussed the use of condoms with my dating partner, as an HIV/AIDS prevention method. 1 2 3 4 5
242. I have talked with my dating partner about abstinence as a way of preventing HIV/AIDS. 1 2 3 4 5
243. We have openly discussed HIV/AIDS. 1 2 3 4 5
244. I have discussed ways of preventing HIV/AIDS with my dating partner. 1 2 3 4 5
245. I have talked with my dating partner about using condoms for preventing HIV/AIDS. 1 2 3 4 5
246. My dating partner and I have discussed abstinence as a way of preventing HIV/AIDS. 1 2 3 4 5
247. I feel comfortable initiating condom use with my partner. 1 2 3 4 5
248. I am open and honest with my partner about my previous sexual experiences. 1 2 3 4 5
249. I knew my partner's sexual history before having sex with him/her. 1 2 3 4 5
250. Using a condom is (would be) embarrassing. 1 2 3 4 5
Instructions: The following statements are about families. Please read each statement carefully and indicate how well it describes your own family. You should answer according to how you see your family.

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree

251. When someone is upset the others know why. 1 2 3 4
252. You can’t tell how a person is feeling from what they 1 2 3 4
253. People come right out and say things instead of hinting 1 2 3 4
    at them.
254. It is difficult to talk to each other about tender feelings. 1 2 3 4
255. We talk to people directly rather than through go-betweens. 1 2 3 4
256. We often don’t say what we mean. 1 2 3 4
257. We are frank with each other. 1 2 3 4
258. We don’t talk to each other when we are angry. 1 2 3 4
259. When we don’t like what someone has done, we tell them. 1 2 3 4

Instructions: Below is a list of items on communication between you and your dating partner. Using the scale described here, fill in the blank space next to each item with the number which best represents the extent to which you and your partner behave in the specified way.

1 = Never
2 = Seldom
3 = Occasionally
4 = Frequently
5 = Very frequently

260. How often do you and your partner talk over pleasant things that happen during the day?  
261. How often do you and your partner talk over unpleasant things that happen during the day?  
262. Do you and your partner talk over things you disagree about or have difficulties over?
1 = Never
2 = Seldom
3 = Occasionally
4 = Frequently
5 = Very frequently

263. Do you and your partner talk about things in which you are both interested?
264. Does your partner adjust what he/she says and how he/she says it to the way you seem to feel at the moment?
265. When you start to ask a question, does your partner know what it is before you ask it?
266. Do you know the feelings of your partner from his/her facial and bodily gestures?
267. Do you and your partner avoid certain subjects in conversation?
268. Does your partner explain or express himself/herself to you through a glance or gesture?
269. Do you and your partner discuss things together before making an important decision?
270. Can your partner tell what kind of day you have had without asking?
271. Your partner wants to visit some close friends or relatives. You don't particularly enjoy their company. Would you tell him/her this?
272. Does your partner discuss matters of sex with you?
273. Do you and your partner use words which have a special meaning not understood by outsiders?
274. How often does your partner sulk or pout?
275. Can you and your partner discuss your most sacred beliefs without feelings of restraint or embarrassment?
276. Do you avoid telling your partner things that put you in a bad light?
277. You and your partner are visiting friends. Something is said by the friends which causes you to glance at each other. Would you understand each other?
278. How often can you tell as much from the tone of voice of your partner as from what he/she actually says?
1 = Never 
2 = Seldom 
3 = Occasionally 
4 = Frequently 
5 = Very frequently 

279. How often do you and your partner talk with each other about personal problem? 
280. Do you feel that in most matters your partner knows what you are trying to say? 
281. Would you rather talk about intimate matters with your partner than with some other person? 
282. Do you understand the meaning of your partner’s facial expressions? 
283. If you and your partner are visiting friends or relatives and one of you starts to say something, does the other take over the conversation without the feeling of interrupting? 
284. During your relationship, have you and your partner, in general, talked most things over together? 

INSTRUCTIONS: A number of phrases are listed below that describe the kind of relationship people have with others. Indicate, by circling the numbers in the answer field, how you would describe your relationship with your dating partner.

very rarely 1 2 3 4 5 almost always
not much 1 2 3 4 5 a great deal

285. When you have leisure time how often do you choose to spend it with him/her alone? 
286. How often do you keep very personal information to yourself and do not share it with him/her? 
287. How often do you show him/her affection? 
288. How often do you confide very personal information to him/her? 
289. How often are you able to understand his/her feelings?
very rarely 1 2 3 4 5 almost always
not much 1 2 3 4 5 a great deal

290. How often do you feel close to him/her? 1 2 3 4 5

291. How much do you like to spend time alone with him/her? 1 2 3 4 5

292. How much do you feel like being encouraging and supportive to him/her when he/she is unhappy? 1 2 3 4 5

293. How close do you feel to him/her most of the time? 1 2 3 4 5

294. How important is it to you to listen to his/her personal disclosures? 1 2 3 4 5

295. How satisfying is your relationship with him/her? 1 2 3 4 5

296. How affectionate do you feel toward him/her? 1 2 3 4 5

297. How important it is to you that he/she understand your feelings? 1 2 3 4 5

298. How much damage is caused by a typical disagreement in your relationship with him/her? 1 2 3 4 5

299. How important is it to you that he/she be encouraging and supportive to you when you are unhappy? 1 2 3 4 5

300. How important is your relationship with him/her in your life? 1 2 3 4 5

301. In the past six months, how many sexual partners have you had? _______

302. In the past year, how many sexual partners have you had? _______

303. In the past two years, how many sexual partners have you had? _______

304. In the past five years, how many sexual partners have you had? _______
305. What is your sexual orientation?
   - Bisexual
   - Heterosexual
   - Homosexual

306. What is your age?
   _______ years

307. Are you female or male?
   - Female
   - Male

308. How long have you known your current dating partner?
   _______ years _________ months

309. How long have you been in an exclusive dating relationship?
   _______ years _________ months

310. How old were you the first time you had vaginal intercourse? _________ years

   - I am completing this questionnaire to earn extra credit in my communication course.
   - I am completing this questionnaire to help my dating partner earn credit in their communication course.

Remember that all your responses will remain anonymous. Be sure that your name and any other identifying number has not been placed on this questionnaire. Thank you for your participation.
References


McFall, R. M. (1982). A review and reformulation of the concept of social skills.

*Behavioral Assessment, 4*, 1-33.


