

NARCISSISM AND PARENT-CHILD COMMUNICATION EFFECTS  
ON SAFE SEX PRACTICES

by

Nicholas A. Salazar, B.S.

A thesis submitted to the Graduate Council of  
Texas State University in partial fulfillment  
of the requirements for the degree of  
Master of Arts  
with a Major in Health Psychology  
December 2013

Committee Members:

Crystal D. Oberle, Chair

Shirley M. Ogletree

Amy M. Meeks

**COPYRIGHT**

by

Nicholas A. Salazar

2013

## **FAIR USE AND AUTHOR'S PERMISSION STATEMENT**

### **Fair Use**

This work is protected by the Copyright Laws of the United States (Public Law 94-553, section 107). Consistent with fair use as defined in the Copyright Laws, brief quotations from this material are allowed with proper acknowledgment. Use of this material for financial gain without the author's express written permission is not allowed.

### **Duplication Permission**

As the copyright holder of this work I, Nicholas A. Salazar, authorize duplication of this work, in whole or in part, for educational or scholarly purposes only.

## **ACKNOWLEDGEMENTS**

First, I would like to thank my thesis chairperson, Dr. Crystal Oberle, for all of her assistance, motivation, patience, and inspiration throughout this entire process as well as throughout my time as a graduate student. I am very appreciative of her ability to keep me focused and motivated especially during the times when things seemed to be beyond my control.

I would also like to thank Dr. Shirley Ogletree for helping me first conceptualize the structure of my study, as well as helping me with my mistakes throughout my research. I would also like to thank Dr. Amy Meeks for being supportive and always willing to lend a helping hand, especially when I was hitting difficult obstacles. These individuals were amazing members of my thesis committee, and I am thankful for the opportunity to be their student.

Finally, I could never give enough thanks to the most important people in my life, God and my family. I would like to thank my parents who never gave up on me and always encouraged me to push myself beyond any limits that were put in front of me. Thanks also to my younger brothers who never once gave up on me and always knew exactly how to keep me going. I would not have made it anywhere without these people in my life. Finally, I would like to thank the Brothers of Sigma Lambda Beta who were also a constant influence and the original inspiration for this research.

## TABLE OF CONTENTS

	<b>Page</b>
ACKNOWLEDGEMENTS .....	iv
LIST OF TABLES .....	vii
ABSTRACT .....	viii
CHAPTER	
I. INTRODUCTION .....	1
Background and Problem Statement .....	1
Purpose and Significance of the Study .....	1
Overview of Methodology .....	1
Research Questions and Hypotheses .....	2
Definition of Key Terms .....	2
Organization of the Thesis .....	3
II. LITERATURE REVIEW .....	4
Safe Sex Behavior .....	4
Family Effects on Safe Sex Practices .....	6
Narcissism .....	7
III. METHODS .....	9
Research Perspective and Design .....	9
Research Questions and Hypotheses .....	9
Participants .....	10
Research Variables and Instruments .....	10
Research Procedures .....	11
Data and Statistical Analyses .....	12
Setting and Environment .....	13
Bias and Error .....	13
Reliability and Validity .....	13
Summary .....	14

IV. RESULTS .....	16
Methodology Summary .....	16
Results .....	16
Summary .....	18
V. INTERPRETATION AND RECOMMENDATIONS .....	19
Summary of Results .....	19
Discussion of Results .....	19
Implications for Future Research .....	21
Implications for Practice and Recommendations .....	22
Limitations .....	22
Summary and Conclusion .....	23
APPENDIX A: .....	25
APPENDIX B: .....	31
APPENDIX C: .....	33
REFERENCES .....	35

## LIST OF TABLES

<b>Table</b>	<b>Page</b>
1. Regression Analyses for Predicting Safe Sex Practices .....	17

## **ABSTRACT**

The relationships between Parent-Child Communication, Narcissism, and Safe Sexual Behaviors were investigated using three different questionnaires. The goal was to determine whether Narcissism or Parent-Child Communication may play a role in predicting Safe Sexual Behaviors. All participants were students who were enrolled in psychology courses at Texas State University. Regression analyses revealed that Narcissism significantly predicted Safe Sexual Behaviors, whereas Parent-Child Communication was not a significant predictor. Moreover, the former finding was true only for male participants and not female participants. Culture seemed to have no real mediating role.



# **I. INTRODUCTION**

## **Background and Problem Statement**

There are a number of reasons why people are concerned about safe sex practices, which include personal health, relationship issues, effects on life span, and child safety. A current societal trend is that through media children and adolescents are introduced to sexual material on a regular basis without explanation or clarification of its contextual meaning. The questions that arise are, what is the best way to promote safe sex practices that are effective, and what role could parents play in the effectiveness?

## **Purpose and Significance of the Study**

The purpose of the study was to assess whether Parent-Child Communication and Narcissism predict safe sex practices in young adults. The significance of this study can be seen in the practical use of its findings for the general population in regard to the ability to give them information about personality traits that could indicate the potential for unsafe sexual behavior. This research adds to the body of literature for Narcissism and provides more information for future research.

## **Overview of Methodology**

This study entailed a correlational design with two predictor variables (Narcissism and Parental Communication) and three dependent variables (Safe Sex Total, Condom Use, and Partner Communication) that were assessed with self-report survey measures. The participants included students enrolled in varying psychology classes at Texas State University.

## **Research Questions and Hypotheses**

The primary question that the study attempted to answer is, what relationship exists between Parent-Child Communication and Narcissism in regard to safe sex practices? The hypothesis was that individuals who score high in Narcissism and low in Parent-Child Communication would be less likely to engage in safe sex practices. Additionally, this study investigated whether these relationships were the same for men and women, and whether they were the same for Caucasian and Hispanic/Latino people. These latter questions were exploratory in nature with no predetermined directional hypotheses.

### **Definition of Key Terms**

Below are the definitions of key terms, which clarify the differing measures involved within the research of this thesis.

1. Narcissism: An important complex of personality traits and processes that involve a grandiose yet fragile sense of self and entitlement as well as a preoccupation with success and demands for admiration (Morf & Rhodewalt, 2001).
2. Parent-Child Communication: How clear the communication is between a child and parent (Barnes & Olson, 1982).
3. Safe Sexual Behavior: The use of safe sex practices with measures of general assertiveness and general risk taking (DiIorio, Parsons, Lehr, Adame, & Carlone, 1992).

## **Organization of the Thesis**

This thesis consists of five chapters. The first chapter is the introduction and describes the background of the study and the problem statement, the purpose and significance of the study, an overview of the methodology, the research questions and hypotheses, and definitions of key terms. Chapter Two is the review of the literature which lays the foundation for the current study. Chapter Three describes in detail the methods that were used to gather the data for this study including instruments and techniques. Chapter Four reports the results of the study. Chapter Five includes a discussion of the results and their implications.

## **II. LITERATURE REVIEW**

There are a number of reasons why people are concerned about safe sex practices. These reasons include personal health, relationship issues, effects on life span, and child safety. The question that arises is, can factors such as Parent-Child Communication and Narcissism predict Safe Sex Practices? The importance of such findings could be valuable to anyone, but could be particularly important to adolescents, parents of adolescents, and public education. A current societal trend is that through media children and adolescents are introduced to sexual material on a regular basis without explanation or clarification of its contextual meaning.

### **Safe Sex Behavior**

The role of sexual health knowledge in safe sex practices has been studied. Greater sexual health knowledge has been correlated with sexual assertiveness and confidence with condoms for women (Weinstein, Walsh, & Ward, 2008). Studies like this support the idea that individuals who are educated about sexual health will make safer choices with regard to sex. One view is that the effect of a structured curriculum or program for sexual education might be beneficial. Research by Olley (2007), along with Rye et al. (2008), has shown that an organized program that involves sexual education on different topics has a positive impact on sexual attitudes of the youth that participate in them. Given the results of these studies, the benefits of having an effective sexual education curriculum could include being able to reach large groups of youth and accessibility to information.

Behaviors that are associated with high HIV and AIDS risk include binge drinking, sexual intercourse with multiple partners, and low frequencies of condom use;

and these behaviors are especially prevalent in college populations (Bringham et al., 2002). Research indicates that 34% of college students reported engaging in binge drinking, and only 30% reported using a condom during their most recent sexual intercourse experience. Furthermore, approximately 86% of all Sexually Transmitted Infections (STIs) involve individuals within the 15-to-29 age range (Bringham et al., 2002).

Research dealing with the topic of condom use and reasoning and decision making has shown interesting results. This research identifies and explains four different kinds of condom use patterns. These are consistent use of condoms through all phases of sexual history (35%), a shift from consistent condom use during the initial phases of a relationship to inconsistent condom use as trust is built in the relationship (35%), a shift from inconsistent condom use to consistent condom use due to a negative event (13.3%), and inconsistent condom use (16.7%) which is associated with high levels of confidence in judgment and the desire for immediate gratification (Patel, Gutnik, Yoskowitz, O'Sullivan, & Kaufman, 2006). Research has also identified delayed application of condoms and withdrawal as two types of intercourse behaviors dealing with condom use (DeVisser, 2004). Delayed application of condoms can be separated into two categories: condom use after limited penetration and condom use for ejaculation only. Withdrawal is the act of engaging in unprotected penetration, but ejaculation inside the partner is avoided. Data show that delayed application of condoms and withdrawal are widespread (DeVisser, 2004).

Alcohol and binge drinking have been associated with perceived sexual risk (Wells, Kelly, Golub, Grov, & Parsons, 2010). This research shows that 63% of

participants reported engaging in sexual activity after drinking which would suggest that a large number of young adults at nightclubs engage in sex after drinking. This same research also reports that 29% of participants reported being less safe during sexual situations as a result of their drinking (Wells et al., 2010).

The issue of culture and socioeconomic status can also be explored in its relation to safe sex practices. STI's, including HIV, have been described as being seen in epidemic quantities in the United States, particularly among ethnic minority youth in urban areas (Kennedy et al., 2007).

### **Family Effects on Safe Sex Practices**

Another factor that should be considered, in regard to sexual knowledge, is the atmosphere of the children's living environment and what role family plays. Kowal and Blinn-Pikes (2004) researched the influence that siblings have on adolescents' attitudes towards safe sex practices. This research concluded that a better quality of relationship between siblings resulted in more frequent discussions regarding safe sex. This predicted a better attitude toward safe sex practices in adolescents. Borawski, Ievers-Landis, Lovegreen, and Trapl (2003) conducted a study that illustrated the impact of parenting practices on adolescent health risk behaviors. They concluded that if parents managed an adolescent's behavior through negotiation of unsupervised time, this resulted in an increase in experimentation but in a more responsible way. An important component that has also been studied is the effect between parents' communication with adolescents about safe sex practices and the adolescents' sexual behavior (Atienzo, Walker, Campero, Lamadrid-Figueroa, & Gutierrez, 2009; Guilamo-Ramos, Dittus, Jaccard, & Collins, 2008; Wilson, Dalberth, Koo, & Gard, 2007). Concerning this communication, Cox

(2006) and Hadley et al. (2009) found that more communication, by parents to their adolescent children, about condoms was related to adolescents' use of condoms during sexual situations.

### **Narcissism**

Research has been done on the topics of sexual Narcissism and its relation to sex aggression (Imhoff, Bergmann, Banse, & Schmidt, 2013). This research showed that for sexually Narcissistic men, the use of subtle priming with mildly erotic words would lead to activating aggressive behavioral schemas. According to the Fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders-TR* (American Psychiatric Association, 2000), Narcissism is characterized by an exaggerated sense of self-importance, as well as fantasies of success and power, the belief of uniqueness, need for excessive admiration, a sense of entitlement, interpersonal exploitation, arrogance, and a lack of empathy. This combination of traits can be especially dangerous if they are in the context of Safe Sex Practices. Studies have provided evidence that Narcissistic males feel less empathy than other males toward a female who may be a victim of aggression or sexual coercion (Bushman, Bonacci, van Dijk, & Baumeister, 2003). However, these studies have focused on the extreme result or possibility of Narcissism and its interaction with aggression using sex as a result. Research has not yet provided us with information on Narcissism and its relationship to Safe Sex Practices that do not involve violence. While it is important to explore the topic of violence and sexual violence, the topic that will be investigated in this study will not include violence.

Related to Narcissism, one of Patel et al.'s (2006) patterns of behavior relating to inconsistent condom use is an individual's erratic and emotionally driven behavior, with

pleasure being foremost in the mind. They were also described as opportunistic in nature and were not worried about the potential consequences of their behavior (Patel et al., 2006). This description of behavior runs parallel with the description of Narcissistic tendencies.



### **III. METHODS**

This chapter describes the research methodology, procedures, and instruments used in the study, and consists of the following sections: research perspective and design, research questions and hypotheses, participants, research variables and instruments, data collection procedures, statistical analyses, setting and environment, bias and error, reliability and validity, and a summary.

#### **Research Perspective and Design**

This research study was directed by a curiosity related to understanding the role that Narcissism and Parent-Child Communication play in Safe Sexual Behavior. This study was also aimed at discovering what demographic trends could be seen with regard to the three variables. The design of this research was a correlational study. Five different variables (i.e., Narcissism, Parent-Child Communication, Safe Sex Total, Condom use, and Partner Communication) were assessed using three different self-report questionnaires.

#### **Research Questions and Hypotheses**

The primary question that the study attempted to answer is, what relationship exists between Parent-Child Communication and Narcissism in regard to safe sex practices? The hypothesis was that individuals who score high in Narcissism and low in Parent-Child Communication would not engage in safe sex practices. Additionally, this study investigated whether these relationships were the same for men and women, and whether they were the same for Caucasian and Hispanic/Latino people. These latter questions were exploratory in nature with no predetermined directional hypotheses.

## **Participants**

Participants included 127 female and 52 male undergraduate students enrolled in varying psychology classes. Of the 179 participants, none had to be excluded from the study. Participants were provided with extra credit as compensation for their participation in the study. Of the participants in the study, 62 (34%) identified as 18-19 years of age, 81 (45%) identified as 20-21 years of age, 20 (11%) identified as 22-23 years of age, 9 (5%) identified as 24-25 years of age, and 7 (4%) identified as 26 or above years of age. Of the participants in the study, 22 (12%) identified as African-American, 61 (34%) identified as Latino/Hispanic, 6 (3%) identified as Asian, 85 (48%) identified as Caucasian, and 4 (2%) identified as being of another ethnic origin.

## **Research Variables and Instruments**

Five different variables (i.e., Narcissism, Parent-Child Communication, Safe Sex Total, Condom use, and Partner Communication) were assessed using three different self-report questionnaires (see Appendix A). The first predictor variable, Narcissism, was assessed with the *Narcissistic Personality Inventory-16* (NPI-16; Ames, Rose, & Anderson, 2006). The NPI-16, originally derived from the *Narcissistic Personality Inventory-40* (NPI-40), consists of 16 items in which participants were presented with two statements and were then asked to choose which one came closest to describing their feelings about themselves. The second predictor variable, Parent-Child Communication, was assessed with the *Parent-Child Communication Scale* (Barnes & Olson, 1982). This self-report measure consists of 19 statements which people have used to describe their communication with their parents. The participants were asked to read each statement and then respond on a Likert Scale, from A = Totally Disagree to E = Totally Agree,

indicating their level of agreement with the statement in regard to their own communication with their parents. The three dependent variables (Safe Sex Total, Condom use, and Partner Communication) were assessed with the *Safe Sex Behavior Questionnaire* (SSBQ; DiIorio et al., 1992). This self-report measure consists of 24 questions regarding sexual behavior that participants were asked to answer according to the frequency that they engaged in these behaviors, using a Likert Scale with the following options: A = Never, B = Sometimes, C = Most of the Time, or D = Always. From this measure, the researcher was able to identify two sub-measures (Condom Use and Partner Communication) that were not the original intent of the research but were validly measured using this scale. Condom Use included items 1, 3, 10, 13, 14, 18, and 23. Partner Communication included items 4, 6, 12, 16, 20, and 21. Additionally, because demographic information was also collected, the researcher was able to explore trends for gender and culture.

### **Research Procedures**

Participants were recruited from psychology classes at Texas State University. Students were given a verbal introduction of the project and then given information on when and where to show up in order to participate. When the participants arrived to participate in the study, they were asked to take a seat wherever they liked. At this time, the researcher provided them with a pencil and an envelope. The envelope contained the Safe Sex Questionnaire Packet (see Appendix A; which consisted of the Safe Sex Behavior Questionnaire, the Parent-Child Communication Scale, the NPI-16, as well as demographic questions), the Safe Sex Research Study Transcript (see Appendix B), the Consent Form (see Appendix C), and a scantron sheet. The researcher then read out loud

the Safe Sex Research Study Transcript to the participant so that they were informed of the nature of the study. In cases where five or more participants arrived at the same time, the researcher provided them all with the packet at the same time and instead of reading the Safe Sex Research Study Transcript to them each individually, the researcher read to the participants as a group. Next, the participants were asked to sign their name on the consent form if they wished to participate. If they consented to partake in the study, it was then stressed to participants to make sure that they did not include their name on any of the material provided so that the information that they returned would be completely anonymous, and there would be no way to match any participant's name to any set of responses. The researcher then reiterated that he realized that the questionnaire topics were personal in nature, and he assured the participant that there would be no way for the researcher to link their responses to them. He then again asked for the complete honesty of the participant in the survey. Once the survey was complete, the participants were instructed to place all materials back into the envelope and return it to the researcher. At this time the participants wrote their information down on a sign-out sheet with their name, school identification number, instructor that they were to receive extra credit from, and class time.

### **Data and Statistical Analysis**

A correlational design was used, and for each of the three dependent variables (Safe Sex Total, Condom Use, and Partner Communication), a regression analysis was conducted using Parent-Child Communication and Narcissism as predictor variables. These analyses were then conducted separately for men and women participants, as well as for Caucasian and Hispanic/Latino participants.

### **Setting and Environment**

The study took place in a meeting room that was reserved in the Psychology building at Texas State University. Participants were asked to arrive at their own convenience and fill out the surveys. The same room was used during all data collecting in order to keep the environment the same for all participants. The room consisted of tables set up in a large square around the room. The researcher sat in the back corner of the room so as to remove himself from the immediate space of the participants. Once participants arrived, the researcher instructed them to sit wherever they felt the most comfortable. Once the participants completed the surveys, they brought back the materials and handed them to the researcher.

### **Bias and Error**

Due to the self-report nature of the surveys, there was a potential for bias and error in this study. Some of the participants may have been in too big of a hurry, if they had arrived to take the survey between classes or had some form of commitment that required them to leave as soon as possible, to answer the questions with complete attentiveness. Additionally, participants may have not answered truthfully to some of the questions due to social desirability effects, the personal and sensitive nature of the questions in the survey, or other unknown reasons. However, because every attempt was made to protect anonymity for every participant, this error should be minimal and not have a meaningful impact on the overall validity of the study.

### **Reliability and Validity**

The NPI-16 (Ames et al., 2006) is an instrument that supplies a global narcissism score that show results consistent with the results produced by the NPI-40. The NPI-16

has manifested good convergent and discriminant validity and adequate overall reliability (Gentile, Miller, Reidy, Zeichner, & Campbell, 2013).

The *Parent-Child Communication Scale* (Barnes & Olson, 1982) is a measure that accurately determines the level of communication between parents and children. The wording of the questions was developed to be interchangeable between parent and child by allowing for the placement of “Parent” or “Child” in the questions depending on who is taking the survey. This survey is composed of a scale that measures the degree of openness in family communication and another scale that measures the extent of problems in family communication. The Alpha reliabilities for each subscale were .87 and .78. A different study found test-retest reliability to be .78 and .77 (Barnes & Olson, 1985).

The 24-item SSBQ (DiIorio et al., 1992) was an instrument developed to measure use of safe sex practices among adolescents as well as the frequency of use of safe sex practices. Initial reliability of the whole scale was .82. Analyses from the current study revealed Cronbach's alpha to be .82 for the SSBQ (i.e., Safe Sex Total), .77 for the Condom Use subscale (consisting of items 1, 3, 10, 13, 14, 18, and 23) and .75 for the Partner-Communication subscale (consisting of items 4, 6, 12, 16, 20, and 21).

In summation, based on previous research, the instruments used in this study have good reliability and validity.

### **Summary**

This chapter described the research methodology, procedures, and instruments used in the current study. The current study utilized a correlational design. Each participant was given a self-report survey measuring Narcissism, Parent-Child

Communication, and Safe Sexual Practices, with all questionnaires demonstrating good reliability and validity. Demographic information was also obtained at the time of the surveys. These data were analyzed using regression analyses.

## IV. RESULTS

### Methodology Summary

This study was conducted at Texas State University using a convenience sample of psychology students who received extra credit for their participation. The study used a correlational design. The variables in the study were Narcissism, Parent-Adolescent Communication, Safe Sex Total, Condom Use, and Partner Communication. These variables were assessed with the the NPI-16, the Parent-Adolescent Communication Scale, and the SSBQ.

### Results

For each of the three dependent variables (Safe Sex Total, Condom Use, and Partner Communication), a regression analysis was conducted using Parent-Child Communication and Narcissism as predictor variables. These analyses were then conducted separately for men and women participants, as well as for Caucasian and Hispanic/Latino participants. All results are presented in Table 1. Parent-Child Communication did not significantly predict Safe Sex Total, Condom Use, or Partner Communication for any group. In contrast, there was a statistically significant association in the regression analysis with using Narcissism to predict Safe Sex Total ( $p = .02$ ). Moreover, this relationship was significant for men ( $p = .01$ ) but not for women ( $p = .85$ ). Some other notable findings that should be mentioned include a near-significant relationship between Narcissism and Condom Use for men ( $p = .06$ ) but not for women ( $p = .58$ ). Finally, there was a near-significant relationship between Narcissism and Partner Communication for Hispanic/Latino participants ( $p = .07$ ) but not for Caucasian participants ( $p = .97$ ).



Table 1

*Regression Analyses for Predicting Safe Sex Practices*

Participant group	Parent communication			Narcissism			$R^2$
	$\beta$	$t$	$p$	$\beta$	$t$	$p$	
<i>Safe Sex Behavior Questionnaire (SSBQ)</i>							
All participants	.12	1.53	.13	-.18	-2.36	.02*	.04
Men	.18	1.27	.21	-.38	-2.73	.01*	.14
Women	.13	1.46	.15	-.02	-0.19	.85	.02
Hispanic/Latino	-.00	-0.02	.98	-.22	-1.67	.10	.05
Caucasian	-.14	-1.24	.22	-.14	-1.24	.22	.03
SSBQ: Condom use subscale							
All participants	.06	0.73	.47	-.11	-1.44	.15	.01
Men	.16	1.12	.27	-.28	-1.96	.06	.08
Women	.03	0.38	.71	-.05	-0.55	.58	.00
Hispanic/Latino	.04	0.30	.77	-.05	-0.40	.69	.00
Caucasian	-.01	-0.08	.94	-.14	-1.18	.24	.02
SSBQ: Partner communication subscale							
All participants	.11	1.41	.16	-.11	-1.37	.17	.02
Men	.02	0.12	.91	-.21	-1.41	.17	.04
Women	.17	1.85	.07	.05	0.51	.61	.03
Hispanic/Latino	-.07	-0.52	.61	-.24	-1.82	.07	.07
Caucasian	.17	1.45	.15	-.00	-0.04	.97	.03

## **Summary**

This chapter provided the results of the current study. The research question for this study was whether Parent-Child Communication and Narcissism predicted safe sex practices. Parent-Child Communication was not a significant predictor of any of the safe sex variables. In contrast, for male but not female participants, Narcissism was a significant predictor of Safe Sex Total and near-significant predictor of Condom Use. Culture was not significantly related to safe sex practices in this research, although Narcissism came close to predicting Partner Communication for Hispanic/Latino participants but not Caucasian participants.

## **V. INTERPRETATION AND RECOMMENDATIONS**

In this final chapter, interpretation of the results, study limitations, and implications for future research will be discussed. The primary objective of this study was to assess if Narcissism and Parent-Child Communication could predict Safe Sex Practices, which included an overall measure of Safe Sex, Condom Use, and Partner Communication. These aims were reached by examining participants' self-report scores on two independent variable measures (the NPI-16 and the Parent-Child Communication Scale).

### **Summary of Results**

The present study was directed by two hypotheses. The first hypothesis concentrated on Parent-Child Communication and stated that individuals who scored low in Parent-Child Communication would not engage in Safe Sex Practices. Analyses associated with the first hypothesis revealed that the scores for Parent-Child Communication did not significantly predict Safe Sex Practices. The second hypothesis concentrated on Narcissism and stated that individuals who scored high in Narcissism would not engage in Safe Sex Practices. Analyses associated with the second hypothesis revealed that scores for Narcissism did significantly predict overall Safe Sex Practices, especially in males.

### **Discussion of Results**

As just stated, in this study a significant effect for Narcissism predicting Safe Sex Practices was found. Individuals who scored high in Narcissism were less likely to engage in Safe Sex practices. This finding related to narcissism is logical because stereotypically individuals with Narcissistic tendencies would be concerned with personal

satisfaction, not taking others into consideration. As Patel et al. (2006) reported for one condom use pattern, these individuals may have acted with only their own pleasure being the goal in their mind.

Contrary to the hypothesis that individuals scoring higher on Parent-Child Communication would be more likely to engage in Safe Sex Practices, Parent-Child Communication was not a significant predictor of Safe Sex Practices. This finding is contrary to past research that has found that communication with a parent about condom use resulted in greater condom use (Hadley et al., 2009). However, other research has shown that family support was positively related to condom use but Parent-Child Communication was negatively related (Gillmore, Chen, Haas, Kopak, & Robillard, 2001). The reason for this was the assumption that if individuals had communicated with their parents, then they would be comfortable discussing the topic of Safe Sex Practices with their parents, therefore becoming educated on the subject and empowered to practice these safe behaviors. A fallacy in this assumption may be that even if there was a high degree of Parent-Child Communication, the communication may not have centered on Safe Sex Practices. Because this study only focused on Parent-Child Communication and past research had focused on communication specifically about Safe Sex Practices and condom use, this may be an explanation why findings were not congruent with past research.

An unexpected finding that appeared was that levels of Narcissism predicted Safe Sex Practices for men but not for women. Although Narcissism significantly predicted Safe Sex Practices for all participants, the subsequent regression model for females was not significant, indicating no significant relation between the two variables. In contrast,

narcissism significantly predicted safe sex practices in males, accounting for 14% of the variance. In effect, the results could be interpreted as saying that Narcissism clearly predicted Safe Sex Practices in males but not females in this study. Perhaps this finding is related to males being more narcissistic than females (Zhou, Li, Zhang, & Zeng, 2012). Alternatively, perhaps male sexual socialization is a mediating factor for this relation.

An additional finding was Narcissism's near-significant ( $p = .06$ ) prediction of Condom Use for men but not women. This finding may be explained by the possibility that males are educated and exposed to condoms more frequently than females.

### **Implications for Future Research**

While previous research has explored Sex-Aggression and Sexual Narcissism (Imhoff, Bergmann, Banse, & Schmidt, 2013), research on the roles of Narcissism and Safe Sex Practices had not been conducted prior to the current study. With this new finding, the opportunity for further research related to this has been initiated. For example, a mediating effect of male sexual socialization could be explored.

Although the results of this study showed no relationship between Parent-Child Communication and Safe Sex Practices, future research should continue to explore the specific type of communication that may or may not be related to safe sex practices. Future research should also attempt to test these findings on a larger scale (i.e., a larger sample size, individuals who are not in college and a more diverse age range). Future studies should also look into whether participants' race/ethnicity has any correlation with the sub-scales of the measure. Additionally, future research should also include an equal number of men and women, and should allow for a more personal and private area for individuals to participate in the study.

## **Implications for Practice and Recommendations**

This study shows that levels of Narcissism, especially in males, can predict Safe Sex Practices. This information could be used when educating youth about Safe Sex Practices. Making the connection between narcissism and safe sex practices known may help adolescent males be aware of a possible danger associated with focusing on their own pleasure and may also help females be prepared to deal with a situation with a partner who does not wish to engage in Safe Sex Practices. Although levels of Narcissism may not affect females' use of condoms, it may be practical for females to know that males who display more Narcissistic tendencies may be more likely to not use condoms.

## **Limitations**

There were a few limitations with this research. A first limitation of this study was that the sample consisted of all university students in only psychology classes. While this convenience sample was necessary given the conditions of the research, it prevents the results from being generalized to the population as a whole or to even college students as a whole. A second limitation of this study is that a self-report questionnaire was used to measure levels of Narcissism, Parent-Child Communication, and Safe Sex Practices. However, the researchers did try to control for all of the confines by clearly communicating to each participant that none of the information that they provided would be able to be connected back to them. This step was done in an attempt to assure that the participant would be completely honest on the worksheet. A third limitation was that the researcher did not measure any covariates or extraneous variables at the time of execution of the measures (e.g., predisposed personal characteristics, personal conflicts, illness, injury) that may have also influenced the responses on the measures. A fourth limitation

of this study was that the female participants highly outnumbered the male participants in the sample. Only 52 participants were male while 127 were female, and this could have greatly influenced the data and the outcome of the analyses. A final limitation of this study was the voluntary nature of the participation. It stands to reason that individuals who were uncomfortable sharing such personal information would not participate in the study and therefore limit the results of the study to individuals who were like-minded. However, for ethical reasons, voluntary participation is an absolute requirement in any research study.

### **Summary and Conclusion**

While women seem to be more knowledgeable than men, specifically on the topics of contraception and STD's, college students demonstrate a fairly poor understanding of sexual health issues (Weinstein et al., 2008). This study was unique in that it looked at Narcissism and Parent-Child Communication as not only a part of Safe Sex Practices but as predictors for them.

This study also considered the ability for Narcissism and Parent-Child Communication to predict Safe Sex Practices, Condom Use, and Partner Communication separately for males and females and for Caucasian and Hispanic/Latino participants. Narcissism predicted Safe Sex Practices for the overall sample. However, when the sample was divided into males and females, Narcissism significantly predicted Safe Sex Practices in males but not females. Parent-child communication did not to have any significant effect apart from approaching significance for females when trying to predict Partner Communication. This research could provide information to the public indicating

that males who display Narcissistic tendencies are less likely to engage in Safe Sex Practices.



## APPENDIX A

### *Safe Sex Questionnaire Packet*

Below is a list of sexual practices. Please read each statement and respond on the scantron by indicating **your degree of use of these practices**.

1. I insist on condom use when I have sexual intercourse.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
2. I use cocaine or other drugs prior to or during sexual intercourse.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
3. I stop foreplay long enough to put on a condom (or for my partner to put on a condom).  
A = Never      B = Sometimes      C = Most of the Time      D = Always
4. I ask potential sexual partners about their sexual histories.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
5. I avoid direct contact with my sexual partner's semen or vaginal secretions.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
6. I ask my potential sexual partners about a history of bisexual/homosexual practices.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
7. I engage in sexual intercourse on a first date.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
8. I abstain from sexual intercourse when I do not know my partner's sexual history.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
9. I avoid sexual intercourse when I have sores or irritation in my genital area.  
A = Never      B = Sometimes      C = Most of the Time      D = Always

10. If I know an encounter may lead to sexual intercourse, I carry a condom with me.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
11. I insist on examining my sexual partner for sores, cuts, or abrasions in the genital area.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
12. If I disagree with information that my partner presents on safer sex practices, I state my point of view.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
13. I engage in oral sex without using protective barriers such as a condom or rubber dam.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
14. If swept away in the passion of the moment, I have sexual intercourse without using a condom.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
15. I engage in anal intercourse.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
16. I ask my potential sexual partners about a history of IV drug use.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
17. If I know an encounter may lead to sexual intercourse, I have a mental plan to practice safer sex.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
18. If my partner insists on sexual intercourse without a condom, I refuse to have sexual intercourse.  
A = Never      B = Sometimes      C = Most of the Time      D = Always

19. I avoid direct contact with my sexual partner's blood.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
20. It is difficult for me to discuss sexual issues with my sexual partners.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
21. I initiate the topic of safer sex with my potential sexual partner.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
22. I have sexual intercourse with someone who I know is a bisexual or gay person.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
23. I engage in anal intercourse without using a condom.  
A = Never      B = Sometimes      C = Most of the Time      D = Always
24. I drink alcoholic beverages prior to or during sexual intercourse.  
A = Never      B = Sometimes      C = Most of the Time      D = Always

Read each pair of statements below and respond on the scantron by indicating the one that comes closest to describing your feelings and beliefs about yourself. You may feel that neither statement describes you well, but pick the one that comes closest. **Please complete all pairs.**

25. A. I know that I am good because everybody keeps telling me so.  
B. When people compliment me I sometimes get embarrassed.
26. A. I prefer to blend in with the crowd.  
B. I like to be the center of attention.
27. A. I am no better or no worse than most people.  
B. I think I am a special person.
28. A. I like having authority over people.  
B. I don't mind following orders.
29. A. I don't like it when I find myself manipulating people.

- B. I find it easy to manipulate people.
30. A. I insist upon getting the respect that is due me.  
B. I usually get the respect that I deserve.
31. A. I am apt to show off if I get the chance.  
B. I try not to show off.
32. A. Sometimes I am not sure of what I am doing.  
B. I always know what I am doing.
33. A. Everybody likes to hear my stories.  
B. Sometimes I tell good stories.
34. A. I like to do things for other people.  
B. I expect a great deal from other people.
35. A. It makes me uncomfortable to be the center of attention.  
B. I really like to be the center of attention.
36. A. Being an authority doesn't mean that much to me.  
B. People always seem to recognize my authority.
37. A. I am going to be a great person.  
B. I hope I am going to be successful.
38. A. I can make anybody believe anything I want them to.  
B. People sometimes believe what I tell them.
39. A. There is a lot that I can learn from other people.  
B. I am more capable than other people.
40. A. I am much like everybody else.  
B. I am an extraordinary person.

A number of statements which people have used to describe their communication with their parents are given below. Read each statement and respond on the scantron by indicating the appropriate letter ("A" if you totally *disagree* with this statement; "E" if you totally *agree*). There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to best describe your communication with your parents.

41. I can discuss my beliefs with my parents without feeling restrained or embarrassed.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

42. I am very satisfied with how my parents and I talk together.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

43. Sometimes I have trouble believing everything my parents tell me.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

44. If I were in trouble, I could tell my parents.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

45. My parents are always good listeners.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

46. When we are having a problem, I often give my parents the silent treatment.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

47. I am sometimes afraid to ask my parents for what I want.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

48. I am careful about what I say to my parents.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

49. My parents have a tendency to say things to me which would be better left unsaid.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

50. When talking to my parents, I have a tendency to say things that would be better left unsaid.

**Totally Disagree**    **A**    **B**    **C**    **D**    **E**    **Totally Agree**

51. My parents can tell how I'm feeling without asking.

- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
52. When I ask questions, I get honest answers from my parents.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
53. My parents try to understand my point of view.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
54. My parents nag/bother me.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
55. There are topics I avoid discussing with my parents.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
56. My parents insult me when they are angry with me.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
57. I find it easy to discuss problems with my parents.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
58. I don't think I can tell my parents how I really feel about some things.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
59. It is very easy for me to express all my true feelings to my parents.
- |  |                         |          |          |          |          |          |                      |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|
|  | <b>Totally Disagree</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>Totally Agree</b> |
|--|-------------------------|----------|----------|----------|----------|----------|----------------------|

Please answer the following demographic questions by marking the appropriate response on the scantron.

60. Gender
- A. Male
  - B. Female

61. Ethnicity

- A. African-American
- B. Latino/Hispanic
- C. Asian
- D. Caucasian
- E. Other

62. Age in years

- A. 18-19
- B. 20-21
- C. 22-23
- D. 24-25
- E. 26 and above

## APPENDIX B

### Safe Sex Research Study Transcript

The following transcript is to be read to the potential participants in the study. In an attempt to ensure validity please do not diverge from this transcript until you have finished and then you may answer any questions from potential participants to provide clarification. Please be sure to read out loud the words in **bold**.

Make sure to stand at a place in the room where you are in the best position to be visible to all of the students.

**The purpose of this study is to attempt to measure the type of sexual education that an individual has received and its relation to safe sexual behavior. We feel that this is an important issue that could influence future sex education practices and we are asking for your help by participating in this study. We understand that the nature of this study is very personal and that there may be some individuals that may not be comfortable sharing information such as this. We would like to assure you that in no way, shape, or form will the information from individual questionnaires be made available to anyone outside of the researchers involved in this project, there will be no information taken that will be able to link any individual questionnaire to any specific person and the questionnaires are completely anonymous.**

Again we realize that some of the questions are dealing with personal issues but we ask you to answer them with complete honesty and without fear in order to ensure the most accurate results from our study.

**In a moment I will hand out the questionnaire and consent forms which have a description of the study and say that you consent to participating in the study and allowing us to use the results of the questionnaire. To ensure anonymity and that consent forms cannot be connected to any one questionnaire we ask that everyone take both the questionnaire and consent form. If you wish to participate in the study please sign the consent form and begin working on the questionnaire, if you do not wish to participate please just wait patiently. After everyone is done I will collect all of the questionnaires and consent forms which will conclude the process.**

Again we do ask for your honesty when completing this questionnaire.

Does anyone have any questions?



At this time allow time to answer any questions that may be asked. Once all of the questions have been answered and there are no more questions proceed to the next section.

**Great then I will begin passing out the consent forms and questionnaires. Thank you.**

Begin passing out the consent forms and questionnaires to the class.

## APPENDIX C

### Consent Form

Invitation: Your participation in a research study about safe sex practices is requested. You and approximately 200 other undergraduate students have been asked to participate in this research study because this population includes adults for whom safe sex practices may be relevant.

Purpose/Researcher: Nicholas Salazar, a graduate student pursuing his Masters degree in Health Psychology at Texas State University-San Marcos, is conducting this research study to investigate the relationship between personality, parent-child communication, and safe sex behaviors as adults. Any inquiries about the study can be directed to Nicholas Salazar at [ns1091@txstate.edu](mailto:ns1091@txstate.edu) or 361-424-0102.

Procedure: The research consists of completing a 62-item questionnaire about individual viewpoints, communication, and sexual practices which will consist of questions such as: How frequently do you consider yourself to engage in safe sex practices? The questionnaire will take approximately 5-10 minutes and be completed during regular class time.

Benefits: The benefits to this study include a better understanding of the impact that parents have on the sexual behaviors of individuals. By better understanding this impact, we hope to improve individuals' safe sexual practices.

Compensation: Compensation for participation in this study will consist of five points of extra credit added on to one of your exam grades. If you do not wish to participate in the study, your professor will provide you with an alternate method to receive the extra credit.

Risks and resources: Completion of this study's tasks may result in increased self-awareness about your sexual practices. There is a possibility that this increase in awareness may produce momentary discomfort or negative mood. The researcher does not expect that participation will cause any significant or long-term adverse effects on your well-being. As with all research, though, there may be unforeseen effects for certain individuals. Should you wish to participate in this study, you are not waiving any legal rights. Because this study involves the administration of a psychological survey, it is unlikely that any physical illness or injury will result from your participation. However, should your participation raise any concerns about yourself for which you feel the need to seek professional help, you may receive confidential assistance at the Texas State

Counseling Center (512-245-2208), which is free to registered students, though the number of sessions may be limited. If you feel that further assistance is needed, you may contact Counseling and Consulting Services (512-392-1116) or Cedar Creek Associates (512-396-8540).

Confidentiality: The researcher will make every effort to ensure your confidentiality. Any information you give will only be accessible to the principal investigator. All records of your participation will be kept in locked file cabinets at the researcher's home. Also, your name will appear only on this consent form, which will be collected and stored separate from all other surveys. All records from this study will be kept for 5 years, at which time they will be destroyed with a paper shredder.

Voluntary Participation: Participation in this study is completely voluntary, and you are allowed to not participate or to withdraw at any point in time from the study. Not participating or withdrawing from the study will have absolutely no effect on your standing in the class. You may also choose to not answer any question for any reason.

Study Findings: A summary of the findings of this study will be made available to participants, following completion of the study. If you would like a copy of the study findings, please make a request through email to the researcher, Nicholas Salazar, at [ns1091@txstate.edu](mailto:ns1091@txstate.edu).

Contacts for Questions: Any pertinent questions about the research, research participants' rights, and/or research-related injuries should be directed to the IRB Chair, Dr. Jon Lasser (512-245-3413 – [lasser@txstate.edu](mailto:lasser@txstate.edu)), or to Ms. Becky Northcut, Compliance Specialist (512-245-2102).

IRB Number: 2012N4287

Authorization: Having read this form and asked any questions you may have had, please sign below if you are at least 18 years of age and if you voluntarily give your consent to participate in this study.

I have read this form and decided that I, \_\_\_\_\_,  
(Printed name of participant)

will participate in the project described above. Its general purposes, the particulars of involvement, and potential risks and inconveniences have been explained to my satisfaction.

\_\_\_\_\_

Signature of Participant

Date

---

Signature of Researcher

---

Date

## REFERENCES

- American Psychiatric Association, (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev). Washington, DC: Author.
- Ames, D., Rose, P., & Anderson, C. (2006). The NPI-16 as a short measure of narcissism. *Journal of Research in Personality, 40*, 440-450.
- Atienzo, E. E., Walker, D. M., Campero, L., Lamadrid-Figueroa, H., & Gutierrez, J. P. (2009). Parent-adolescent communication about sex in Morelos, Mexico: Does it impact sexual behavior? *The European Journal of Contraception and Reproductive Health Care, 14*, 111-119.
- Barnes, H., & Olson, D. (1985). Parent-adolescent communication and the Circumplex Model. *Child Development, 56*, 438-447.
- Borawski, E. A., Ievers-Landis, C. E., Lovegreen, L. D., & Trapl, E. S. (2003). Parental monitoring, negotiated unsupervised time, and parental trust: The role of perceived parenting practices in adolescent health risk behaviors. *Journal of Adolescent Health, 33*, 60-70.
- Bringham, T. A., Donahoe, P., Gilbert, B. J., Thomas, N., Zemke, S., Koonce, D., & Horn, P. (2002). Psychology and AIDS education: Reducing high-risk sexual behavior. *Behavior and Social Issues, 12*, 10-18.
- Bushman, B. J., Bonacci, A. M., van Dijk, & Baumeister, R. F. (2003). Narcissism, sexual refusal, and aggression: Testing a narcissistic reactance model of sexual coercion. *Journal of Personality and Social Psychology, 84*, 1027-1040.

- Cox, M. F. (2006). Racial differences in parenting dimensions and adolescent condom use at sexual debut. *Public Health Nursing, 23*, 2-10.
- DeVisser, R. (2004). Delayed application of condoms, withdrawal and negotiation of safer sex among heterosexual young adults. *AIDS CARE, 16*, 315-322.
- DiIorio, C., Parsons, M., Lehr, S., Adame, D., & Carlone, J. (1992). Measurement of safe sex behavior in adolescents and young adults. *Nursing Research, 41*, 203-208.
- Gentile, B., Miller, J. D., Reidy, D. E., Zeichner, A., & Campbell, W. K. (2013). A test of two brief measures of grandiose narcissism: The Narcissistic Personality Inventory-13 and the Narcissistic Personality Inventory-16. *Psychological Assessment*. Advance online publication. Doi: 10.1037/a0033192
- Gillmore, M. R., Chen, A. C., Haas, S. A., Kopak, A. M., & Robillard, A. G. (2011). Do family and parenting factors in adolescence influence condom use in early adulthood in a multiethnic sample of young adults? *Journal of Youth Adolescence, 40*, 1503-1518.
- Guilamo-Ramos, V., Dittus, P., Jaccard, J., & Collins, S. (2008). Parent-adolescent communication about sexual intercourse: An analysis of maternal reluctance to communicate. *Health Psychology, 27*, 760-769.
- Hadley, W., Brown, L. K., Lescano, C. M., Kell, H., Spalding, K., DiClemente, R., & Donenberg, G. (2009). Parent-adolescent sexual communication: Associations of condom use with condom discussion. *AIDS Behavior, 13*, 997-1004.

- Imhoff, R., Bergmann, X., Banse, R., & Schmidt, A. F. (2012). Exploring the automatic undercurrents of sexual narcissism: Individual differences in the sex aggression link. *Archives of Sexual Behavior, 42*, 1033-1041.
- Kennedy, S. B., Nolen, S., Applewhite, J., Pan, Z., Shamblen, S., & Vanderhoff, K. J. (2007). A quantitative study on the condom-use behaviors of eighteen- to twenty-four-year-old urban African American males. *AIDS PATIENT CARE and STDs, 21*, 306-320.
- Kowal, A. K., & Blinn-Pike, L. (2004). Sibling influences on adolescents' attitudes toward safe sex practices. *Family Relations, 53*, 377-384.
- Morf, C. C., & Rhodewalt, F., (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry, 12*, 177-196.
- Olley, B. O. (2007). Changing social and HIV/AIDS risk behaviors: Effects of life skills education among urban street youths. *Vulnerable Children and Youth Studies, 2*, 80-86.
- Patel, V. L., Gutnik, L. A., Yoskowitz, N. A., O'Sullivan, L. F., & Kaufman, D. R. (2006). Patterns of reasoning and decision making about condom use by urban college students. *AIDS Care, 18*, 918-930.
- Rye, B. J., Yessis, J., Brunk, T., McKay, A., Morris, S., & Meaney, G. J. (2008). Outcome evaluation of Girl Time: Grade 7/8 Healthy Sexuality Program. *The Canadian Journal of Human Sexuality, 17*, 15-36.

- Weinstein, R. B., Walsh, J. L., & Ward, L. M. (2008). Testing a new measure of sexual health knowledge and its connections to students' sex education communication, confidence, and condom use. *International Journal of Sexual Health, 20*, 212-221.
- Wells, B. E., Kelly, B. C., Golub, S. A., Grov, C., & Parsons, J. T. (2010). Patterns of alcohol consumption and sexual behavior among young adults in nightclubs. *The American Journal of Drug and Alcohol Abuse, 36*, 39-45.
- Wilson, E. K., Dalberth, B. T., Koo, H. P., & Gard, J. C. (2010). Parents' perspectives on talking to preteenage children about sex. *Perspectives on Sexual and Reproductive Health, 42*, 56-63.
- Zhou, H., Li, Y., Zhang, B., & Zeng, M. (2012). The relationship between narcissism and friendship qualities in adolescents: Gender as a moderator. *Sex Roles, 67*, 452-462.